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**CLIENT**

**FACT FIND**

**Financial Planning**

|  |  |
| --- | --- |
| Client name(s) |  |
| Meeting Date |  |
| Time/Location |  |
| Financial Adviser | David Leese |
| Advice Practice | North Run Pty Ltd Trading as Miller Leese Financial Services |
| Phone Number | 0886641036 |
| Email Address | david@millerleesefs.com.au |
| Licensee Name | North Run Pty Ltd |
| AFSL | 329800 |
| ABN | 52132357601 |
| Website | www.millerleesefs.com.au |

Reasons for seeking advice

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Goals

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| --- | --- | --- | --- | --- |
| Goal | Owner | Time Frame | Amount | Current Status |
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| **Notes** |
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Personal details

Your details

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| --- | --- | --- |
|  | 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 | Home Email / Mobile Phone / SMS Email | Mobile Phone / SMS Email / Work Email |

Children and/or other dependants - current and expected

|  |  |
| --- | --- |
| 🞏 We do not have any dependants | 🞏 We have chosen not to disclose information about any dependants |

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

Income, expenses and taxation

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

*Further expense details can be collected via the* ***Detailed expense analysis*** *section if required.*

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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Cashflow

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| --- | --- |
|  |  |
| What amount would you estimate as your savings capacity on a yearly basis? |  |
| What amount of funds from cash flow are you able to set aside for insurance? | $ |
| Do you expect any income and/or expenditure changes in the next 12 months? If **Yes**, please provide details below. | 🞏 Yes 🞏 No |
| Do you currently spend more or less than you earn?  If you spend more than you earn, please provide details below. | 🞏 More  🞏 Equal  🞏 Less |
| Do you think you have an opportunity to save additional money?  Please provide details below. | 🞏 Yes 🞏 No |

Cashflow notes

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| --- |
|  |

Detailed expense analysis

*Please select the column which is easiest for you to capture your expenditure items*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | Description | Weekly | Fortnightly | Monthly | Annual |
| Other |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Totals** |  |  |  |  |  |
|  | | | | | |
|  | | | | | |

Current position analysis

|  |  |  |  |
| --- | --- | --- | --- |
| Lifestyle Assets | Description | Owner | Current  value ($) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Lifestyle Assets Total** | | |  |

|  |  |  |
| --- | --- | --- |
| Investment Properties | Owner | Current  value ($) |
|  |  |  |
|  |  |  |
|  |  |  |
| **Investment Properties Total** | |  |

|  |  |  |
| --- | --- | --- |
| Cash / Term deposits | Owner | Current  value ($) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Cash / Term deposits Total** | |  |

|  |  |  |
| --- | --- | --- |
| Other Assets | Owner | Current  Value ($) |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other Assets Total** | |  |

Investment assets (ex Superannuation)

|  |  |  |
| --- | --- | --- |
| Investment Assets | Owner | Current  Value ($) |
|  |  |  |
|  |  |  |
|  |  |  |
| **Investment Assets Total (excluding superannuation)** | |  |

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

Asset and liabilities notes

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Debt management

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| --- | --- |
|  |  |
| Does your home loan have any of the following features? |  |
| What amount of extra repayments are you making into your home loan or offset account? (per month) |  |
| Are there any fees/charges associated with extra repayments or redraws with your home loan? | 🞏 Yes 🞏 No |
| What is the interest free period for your credit card(s)? |  |
| Do you pay off your credit card within the interest free period? | 🞏 Yes 🞏 No |
| Are you acting as a guarantor for any loan? | 🞏 Yes 🞏 No |

Debt management 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 ($) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Annuity details | Owner | Income payment & frequency | Current balance ($) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  | **$0** |

|  |  |  |
| --- | --- | --- |
| 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  🞏 Reversionary |  |
|  |  |  | 🞏 Nominated beneficiary  🞏 Binding death nomination  🞏 Reversionary |  |
|  |  |  | 🞏 Nominated beneficiary  🞏 Binding death nomination  🞏 Reversionary |  |

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 | 🞏 Enduring 🞏 Medical  🞏 General 🞏 Other |
| 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 | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Funeral arrangements | 🞏 Pre-paid Funeral  🞏 Funeral Insurance  🞏 Funeral Bond  🞏 Advance Care Directive  🞏 Enduring Guardianship | 🞏 Pre-paid Funeral  🞏 Funeral Insurance  🞏 Funeral Bond  🞏 Advance Care Directive  🞏 Enduring Guardianship |

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 applic.) |  |  |  |  |  |
| Benefit period (if applic.) |  |  |  |  |  |
| Business Expenses |  |  |  |  |  |
| Waiting period (if applic.) |  |  |  |  |  |
| Benefit period (if applic.) |  |  |  |  |  |
| Options/Benefits |  |  |  |  |  |
| Loading/Exclusions |  |  |  |  |  |
| In super |  |  |  |  |  |

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| Insurance notes |
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General health details

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| What is your current health status? | 🞏 Poor  🞏 Fair  🞏 Good  🞏 Very good  🞏 Excellent  🞏 Congenital Conditions  🞏 Health Concerns | 🞏 Poor  🞏 Fair  🞏 Good  🞏 Very good  🞏 Excellent  🞏 Congenital Conditions  🞏 Health Concerns |
| 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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Additional insurance pre-assessment questions

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| --- | --- | --- |
|  | Client 1 | Client 2 |
| **Immediate Family Health** | | |
| Have any of your parents, brothers or sisters (alive or deceased) prior to age 60 been diagnosed with any of the following?  Diabetes, Heart Disease, Mental Illness, Haemophilia, High blood pressure, High Cholesterol, Cancer, Stroke, Kidney Disease | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| **Existing Health Issues** | | |
| Have you ever had an application for insurance on your life declined, deferred or accepted with a higher than normal premium, or with restrictions or exclusions? |  |  |
| Have you within the last 5 years had any illness, injury, operation, X-ray, ECG, blood transfusion, any other special tests or advised to have a blood test for any reason? |  |  |
| Do you take or have you taken drugs or medications on a regular or ongoing basis? |  |  |
| Do you have any pre-existing conditions that you are aware of? |  |  |
| **Medical History** | | |
| Have you ever had, or been told that you had, or ever sought advice or treatment from a doctor, counsellor or other health professional for any of the following? |  |  |
| Details of each condition including the type, date diagnosed, any time off work, treatment provided, whether still on treatment or date treatment ceased and date of last symptoms. If skin cancer, tumour, lesion, mole or cyst please outline whether it was benign or malignant. |  |  |
| Any future health challenges we need to be aware of? |  |  |

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: | | |
|  | | |
|  | | |
|  | | |

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: | | |
|  | | |
|  | | |
|  | | |

Insurance considerations

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| --- | --- |
|  |  |
| How long could you go without income? | 🞏 1 month 🞏 3 months 🞏 6 months 🞏 6+ months |
| Assuming you have paid off your mortgage, what income would your family need to cover expenses if either of you passed away? |  |
| Would you dispose of assets to assist in meeting your financial needs in the event of death, total and permanent disablement or trauma? | 🞏 Yes (provide details) 🞏 No |
| If **Yes**, to above please provide details below | |
|  | |
|  | |

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| How long do you intend to hold the cover? | 🞏 5 years  🞏 10 years  🞏 15+ years  🞏 Other | 🞏 5 years  🞏 10 years  🞏 15+ years  🞏 Other |

Insurance Product Preferences – What is important to you?

|  |  |  |  |
| --- | --- | --- | --- |
| Feature | Owner/s | | Comments / Trade Offs |
| C1 | C2 |
| Low cost - could be at expense of superior definitions and features | 🞏 | 🞏 |  |
| Specific occupation features | 🞏 | 🞏 |
| Access to “own” occupation definitions | 🞏 | 🞏 |
| Being able to fund through super | 🞏 | 🞏 |
| Access to level premiums | 🞏 | 🞏 |
| Underwriting upfront | 🞏 | 🞏 |
| Other | 🞏 | 🞏 |
| Death/TPD/Trauma Cover |  | |  |
| Death Cover - Extended expiry age on cover (To age 99) | 🞏 | 🞏 |  |
| TPD Cover - Access to “Own” occupation definitions | 🞏 | 🞏 |
| TPD Cover - TPD Buy Back | 🞏 | 🞏 |
| Trauma Cover - Comprehensive Benefits | 🞏 | 🞏 |
| Trauma Cover - Trauma Buy Back | 🞏 | 🞏 |
| Trauma Cover - Trauma Reinstatement | 🞏 | 🞏 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Income Protection Cover | Client 1 | | Client 2 | |
| Waiting Period | 🞏 30 days | 🞏 60 days | 🞏 30 days | 🞏 60 days |
| 🞏 90 days | 🞏 6 months | 🞏 90 days | 🞏 6 months |
| 🞏 12 months | 🞏 2 years | 🞏 12 months | 🞏 2 years |
| 🞏 5 years | | 🞏 5 years | |
| Comments / Trade offs |  | |  | |
| Benefit Period | 🞏 2 years | 🞏 5 years | 🞏 2 years | 🞏 5 years |
| 🞏 Age 65 | 🞏 Age 70 | 🞏 Age 65 | 🞏 Age 70 |
| Comments / Trade -offs |  | |  | |

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: | | |
|  | | |
|  | | |
|  | | |
| Centrelink notes | | |
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Aged care

|  |  |  |
| --- | --- | --- |
| Aged care | Client 1 | Client 2 |
| Have you had an ACAT assessment (or ACAS assessment in Victoria)? | 🞏 Yes 🞏 No  Date: | 🞏 Yes 🞏 No  Date: |
| Have you already paid any income tested care fees for home care or means tested care fees for residential care that would count towards your lifetime cap? | 🞏 Yes 🞏 No  Amount: $ | 🞏 Yes 🞏 No  Amount: $ |
| Retirement villages | Client 1 | Client 2 |
| Are you a resident or do you plan to move into a retirement village? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| What entry contribution did/will you pay? |  |  |
| What ongoing fees are charged by the village? |  |  |
| Are you eligible for Rent Assistance from Centrelink? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| What conditions apply upon exit? |  |  |
| Home care packages |  |  |
| Are you planning to apply for a Home Care Package? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Are you currently receiving a Home Care Package? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| If yes, what date did it commence? |  |  |
| How much does your Home Care Package service provider charge? | Basic Fee:  Income Tested Fee: | Basic Fee:  Income Tested Fee: |
| Residential aged care facilities |  |  |
| **If you plan to move into an aged care facility** | | |
| Who is moving into the Facility? | 🞏 | 🞏 |
| Does the Facility receive Government support? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Will a spouse, carer or close family member continue to live in the family home? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| If a carer or close family member, how long have they lived in the family home and do they receive income support from the Government? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Will your home be sold when moving to the Facility? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Will you rent your home when moving to the Facility? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| What is the published Refundable Accommodation Deposit (RAD) of the Facility? | $ | $ |
| If low-means, what is the Facility’s Accommodation Supplement amount? | $ | $ |
| **If you are currently residing in an aged care facility** | | |
| What date did you move into the Facility? |  |  |
| Does the Facility receive Government support? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Who is in the Facility? | 🞏 | 🞏 |
| Have you entered the Facility as a low-means resident? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Has a lump sum payment been paid (eg Refundable Accommodation Deposit or accommodation bond)? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| If so, how much was paid? | $ | $ |
| Do you pay an accommodation charge or Daily Accommodation Payment (DAP)? | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| What is the current means tested fee or daily income tested fee? | $ | $ |

Aged care notes

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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: | | |
|  | | |

Professional advisers

|  |  |  |  |
| --- | --- | --- | --- |
|  | Solicitor | Accountant | Other |
| Company name |  |  |  |
| Contact name |  |  |  |
| Address |  |  |  |
| Telephone/Fax |  |  |  |
| Email |  |  |  |
| Authority to contact | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| How did you find out about our business? | 🞏 From a friend/existing client  🞏 Personal (Private)  🞏 Credit Union  🞏 Health Insurance Provider  🞏 Mortgage Broker  🞏 Accountant / Solicitor  🞏 Seminar  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_ | 🞏 From a friend/existing client  🞏 Personal (Private)  🞏 Credit Union  🞏 Health Insurance Provider  🞏 Mortgage Broker  🞏 Accountant / Solicitor  🞏 Seminar  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_ | 🞏 From a friend/existing client  🞏 Personal (Private)  🞏 Credit Union  🞏 Health Insurance Provider  🞏 Mortgage Broker  🞏 Accountant / Solicitor  🞏 Seminar  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_ |
| Name of Referral Source |  |  |  |

Adviser use only: We have referred you to the following specialists e.g. Solicitor, Accountant, etc.

|  |  |
| --- | --- |
| Name/Company | Need |
|  |  |
|  |  |
|  |  |

Advice planning scope – confirmation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Areas of advice | Included | Excluded | Additional Information |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Incomplete information:

The following information relating to your circumstances was either not provided or may be based on inaccurate information:

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 your 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 | Source of Payment | When is this Payable | Fee (inclusive of GST) |
|  |  |  |  |
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Adviser declaration

Documentation checklist

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

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Adviser signature | | | |
| Signature |  | |  |
| Full name | David Leese | Date |  |

Client declaration

We 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**

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

**Your privacy and confidentiality**

|  |  |  |
| --- | --- | --- |
| **•** | We give permission for the information provided in this Fact Find and related documents to be disclosed to and used by those who will be involved in providing or implementing financial advice to us, including: | |
|  | o | North Run Pty Ltd (the Licensee), |
|  | o | Financial product providers that our financial adviser recommends to us, |
|  | o | 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 |
|  | o | Companies involved in communicating the information in this Fact Find to any of the above parties, such as by electronic mail services, cloud storage services and/or document creation services. |
| **•** | Our permission extends to electronic communication of the information provided in this Fact Find and for record keeping purposes. | |

|  |  |
| --- | --- |
| 🞏 | We give permission to receive marketing and advertising materials on products, services, events, promotions and offers from our adviser and their related parties. |
| 🞏 | We 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/offshore provider including country) |
|  |  |
|  |  |

**Tax file numbers**

|  |  |  |
| --- | --- | --- |
| **•** | We give permission for our tax file number (TFN) to be collected and retained by our adviser and the Licensee in order to provide us with financial services and/or for social security reasons. | |
| **•** | We understand that: | |
|  | o | our 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 our TFN, non-disclosure can delay the provision of those financial services and/or may result in taxation implications. |

**My investment risk profile**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **•** | We confirm that the details recorded in the Risk Profile Workbook are correct and are a true reflection of our attitude towards risk. | | | |
| **•** | We confirm that we have read and understood our agreed risk profile, and where the risk profile has been adjusted we have agreed and understood the reason for the adjustment and the consequences of the adjustment. | | | |
| Client 1 signature | | | | |
| Signature | |  | |  |
| Full name | |  | Date Signed |  |

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

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: | David Leese | Authorised Representative No. (if applicable): |  |
| Advisory Team: |  |  | |
| Telephone: | 0886641036 | Fax: |  |
| Email: | david@millerleesefs.com.au | | |
| Business Name: | North Run Pty Ltd Trading as Miller Leese Financial Services | | |
| Business Address: | 14 Ayr Street  JAMESTOWN SA 5491 | | |
| Licensee: | North Run Pty Ltd | | |
| AFS Number: | 329800 | ABN: | 52132357601 |

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: |  |

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: | David Leese | Authorised Representative No. (if applicable): |  |
| Advisory Team: |  |  | |
| Telephone: | 0886641036 | Fax: |  |
| Email: | david@millerleesefs.com.au | | |
| Business Name: | North Run Pty Ltd Trading as Miller Leese Financial Services | | |
| Business Address: | 14 Ayr Street  JAMESTOWN SA 5491 | | |
| Licensee: | North Run Pty Ltd | | |
| AFS Number: | 329800 | ABN: | 52132357601 |

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: |  |