



CU Financial Planning

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 CU Financial Planning
ABN 68 814 785 119
Australian Financial Services Licence No. 515 209

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:	<input type="checkbox"/> Yes
	Age:	<input type="checkbox"/> Yes
	Age:	<input type="checkbox"/> 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: <ul style="list-style-type: none"> - 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 CU Financial Planning 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:

Anjan Das	
Authorised Representative of CU Financial Planning (AFSL No. 515 209)	
Adviser Number: 313 698	
Address: Suite 4B, L 4, 428 George St, Sydney NSW 2000	
Telephone: (02) 9231 3080	Email: adas@cufinancial.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	

Risk Profile

Which of the following statements best describes your experience or knowledge of investing?

	Client 1	Client 2	Joint	Score
I have never invested money and do not know how the investment markets work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
I have some experience and an understanding of how investment markets work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
I have some experience with investing in shares or managed funds and I understand the importance of diversification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
I have previously invested money in various types of investments and I understand that investment returns and values may fluctuate and that different asset classes offer different income and growth characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
I have invested substantially in share and/or property investments either directly or through managed funds and have a strong understanding of the various factors that may influence performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

Are high returns from your investment more important than short term fluctuations in value?

	Client 1	Client 2	Joint	Score
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
To some extent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
For the most part	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Definitely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

What would you do if the value of your investment fell by 20 percent in its first year because of the markets?

	Client 1	Client 2	Joint	Score
I would withdraw my funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
I would find out about safer investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
I would discuss the investment with my adviser and ask for guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
I understand that investment values can fluctuate and would do nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
I would consider investing additional funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

Which of the following statements describes your feelings towards an investment?

	Client 1	Client 2	Joint	Score
My money should be totally secure at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
My money should growth by at least the rate of inflation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
My money should grow steadily by greater than the rate of inflation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
My money should grow at a rate that exceeds inflation in the long term while fluctuating in value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
My money should grow substantially compared with inflation while fluctuating in value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

Which of the following describes your investment objectives?

	Client 1	Client 2	Joint	Score
To generate an income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
To generate an income and a small amount of growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
To generate an equal amount of income and growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
To generate a small amount of income and growth and to grow more substantially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
To achieve growth with little or no income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

Assessment	Client 1	Client 2	Joint
Total score			
Identified investment strategy			

Would you consider adopting an investment strategy with a higher weighting of growth assets to make your funds last longer If required?	
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Score	Profile	Description
5 – 7	30% growth assets	<ul style="list-style-type: none"> Definite need for a very secure income. Little fluctuations in capital value. Will not accept much downside risk
8 – 12	50% growth assets	<ul style="list-style-type: none"> Requires a stable income. Can withdraw capital to supplement income if necessary. Expect small fluctuations in income to gain modest capital growth. Requires minimisation of downside risk.
13 – 17	70% growth assets	<ul style="list-style-type: none"> Desires a reasonably stable income stream, but also desires a steady growth in capital value. Prepared for fluctuations to achieve reasonable capital growth over the medium term. Sufficient capital available to draw down to supplement income needs.
18 – 22	85% growth assets	<ul style="list-style-type: none"> Little or no need for an ongoing current income from investments. Investment focus is on achieving capital growth with no need to access capital in the medium term. Prepared to accept fluctuations in capital value to achieve longer term wealth accumulation.
23+	99% growth assets	<ul style="list-style-type: none"> No ongoing income needed from investments. Investment focus is on high levels of capital growth with no need to access capital for the long term. Prepared to accept wide fluctuations in capital value and may be prepared to invest additional sums during downsize periods.

Your acknowledgement – risk profile

Please sign the following to confirm that you acknowledge the chosen risk profile.

I/We confirm that the details recorded are a true and accurate description of my/our feelings towards the questions raised and I/we agree that the selected investor risk profile is accurate and can be used as a basis for recommending an investment portfolio.

Please note that your selected investor risk profile and asset allocation are based on information provided by you and on our knowledge of the various asset sectors and the existing investment environment. As it is not possible to accurately predict the future corporate, legislative and economic factors, you should regard these recommendations as a guide only.

No guarantee is expressed or implied to any projections or performance of any assets in the recommendations. Answering the following questions about investing, will help us determine a suitable investment strategy for your long term goals.

Signature Client 1	Date:
Signature Client 2	Date: