

Client Data Collection Booklet

Version 1.05 – March 2018

Purpose of this Document

The Corporations Law requires that a Financial Planner making financial product recommendations must have reasonable grounds for making those recommendations. This means that a Financial Planner must conduct appropriate investigations as to the financial objectives, situation and particular needs of the customer. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose.

Privacy Statement

This **Client Data Collection Form** is strictly confidential between you and **First Advice Solutions** / ABN 41 610 508 284 / **Australian Financial Services Licence** 484091 / 450 Pulteney Street, ADELAIDE SA 5000.

If you have any questions, please contact us on **1300 450 000** or advice@firstadvice.com.au.

Client 1	Client 2
Adviser	
Date Completed / /	

Initial Information (Office Use Only)

<i>Item</i>	<i>Details</i>
Clients referred by	
Date FSG Provided	/ /
AML ID Check completed	/ /
Date of First Appointment	/ /

Initial Information

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
Preferred Title (Dr, Mr, Mrs, Ms, Miss, Rev, etc.)		
Full Name		
Marital Status		
Date of Birth		
Smoker	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Private Health Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Resident Status		
Centrelink Reference		
Centrelink Payment		

Contact Details

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
Residential Address		
Suburb		
State & Postcode		
Phone (Work)		
Phone (Home)		
Phone (Mobile)		
Email (Preferred)		

Postal Address
☐ Same as street address

Details
Client 1
Client 2

Postal Address

Suburb

State & Postcode

Employment Details
Details
Client 1
Client 2

Occupation Type

☐ Employee
☐ Self Employed
☐ Unemployed
☐ Retired

☐ Employee
☐ Self Employed
☐ Unemployed
☐ Retired

Main Occupation

Employer

Pre Tax Income from employment

Superannuation Salary Sacrifice

Salary Packaging

☐ Yes ☐ No

☐ Yes ☐ No

Years of Service

Hours worked/week

Dependant Details
☐ Not Applicable

Child's Name
Birthday
Sex
*Financially
Dependent*
*Dependent
until Age*

/ /

☐ M ☐ F

☐ Yes ☐ No

/ /

☐ M ☐ F

☐ Yes ☐ No

/ /

☐ M ☐ F

☐ Yes ☐ No

Dependants (Additional Information)
☐ Not Applicable

Discuss any special needs, education funding requirements, youth allowance or other government benefit.

Goals – Financial Advice

What are your reasons for seeking financial advice?

Goals - Retirement

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
At what age do you expect to retire?		
Expected date of Retirement	/ /	/ /
Desired retirement income (\$ pa.)	\$	\$
Minimum retirement income (\$ pa.)	\$	\$
Number of years income required		
Additional retirement lump sum	\$	\$
Sell any assets to fund retirement?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Downsize the family home?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cash required for emergencies?	\$	\$

Other Financial Goals (Holidays, Renovations, Car/Caravan/Boat Purchase, Education, Inheritances, etc.)

<i>Name of Goal</i>	<i>Expected Date</i>	<i>Amount (\$)</i>
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

Income Details
☐ Not in Scope

<i>Details</i>	<i>Client 1 (\$ per annum)</i>	<i>Client 2 (\$ per annum)</i>
Salary/wages	\$	\$
Other remuneration	\$	\$
Interest	\$	\$
Rent	\$	\$
Pension/annuity	\$	\$
Overseas pension/annuity	\$	\$
Centrelink/DVA	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Income (per annum)	\$	\$

Expense Details
☐ Not in Scope

Household expenses	\$	\$
Home loan repayments/Rent	\$	\$
Personal loan repayments	\$	\$
Other/Credit card repayments	\$	\$
School fees	\$	\$
Holidays	\$	\$
Life insurance premiums	\$	\$
General insurance premiums	\$	\$
Health insurance premiums	\$	\$
Tax provision	\$	\$
	\$	\$
	\$	\$
Total Expenses (per annum)	\$	\$
Surplus/Deficit (per annum) <i>(Income Less Expenses)</i>	\$	\$

Cashflow
☐ Not in Scope

Details	Client 1 (\$ per annum)	Client 2 (\$ per annum)
Able to save?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If 'Yes', how much?	\$	\$
Use of savings over the last year?	\$	\$

Social Security Benefits
☐ Not in Scope

Details	Client 1 (\$ per annum)	Client 2 (\$ per annum)
Receiving any payments? (Type)	<input type="radio"/> Age Pension <input type="radio"/> Disability Support Pension <input type="radio"/> Newstart Allowance <input type="radio"/> Other:	<input type="radio"/> Age Pension <input type="radio"/> Disability Support Pension <input type="radio"/> Newstart Allowance <input type="radio"/> Other:
Reference Number		
Centrelink assessed assets	\$ as at / /	\$ as at / /
Centrelink assessed income	\$ as at / / <input type="radio"/> pa <input type="radio"/> pf	\$ as at / / <input type="radio"/> pa <input type="radio"/> pf
Renting?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Gifts in last 5 years		
PBS registered?	<input type="radio"/> Yes <input type="radio"/> No Date / /	<input type="radio"/> Yes <input type="radio"/> No Date / /
Commonwealth Seniors Health Card registered?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Annual entitlement?	\$	\$

Notes (Cashflow)

Discuss any other relevant cashflow details.

Lifestyle Assets
☐ Not in Scope

<i>Asset</i>	<i>Owner</i>		<i>Value</i>
House	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Contents	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Car 1	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Car 2	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$

Cash & Other Investments
☐ Not in Scope

<i>Account</i>	<i>Type</i>	<i>Owner</i>		<i>Value</i>
Bank account 1		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Bank account 2		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Term deposit		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$

Liabilities
☐ Not in Scope

<i>Type</i>	<i>Provider</i>	<i>Owner</i>		<i>Value</i>
Mortgage		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Credit Cards		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Personal Loan		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$

Superannuation Assets
☐ Not in Scope

Details	Account 1	Account 2	Account 3	Account 4
Owner	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2
Fund name				
Type				
Current value	\$	\$	\$	\$
Policy number				
Non-concessional contributions (Personal)				
Concessional contributions (SG/Salary Sacrifice/Deductible)				
Insurance cover	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Income Protection	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Income Protection	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Income Protection	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Income Protection
Death cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Income protection cover	\$	\$	\$	\$
Waiting periods				
Benefit periods				
Beneficiary				
Beneficiary type	<input type="radio"/> Binding <input type="radio"/> None <input type="radio"/> Non-lapsing	<input type="radio"/> Binding <input type="radio"/> None <input type="radio"/> Non-lapsing	<input type="radio"/> Binding <input type="radio"/> None <input type="radio"/> Non-lapsing	<input type="radio"/> Binding <input type="radio"/> None <input type="radio"/> Non-lapsing
Binding nominations (end date/relationship/%)				
Additional information				
Statement attached?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Pension/Annuity Assets
☐ Not in Scope

Details	Account 1	Account 2	Account 3	Account 4
Owner	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2
Product/Provider name				
Account number				
Current value	\$	\$	\$	\$
Type	<input type="radio"/> A/C based pension <input type="radio"/> TTR pension <input type="radio"/> Lifetime annuity <input type="radio"/> Fixed term annuity <input type="radio"/> TAP	<input type="radio"/> A/C based pension <input type="radio"/> TTR pension <input type="radio"/> Lifetime annuity <input type="radio"/> Fixed term annuity <input type="radio"/> TAP	<input type="radio"/> A/C based pension <input type="radio"/> TTR pension <input type="radio"/> Lifetime annuity <input type="radio"/> Fixed term annuity <input type="radio"/> TAP	<input type="radio"/> A/C based pension <input type="radio"/> TTR pension <input type="radio"/> Lifetime annuity <input type="radio"/> Fixed term annuity <input type="radio"/> TAP
Purchase price	\$	\$	\$	\$
Purchase date	/ /	/ /	/ /	/ /
Tax free proportion	%	%	%	%
DDS deductible amount	\$	\$	\$	\$
Beneficiary nomination	<input type="radio"/> None <input type="radio"/> Reversionary <input type="radio"/> Binding	<input type="radio"/> None <input type="radio"/> Reversionary <input type="radio"/> Binding	<input type="radio"/> None <input type="radio"/> Reversionary <input type="radio"/> Binding	<input type="radio"/> None <input type="radio"/> Reversionary <input type="radio"/> Binding
Annual income	\$	\$	\$	\$
Additional information				

Notes (Superannuation/Pension)

Discuss any other relevant superannuation/pension details.

Personal Insurance
☐ Not in Scope

Details	Policy 1	Policy 2	Policy 3	Policy 4
Life insured				
Insurer/Product				
Policy number				
Policy owner				
In super?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Type	<input type="radio"/> Life <input type="radio"/> TPD <input type="radio"/> Trauma <input type="radio"/> Income Protection <input type="radio"/> Business Expenses <input type="radio"/> Other:	<input type="radio"/> Life <input type="radio"/> TPD <input type="radio"/> Trauma <input type="radio"/> Income Protection <input type="radio"/> Business Expenses <input type="radio"/> Other:	<input type="radio"/> Life <input type="radio"/> TPD <input type="radio"/> Trauma <input type="radio"/> Income Protection <input type="radio"/> Business Expenses <input type="radio"/> Other:	<input type="radio"/> Life <input type="radio"/> TPD <input type="radio"/> Trauma <input type="radio"/> Income Protection <input type="radio"/> Business Expenses <input type="radio"/> Other:
Life cover amount	\$	\$	\$	\$
TPD cover amount	\$	\$	\$	\$
Trauma cover amount	\$	\$	\$	\$
Income cover amount	\$	\$	\$	\$
Business expenses cover amount	\$	\$	\$	\$
Child cover amount	\$	\$	\$	\$
Waiting periods				
Benefit periods				
Loadings or exclusions?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Details				
Premium amount	\$	\$	\$	\$
Premium frequency	<input type="radio"/> Month <input type="radio"/> Year	<input type="radio"/> Month <input type="radio"/> Year	<input type="radio"/> Month <input type="radio"/> Year	<input type="radio"/> Month <input type="radio"/> Year
Renewal date	/ /	/ /	/ /	/ /
Purpose				
Beneficiary details				
Other				

General Insurance

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
Do you have general insurance?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

General Insurance (Details)

☐ Not in Scope

<i>Insurer</i>	<i>Type</i>	<i>Details</i>	<i>Owner</i>	<i>Sum insured</i>	<i>Premium (\$pa)</i>
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Health Insurance

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
Do you have health insurance?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Health Insurance (Details)

☐ Not in Scope

<i>Insurer</i>	<i>Type</i>	<i>Owner</i>	<i>Insured</i>	<i>Premium (\$pa)</i>
				\$
				\$

Notes (Insurance)

Discuss any other relevant insurance details.

Other Information

Please note any specific topics you would like added to the agenda for our appointment.

Other topics and areas that are not in scope.

Declarations

I hereby declare and acknowledge the following:

Financial Services Guide

- I have received, read and understood a copy of the Financial Services Guide.

The information you provide

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

Your privacy and confidentiality

- I give permission for the information provided in this Client Data Form to be disclosed to and used by those who will be involved in providing or implementing financial advice to us, including:
 - First Advice Licensee Services Pty Ltd
 - Financial product providers that my financial adviser recommends to me,
 - Service providers (including offshore providers) engaged to provide financial planning-related services including but not limited to paraplanning, compliance, administration, estate planning and financial services software, and
 - Companies involved in communicating the information in this Client Data Form to any of the above parties, such as by electronic mail services, cloud storage services and/or document creation services.
- My permission extends to electronic communication of the information provided in this Client Data Form and for record keeping purposes.
 - I give permission to receive marketing and advertising materials on products, services, events, promotions and offers from our adviser and their related parties.
 - I give permission for the information provided in this Client Data Form to also be disclosed to the following people/parties (e.g. name of our spouse / solicitor / accountant / offshore provider including country)

Tax file numbers

- I give permission for our 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 eligibility reasons.
- I understand that:
 - 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
 - while it is not an offence to refuse to disclose our TFN, non-disclosure can delay the provision of those financial services and/or may result in taxation implications.

Client Declaration – I/We declare that:

Signed (Client 1)		Signed (Client 2)	
TFN:	- -	TFN:	- -
X		X	
Name:		Name:	
/ /		/ /	

Adviser Declaration – I declare that:

- The information contained in this booklet is an accurate and complete record of the information provided by the client and acknowledged by the client signing and dating above.
- The preparation of the client's Statement of Advice will be based on the above information and any other documentation provided.

X	
Adviser:	
/ /	