****

Client Fact Find

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Designed to help us get to know you better

This fact find is designed to help gather your relevant personal and financial information, and goals. We use this information, along with our discussions, to help develop a financial strategy that is suitable for your needs.

Potential strategies and products may be discussed during the information gathering process. These should only be acted upon once formal advice, information and explanation have been provided in a suitable advice document.

We look forward to assisting you to reach your financial goals. If you have any questions about this please contact us.

**Anjan Das, Principal, CU Financial Planning**

**Suite 4B, Level 4, 428 George St, SYDNEY NSW 2000**

**Business Phone 02 9231 308 | Fax 02 9231 3051 | E mail** **adas@cufinancial.com.au**

Issued by BD Financial Advisory Pty Ltd

ABN 34 621 612 548

Australian Financial Services Licence No. 502401

## Why have you sought advice?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

## Personal information

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| First Name |  |  |
| Last name |  |  |
| Salutation |  |  |
| Preferred name |  |  |
| Gender |  |  |
| Date of birth |  |  |
| Marital status |  |  |
| Tax resident of Australia |  |  |
| Private health |  |  |
| Centrelink Reference Number and benefit (if applicable) |  |  |

### Contact details

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Phone number 1 |  |  |
| Phone number 2 |  |  |
| Email |  |  |
| Fax |  |  |
| Street address |  |
| City |  |
| State |  |
| Postcode |  |
| Postal address |  |

### Dependants

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Financially Dependant |
|  |  Age: | [ ]  Yes |
|  |  Age: | [ ]  Yes |
|  |  Age: | [ ]  Yes |

### Employment, health and retirement

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Name of employer |  |  |
| Occupation |  |  |
| Employment type |  |  |
| Employment status |  |  |
| Employment start date |  |  |
| Available leave |  |  |
| Health |  |  |
| Smoker status |  |  |
| Desired retirement age |  |  |
| Desired retirement income |  |  |

### Estate planning

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Will in place |  |  |
| Date of will |  |  |
| Power of attorney (general/enduring) |  |  |

## Your assets and liabilities

This section records all your investments and other assets as well as any loans you may have. The result determines your current net wealth.

### Personal assets

|  |  |  |
| --- | --- | --- |
| Asset name | Owner | Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Liabilities

|  |  |  |
| --- | --- | --- |
| Loan name | Owner | Amount owing |
|  |  |  |
|  |  |  |
|  |  |  |

### Superannuation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asset name | Owner | Account number | No. options | Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Pension

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asset name | Owner | Account number | No. options | Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Investments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asset name | Owner | Account number | No. options | Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Net assets

|  |  |
| --- | --- |
| Asset and liabilities | Amount |
| Total lifestyle assets  |  |
| Total investment assets |  |
| Total superannuation assets |  |
| Total pension/income stream assets |  |
| Total liabilities |  |
| **Total net worth** |  |

## Cash flow details

### Income

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Description | Amount($) | Frequency | Taxable (%) | Owner |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### Expenses

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Description | Amount($) | Frequency | Taxable(%) | Owner |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### Surplus & deficit

|  |  |
| --- | --- |
| Gross Income | $ |
| Tax | $ |
| Net income | $ |
| Expenses | $ |
| **Surplus** | **$** |

## Insurances

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Policy Owner | Insured | Product Name | Premium | Frequency | Premium Basis | Type | Cover Amount |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

### Insurance needs analysis

|  |  |  |  |
| --- | --- | --- | --- |
| Client 1 Life, TPD and Trauma | Client 1 Life | Client 1 TPD | Client 1 Trauma |
| Replacement of ongoing expenses |  |  |  |
| Capital for ongoing expenses |  |  |  |
| Liabilities to be covered |  |  |  |
| Funeral/Medical costs |  |  |  |
| Other expenses (eg education) |  |  |  |
| **Capital for adequate cover** |  |  |  |
| Superannuation |  |  |  |
| Non-super investments |  |  |  |
| Other provisions |  |  |  |
| Existing cover (to be retained) |  |  |  |
| Total proceeds available |  |  |  |
| **Shortfall of capital (Gap)** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Client 2 Life, TPD and Trauma | Client 2 Life | Client 2 TPD | Client 2 Trauma |
| Replacement of ongoing expenses |  |  |  |
| Capital for ongoing expenses |  |  |  |
| Liabilities to be covered |  |  |  |
| Funeral/Medical costs |  |  |  |
| Other expenses (eg education) |  |  |  |
| **Capital for adequate cover** |  |  |  |
| Superannuation |  |  |  |
| Non-super investments |  |  |  |
| Other provisions |  |  |  |
| Existing cover (to be retained) |  |  |  |
| Total proceeds available |  |  |  |
| **Shortfall of capital (Gap)** |  |  |  |

|  |  |  |
| --- | --- | --- |
| Income Protection | Client 1 | Client 2 |
| Current Income |  |  |
| Percentage of income to cover | 75% or \_\_\_\_\_\_\_\_ | 75% or \_\_\_\_\_\_\_\_ |
| Super contributions to be covered (%) |  |  |
| Monthly Benefit |  |  |
| Benefit Period |  |  |
| Waiting Period |  |  |

|  |  |  |
| --- | --- | --- |
| Client waived insurance needs analysis | Client 1 | Client 2 |
| Client requested cover |  |  |
| How was that amount determined? |  |  |

|  |  |  |
| --- | --- | --- |
| Further Information | Client 1 | Client 2 |
| Do you have current health issues or concerns? |  |  |
| Occupational duties |  |  |
| Current exclusions/loadings |  |  |
| Sports, hobbies, other interests eg aviation, water diving, motorbike riding, horse riding, motor racing, rock climbing, hang gliding |  |  |
| Family health history – has someone in your immediate family experienced either a heart attack, stroke, cancer or coronary bypass? |  |  |
| What policy features are important to you? For example:* Ability to pay for insurance premium through super fund balance
* Ability to delink life and TPD insurance
* Ability to choose either stepped or level premiums
 |  |  |
| Do you foresee any changes to your personal or financial situation? Eg inheritance, new baby, home renovations, divorce etc. |  |  |
| Notes/ Other relevant information |  |  |

## Other Professional Advisers

|  |
| --- |
| Details of your Accountant, Solicitor or Mortgage Broker. Do we have your authority to contact him/her? |
|  |
|  |
|  |

To be completed by your Adviser

## Scope of the Advice

Objectives to be addressed

(include features and benefits of products attractive to the client)

|  |  |  |
| --- | --- | --- |
| Objectives | Timeframe | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Strategies Working Paper Section

|  |
| --- |
| List Strategies you are considering. If replacing products, why have you discounted the client’s existing product? Tie to the client’s objectives above.List Alternatives Strategies for each strategy/product considered and reasons for discounting them.  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## Notes

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## Your acknowledgement

|  |
| --- |
| You understand that discussions held during this Fact Finding stage do not constitute personal advice, and agree not to implement any strategies that may have been discussed until they have been outlined in an advice document. |
| The information in this form accurately reflects your current financial situation. You are not aware of any further information which would be relevant or would assist us when providing advice and/or recommendations to you. We will not accept liability for recommendations based on inaccurate or incomplete information you provide. |
| You understand that any advice or recommendation provided by us will be based solely on the information supplied in this Fact Find and any other personal information you provide. |
| You are aware that our advice is limited to the goals and objectives we agreed to address in the “Scope of the Advice” section of this Fact Find.  |
| You understand that we are not authorised to provide specific advice in relation to direct property, general insurance, taxation, family law, and drafting estate planning documents and trusts. Any advice on these matters will be provided by qualified specialist advisers as appropriate. |
| You are aware that a photocopy of this Fact Find is available upon request. |
| [ ]  You are willing to accept documents being sent to your nominated email address, including the Financial Services  Guide, Advice Documents and Product Disclosure Statements. Your nominated email address is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  You authorise CU Financial Planning to act on instructions from your nominated email account. |
| [ ]  You authorise CU Financial Planning to retain, store and quote your Tax File Number (TFN) information to the  Australian Tax Office when necessary and to investment bodies when making investments on your behalf. You authorise the application of your TFN to all investments in your name(s). You may choose not to quote your Tax File Number (TFN), or claim an exemption; however a higher rate of tax may then be applied to your investment returns. It is not an offence to not quote your TFN. |
| [ ]  You have been provided with a copy of BD Financial Advisory Financial Services Guide. |

|  |  |
| --- | --- |
| Signature Client 1 | Date  |
| Signature Client 2 | Date |

## Plan Preparation Authority

Please review this agreement carefully as it confirms the services, cost and terms as agreed between:

|  |  |
| --- | --- |
| Client 1 | Client 2 |
| Adviser Name: Anjan Das |

Services we will provide

You have agreed to pay a professional fee for the following:

* The collection and analysis of all relevant personal and financial data
* The identification of financial goals and objectives detailed in the “Scope of the Advice” section above
* Consideration of Risk Profile and asset allocation
* Research
* Development of an appropriate strategy based on your stated circumstances, risk profile and needs
* Preparation of your Statement of Advice
* Meeting to discuss your Statement of Advice and recommendations therein

Initial Advice Fee

The initial advice fee and payment method has been agreed to as follows:

* Total Initial Advice Fee payable is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_plus GST
* Payment method\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An invoice for the fee that has been agreed will be issued upon presentation of the Statement of Advice.

Terms of the agreement and acknowledgement

Changes to your circumstances

* Please tell us if there are any changes to your circumstances as soon as practicable. Significant changes in your circumstances may affect our advice. We reserve the right to terminate this agreement and reassess the cost of providing advice. Any additional costs will be agreed upon before we proceed with preparing your revised recommendations.

If you do not implement our advice

* If you do not implement the advice in our financial plan, all initial advice fees for the research and/or preparation of my financial plan will be due and payable immediately as detailed above. If you have agreed to pay for your initial advice via an investment deduction, an invoice will be issued to you for any amount outstanding.

Your insurance

* If you cease to pay premiums on any insurance policies arranged by us within 12 months we reserve the right to recover any amount we have had to refund to the insurance company from you. In this case you will receive an invoice from us stipulating the amount due and any payment terms.

|  |  |
| --- | --- |
| Signature Client 1 | Date  |
| Signature Client 2 | Date |
| Anjan Das | Date |

## Authorisation to collect information

Please accept a copy of this document as authority as the original will stay on file with the Adviser named below.

|  |  |
| --- | --- |
| Client Name | Date of Birth |
| Address |

To Whom it May Concern:

**Access to information**

I am writing to inform you that I authorise you to provide:

|  |
| --- |
| Brett Dillon of BD Financial + Staff (Devona Carstensen & Karl Brooke)  |
| Authorised Representative of BD Financial Advisory (AFSL No. 502401) |
| Adviser Number: |
| Address: Shop 2, 18 Karalta Road, Erina NSW 2250 |
| Telephone: (02) 4365 0377 | Email: info@bdfinancial.com.au |

with any information and documentation they require regarding the following policies:

|  |
| --- |
| Policy |
| Policy |

I am aware of the provisions of the Privacy Act and release you from those provisions in respect of the above information requested.

**Transfer servicing rights**

I authorise the servicing rights of my financial products to be transferred to the above named Adviser.

I understand my existing Adviser will no longer:

* Be remunerated for this policy/contract(s) following this decision;
* Have access to my policy/contract(s) information; and
* Be responsible for reviewing my ongoing needs.

I understand that the appointed Adviser and their Licensee will:

* Have access to my policy/contract(s) information;
* Be responsible for providing me with ongoing advice relating to this policy/contract(s); and
* Receive any remuneration currently being paid for this policy following the transfer.

Thank you,

|  |  |
| --- | --- |
| Signature Client  | Date  |
| Client Name |