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**CLIENT**

**FACT FIND**

**Financial Planning**

|  |  |  |
| --- | --- | --- |
|  | **Client name(s)** |  |
|  | **Financial Adviser** | David MacManus |
|  | **Advice Practice** | DMFS Financial Advisers |
|  | **Phone Number** | 1300 364 650 |
|  | **Email Address** | david@dmfsfinancial.com.au |
|  | **Licensee Name** | AUS Financial Advisers Pty Ltd |
|  | **AFSL** | 534501 |
|  | **ABN** | 89 159 536 151 |
|  | **Website** | www.dmfsfinancial.com.au |

Reasons for seeking advice

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| --- |
| *Initial reasons why seeking advice in client’s own words* |
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Goals

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Goal | Owner | Time Frame | Amount | Priority | Current Status |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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|  |
| **Notes – Examples could be** |
| **Assess and maximise age pension**You would like to assess if you are eligible for the age pension and where possible maximise your entitlement |
| **Minimise tax implications for beneficiaries**You would like to review your estate planning affairs to ensure any tax implications for your beneficiaries are minimised |
| **Professionally manage your investments**You would like to have your investment portfolio professionally managed on your behalf |
| **Retire by age XX**You would like to retire by age XX |
| **Retire with XX annual income**You would like to meet your ideal retirement lifestyle by having an annual income of $XX |
| **Spend $XX p.a. on holidays** |
| **Purchase a new car** |

Personal details

Your details

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Title |  |  |
| Surname |  |  |
| Given name(s) |  |  |
| Preferred name |  |  |
| Date of birth |  |  |
| Gender | [ ]  Male [ ]  Female | [ ]  Male [ ]  Female |
| Marital status |  |  |
| Australian resident | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If no, country of residency |  |  |
| Country of Citizenship |  |  |
| Other Citizenships/Visa details |  |  |

Contact details

|  |  |  |
| --- | --- | --- |
| Residential address | Client 1 | Client 2 |
| Street |  |  |
| Suburb |  |  |
| State |  |  |
| Postcode |  |  |
| Postal address (please tick if same as above) ☐ |
| Street |  |  |
| Suburb |  |  |
| State |  |  |
| Postcode |  |  |
| Phone and email |  |  |
| Home phone |  |  |
| Business phone |  |  |
| Mobile |  |  |
| Email |  |  |
| Preferred contact method |  |  |

Children and/or other dependants - current and expected

|  |  |
| --- | --- |
| Are you planning on growing your family? | [ ]  Yes [ ]  No |
| Do you have caring responsibilities for parents or other dependants | [ ]  Yes [ ]  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name | Date of birth | Gender | Relationship | Dependant | Dependant to |
|  |  | [ ]  M [ ]  F |  | [ ]  Yes [ ]  No |  |
|  |  | [ ]  M [ ]  F |  | [ ]  Yes [ ]  No |  |
|  |  | [ ]  M [ ]  F |  | [ ]  Yes [ ]  No |  |
|  |  | [ ]  M [ ]  F |  | [ ]  Yes [ ]  No |  |

Associated entities

|  |  |
| --- | --- |
|  |  |
| Do you have any of the following structures? | [ ]  Self-Managed Superannuation Fund (SMSF)[ ]  Trust structure[ ]  Company structure[ ]  Partnership structure |
| *If* ***Yes****, to any of the above, further details can be collected via the* ***Other entities*** *or* ***SMSF*** *sections.* |

Employment details

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Occupation/Title |  |  |
| Job description/duties |  |  |
| Qualifications |  |  |
| Employer name |  |  |
| Employment start date |  |  |
| Do you work overseas? |  |  |
| If yes, list relevant countries |  |  |
| Employment status |  |  |  |  |
| If part-time how many hours worked? |  |  |
| Sick leave entitlements (Approx days) |  |  |  |  |
| Annual leave/ Long Service Leave (Approx days) |  |  |  |  |
| If self-employed, what structure? | [ ]  Trust[ ]  Sole Trader | [ ]  Company[ ]  Partnership | [ ]  Trust[ ]  Sole Trader | [ ]  Company[ ]  Partnership |
| **Notes** |
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Income, expenses and taxation

|  |  |  |
| --- | --- | --- |
| Income type | Client 1 (or Joint) | Client 2 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total income** | **$** | **$** |
| Expenses |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total expenses** | **$** | **$** |
|  |  |  |
| **Gross annual surplus cash flow** | **$** |  |

Taxation

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Tax resident status |  |  |
| Tax File Number (TFN) |  |  |
| Tax Identification Number (TIN) and country (if applicable) |  |  |
| Have you bought or sold any assets in the last 12 months? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Do you have any outstanding tax payments e.g. capital gains? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Do you have any tax losses that could be carried forward? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

Income, expenses and taxation notes

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| --- |
|  |

Current position analysis

|  |  |  |  |
| --- | --- | --- | --- |
| Lifestyle Assets | Description | Owner | Currentvalue ($) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Lifestyle Assets Total** | **$** |

|  |  |  |
| --- | --- | --- |
| Investment Properties | Owner | Currentvalue ($) |
|  |  |  |
|  |  |  |
|  |  |  |
| **Investment Properties Total** | **$** |

|  |  |  |
| --- | --- | --- |
| Cash / Term Deposits | Owner | Currentvalue ($) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Cash / Term Deposits Total** | **$** |

|  |  |  |
| --- | --- | --- |
| Other Assets | Owner | CurrentValue ($) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other Assets Total** | **$** |
| Investment Assets (excluding superannuation) | Owner | CurrentValue ($) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Investment Assets (excluding superannuation) Total** | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| Liabilities | Description including loan details**(e.g. interest rate, loan type, PI or IO, repayments)** | Owner | Outstanding balance ($) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total liabilities** |  |  | **$** |
|  |  |  |  |
| **Net worth (excluding superannuation)** |  | **$** |

Assets and liabilities notes

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Superannuation

Retirement planning details

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Current Phase | [ ]  Accumulation[ ]  TTR[ ]  Pension[ ]  Post Retirement | [ ]  Accumulation[ ]  TTR[ ]  Pension[ ]  Post Retirement |
| Estimated Retirement Age |  |  |
| If you have made Personal Contributions (Post Tax) in the past 3 years, which year/s did you contribute? Provide details |  |  |
| Employer Contributions e.g. SG and salary sacrifice if not listed below |  |  |

Superannuation accumulation funds

*Please provide a copy of your most recent statement*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fund name | Owner | Contributions | Tax free | Has insurance | Fund balance ($) |
|  |  | Employer (SGC) $Salary sacrifice $Personal $ |  | [ ]  |  |
|  |  | Employer (SGC) $Salary sacrifice $Personal $ |  | [ ]  |  |
|  |  | Employer (SGC) $Salary sacrifice $Personal $ |  | [ ]  |  |
|  |  | Employer (SGC) $Salary sacrifice $Personal $ |  | [ ]  |  |
|  |  | Employer (SGC) $Salary sacrifice $Personal $ |  | [ ]  |  |
|  |  | Employer (SGC) $Salary sacrifice $Personal $ |  | [ ]  |  |
| **Total** |  |  |  |  | **$** |

Retirement income streams

*Please provide a copy of your most recent statement*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pension details | Owner | Type | Income payment & frequency | Pension balance ($) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| Annuity details | Owner | Income payment & frequency | Current balance ($) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  | **$** |

|  |  |  |
| --- | --- | --- |
| Adviser use only | Client 1 | Client 2 |
| Do you know the balance of your transfer balance account?If **Yes**, provide details / transactions statements. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Have you continuously received Centrelink/DVA payments or have been a Commonwealth Seniors Health Card holder since 1 January 2015? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Are any of the pensions grandfathered for Centrelink purposes? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

Beneficiaries

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner | Product | Name | Type | Proportion of fund (%) |
|  |  |  | [ ]  Nominated beneficiary[ ]  Binding death nomination[ ]  Non-lapsing binding[ ]  Reversionary |  |
|  |  |  | [ ]  Nominated beneficiary[ ]  Binding death nomination[ ]  Non-lapsing binding[ ]  Reversionary |  |

**Your net position**

|  |  |  |  |
| --- | --- | --- | --- |
| Type |  |  | Value ($) |
| Lifestyle Assets |  |
| Investments (including superannuation) |  |
| (Less) Liabilities |  |
| **Net Position**  | **$** |

Superannuation and retirement notes

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Estate planning

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| --- | --- | --- |
|  | Client 1 | Client 2 |
| Is there a Will in place? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, location held? |  |  |
| Date executed? |  |  |
| Who is the Executor of the Will and what are their contact details? |  |  |
| Has a Guardian(s) been appointed for your children? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Is there a Power of Attorney (PoA) in place? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, what type? | [ ]  Enduring [ ]  Medical[ ]  General [ ]  Other[ ]  Advance Care Directive[ ]  Enduring Guardianship | [ ]  Enduring [ ]  Medical[ ]  General [ ]  Other[ ]  Advance Care Directive[ ]  Enduring Guardianship |
| Who has been granted the PoA and what are their contact details? |  |  |
| Have you been married before? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Do you have children from previous marriages / relationships? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Are there any other special estate planning issues? (e.g. other beneficiaries, charities) |  |  |
| Funeral |  |  |
| Funeral arrangements | [ ]  Pre-paid Funeral[ ]  Funeral Insurance[ ]  Funeral Bond | [ ]  Pre-paid Funeral[ ]  Funeral Insurance[ ]  Funeral Bond |

Estate planning notes

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 Insurance

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| --- | --- | --- | --- | --- | --- |
|  | Policy 1 | Policy 2 | Policy 3 | Policy 4 | Policy 5 |
| Policy number |  |  |  |  |  |
| Insurer |  |  |  |  |  |
| Plan name |  |  |  |  |  |
| Premium amount |  |  |  |  |  |
| Premium type |  |  |  |  |  |
| Start date |  |  |  |  |  |
| Policy owner |  |  |  |  |  |
| Insured name |  |  |  |  |  |
| **Benefit amounts** |  |  |  |  |  |
| Life insurance |  |  |  |  |  |
| TPD insurance |  |  |  |  |  |
| Trauma insurance |  |  |  |  |  |
| Severity based |  |  |  |  |  |
| Income protection |  |  |  |  |  |
| Waiting period (if applicable) |  |  |  |  |  |
| Benefit period (if applicable) |  |  |  |  |  |
| Business Expenses |  |  |  |  |  |
| Waiting period (if applicable) |  |  |  |  |  |
| Benefit period (if applicable) |  |  |  |  |  |
| Options/Benefits |  |  |  |  |  |
| Loading/Exclusions |  |  |  |  |  |
| In super |  |  |  |  |  |
| Notes |
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General health details

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| What is your current health status? | [ ]  Poor[ ]  Fair[ ]  Very good[ ]  Good[ ]  Excellent | [ ]  Poor[ ]  Fair[ ]  Very good[ ]  Good[ ]  Excellent |
| Private Health Care |  |  |
| What is your height? |  |  |
| What is your weight? |  |  |
| Have you smoked cigarettes in the last twelve months? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Do you drink alcohol? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, how many standard drinks per week |  |  |
| Are you presently or do you intend to receive medical treatment for any medical issue? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, please provide details |  |  |
| Have you been diagnosed with any significant illness/illnesses in the last five years? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, please provide details |  |  |
| Do you play any sports or pursue outdoor activities e.g. scuba diving, motor racing, football etc.? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Additional details: |
|  |
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Health and insurance notes

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Insurance needs

Client 1

|  |  |  |  |
| --- | --- | --- | --- |
|  | Death | TPD | Trauma |
| In the event of death, TPD or a medical event, would you like cover for: | [ ]  Yes  | [ ]  Yes | [ ]  Yes  |
| *If so, what are the amounts that you would require?* |
| Liabilities to clear | $ | $ | $ |
| Future expenditure required | $ | $ | $ |
| Future education expenses (present value) | $ | $ | $ |
| Medical costs/recovery income | $ | $ | $ |
| Provision for tax | $ | $ | $ |
| Other | $ | $ | $ |
| **Total Capital Required** | **$** | **$** | **$** |
| **Capital Provisions** | **$** | **$** | **$** |
| Disposable assets | $ | $ | $ |
| Continuing income (present value) | $ | $ | $ |
| **Total Capital Available** | **$** | **$** | **$** |
| **Insurance Needs** |  |  |  |
| **Total Cover Required** | **$** | **$** | **$** |
| Existing cover | $ | $ | $ |
| **Surplus/Shortfall** | **$** | **$** | **$** |

Income protection needs

|  |  |
| --- | --- |
|  | Client 1 |
| In the event of temporary or permanent loss of income, would you like to replace your income? | [ ]  Yes  | [ ]  No |
| What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (usually up to 70%)? | $ | % |
| Additional details: |
|  |
|  |
|  |
|  |
|  |
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|  |

Client 2

|  |  |  |  |
| --- | --- | --- | --- |
|  | Death | TPD | Trauma |
| In the event of death, TPD or a medical event, would you like cover for: | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| *If so, what are the amounts that you would require?* |
| Liabilities to clear | $ | $ | $ |
| Future expenditure required | $ | $ | $ |
| Future education expenses (present value) | $ | $ | $ |
| Medical costs/recovery income | $ | $ | $ |
| Provision for tax | $ | $ | $ |
| Other | $ | $ | $ |
| **Total Capital Required** | **$** | **$** | **$** |
| **Capital Provisions** | **$** | **$** | **$** |
| Disposable assets | $ | $ | $ |
| Continuing income (present value) | $ | $ | $ |
| **Total Capital Available** | **$** | **$** | **$** |
| **Insurance Needs** |  |  |  |
| **Total Cover Required** | **$** | **$** | **$** |
| Existing cover | $ | $ | $ |
| **Surplus/Shortfall** | **$** | **$** | **$** |

Income protection needs

|  |  |
| --- | --- |
|  | Client 2 |
| In the event of temporary or permanent loss of income, would you like to replace your income? | [ ]  Yes  | [ ]  No |
| What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (usually up to 70%)? | $ | % |
| Additional details: |
|  |
|  |
|  |

Centrelink/Department of Veterans' Affairs (DVA)/Family Assistance

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| What benefits do you currently receive from Centrelink/DVA/ Family Assistance? |  |  |
| Centrelink Relationship Number |  |  |
| Do you intend to apply for any Centrelink/DVA/Family Assistance payments in the near future? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Have you ‘gifted’ any assets in the last five years? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Do you hold a current Seniors Card or Health Card? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Do you hold a Low Income Health Care Card? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Are you eligible for the Pension Bonus Scheme, i.e. Do you pass the work test? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If so, have you applied for the Pension Bonus Scheme? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Please provide a copy of your latest Centrelink Schedule |
| If **Yes** to any of the above questions add additional details: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Investment considerations

|  |  |  |
| --- | --- | --- |
| Client 1 | Client 2 |  |
| Do you have a preference to access specific investments? |
| [ ]  | [ ]  | No particular preference |
| [ ]  | [ ]  | Shares and ETFs |
| [ ]  | [ ]  | Managed funds and managed accounts |
| [ ]  | [ ]  | Alternative investments |
| [ ]  | [ ]  | Term deposits |
| [ ]  | [ ]  | Ethical-socially responsible investments |
| [ ]  | [ ]  | Other:  |
| Are the following important to you? |
| [ ]  | [ ]  | Lowest cost is primary goal |
| [ ]  | [ ]  | Holding accounts with one provider |
| [ ]  | [ ]  | Broad investment menu or choice |
| [ ]  | [ ]  | Investment transparency – ability to view the underlying investments |
| [ ]  | [ ]  | Ability to pay for advice via the fund/platform |
| [ ]  | [ ]  | Access to specific features |
| Which of the following have you previously invested in? |
| [ ]  | [ ]  | Term deposits/savings accounts |
| [ ]  | [ ]  | Managed funds and/or managed accounts |
| [ ]  | [ ]  | Shares or ETFs |
| [ ]  | [ ]  | Investment property |
| [ ]  | [ ]  | An investment you have borrowed for other than property |
| If your goals are unlikely to be met, please indicate which options you would consider: |
| [ ]  | [ ]  | Save more (spend less) |
| [ ]  | [ ]  | Downsize lifestyle assets |
| [ ]  | [ ]  | Increase your income resources – e.g. work longer |
| [ ]  | [ ]  | Increase your investment risk |
| [ ]  | [ ]  | Borrow to invest |
| [ ]  | [ ]  | Revise your goals |
| Additional details: |
|  |
|  |
|  |
|  |

 Advice planning scope – confirmation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Areas of advice | Included | Excluded | Additional Information |
|  | Aged Care | [ ]  | [ ]  |  |
|  | Business Insurance | [ ]  | [ ]  |  |
|  | Cashflow Management | [ ]  | [ ]  |  |
|  | Debt Management | [ ]  | [ ]  |  |
|  | Estate Planning | [ ]  | [ ]  |  |
|  | Insurance | [ ]  | [ ]  |  |
|  | Investment | [ ]  | [ ]  |  |
|  | Retirement Planning and Income | [ ]  | [ ]  |  |
|  | Strategic Advice | [ ]  | [ ]  |  |
|  | Superannuation | [ ]  | [ ]  |  |
|  | Other | [ ]  | [ ]  |  |

Incomplete information:

|  |
| --- |
| Are there any areas where full and accurate information has not been provided?  |
|  |
|  |
|  |

Terms of engagement

[ ]  No fee applies to the preparation of written advice based on the agreed scope

[ ]  We will prepare a separate Terms of Engagement

[ ]  The preparation of an advice document is covered by your existing fee arrangement

[ ]  A fee applies to the preparation of written advice based on the agreed scope as detailed above.

|  |  |
| --- | --- |
| Description | Fee (inclusive of GST) |
|  | $ |
| **Total** | **$** |

Adviser declaration

Documentation checklist

|  |  |
| --- | --- |
| The FSG and Adviser Profile was provided to the client(s) on: |  |
| The version number of the FSG provided was: |  |
| The version number of the Adviser Profile provided was: |  |

|  |
| --- |
| Financial Adviser signature |
| Signature |  |  |
| Full name |  | Date |  |
| Authorised Representative Number  |  |

Client declaration

I hereby declare and acknowledge the fowllowing:

**Financial Services Guide**

|  |  |
| --- | --- |
| **•** | I have received a copy of the Financial Services Guide and Adviser Profile and have read and understood both documents. |

**The information you provide**

|  |  |
| --- | --- |
| **•** | I declare that the information provided in this Fact Find is complete and accurate to the best of my knowledge, except where I have indicated that we have chosen not to provide the information. |
| **•** | I understand and acknowledge that by not fully or accurately completing the Fact Find any financial services provided may not be appropriate to my needs. |

**Your privacy and confidentiality**

|  |  |
| --- | --- |
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| **•** |  |

|  |  |
| --- | --- |
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| [ ]  | I give permission for the information provided in this Fact Find and related documents to also be disclosed to the following people/parties (e.g. name of my spouse/solicitor/accountant) |
|  |  |

**Tax file numbers**

|  |  |
| --- | --- |
| **•** | I give permission for my tax file number (TFN) to be collected and retained by my adviser and the Licensee in order to provide me with financial services and/or for social security reasons. |
| **•** | I understand that: |
|  | o | my TFN may need to be provided to authorised recipients of TFNs under the Superannuation Industry (Supervision) Act 1993, the Retirement Savings Accounts Act 1997 and/or under taxation legislation or social security laws, and |
|  | o | while it is not an offence to refuse to disclose my TFN, non-disclosure can delay the provision of those financial services and/or may result in taxation implications. |

|  |
| --- |
| Client 1 signature |
| Signature |  |  |
| Full name |  | Date |  |
| Client 2 signature |
| Signature |  |  |
| Full name |  | Date |  |

Authorisation to collect information or transfer servicing rights of financial products

|  |  |
| --- | --- |
| Client: |  |

|  |  |
| --- | --- |
| Provider Name: |  |
| Provider Address: |  |

|  |  |
| --- | --- |
| Product: |  |
| Account/Policy No: |  |

To whom it may concern,

|  |  |
| --- | --- |
| [ ]  | I authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments. |
| [ ]  | I authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new adviser. |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name: |  | Authorised Representative No. (if applicable): |  |
| Advisory Team: |  |  |
| Telephone: |  | Fax: |  |
| Email: |  |
| Business Name: |  |
| Business Address: |  |
| Licensee: |  |
| AFSL Number: |  | ABN: |  |

Please accept this scanned copy/photocopy as authority, as the original will stay on file at the address shown above.

Yours faithfully,

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name: |  | Date of Birth: |  |
| Address: |   |