



Financial Planning & Life Pty Ltd

# Client Data Collection Form (Confidential) (PART A)

Client Name: \_\_\_\_\_

Adviser: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Financial Planning & Life Pty Ltd  
ABN 19 076 102 148  
Australian Financial Services License  
No 221 629

## IMPORTANT NOTICE TO CLIENT

The Corporations Act 2001 requires that an adviser making financial recommendations must have reasonable grounds for making those recommendations. This means that an adviser must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the client. The information requested in this form will allow the adviser to provide recommendations to the client and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

## 1. Personal Details

	Client	Partner
Title	Mr Mrs Miss Ms Dr	Mr Mrs Miss Ms Dr
Surname		
Given Names		
Preferred Name		
Date of Birth		
Place of Birth		
Marital Status		

## 2. Contact Details

	Client	Partner
Home Address		
Postal Address		
Home Phone Number		
Work Phone Number		
Facsimile Number		
Mobile Number		
Email Address		

## 3. Children

	DOB	Financially Dependant	Current/ Future Needs
		Yes No	
		Yes No	
		Yes No	
		Yes No	

## 4. Health Details

	Client	Partner
Smoker	Yes No	Yes No
Private Health Insurance	Yes No	Yes No
General State of Health	Poor Good Excellent	Poor Good Excellent
Other Relevant Details		

## 5. Financial/Investment Objectives

Objectives - What you want to achieve

Short Term - (0 - 3 Years)

Medium Term - (4 - 7 Years)

Long Term - (More than 7 Years)

Immediate Priorities

Do you have any specific financial questions?

## 6. Other Professional Advisers

	Accountant / Tax Agent	Solicitor
Name		
Company		
Address		
Phone Number		

## 7. Employment Details

	Client	Partner
Occupation		
Industry		
Employer Name		
Work Address		
Employment Status	F/T   P/T   Casual	F/T   P/T   Casual
Employment Security	Secure	Secure
Notes	Insecure	Insecure
Detail of Fringe Benefits		
Salary sacrifice available	Yes                  No	Yes                  No
Planned retirement age		
Self-employed business structure (See page 4 Part 8B)	Sole Proprietor <b>Trust*</b> <b>Partnership*</b> <b>Company*</b>	Sole Proprietor <b>Trust*</b> <b>Partnership*</b> <b>Company*</b>

**\*Attach most recent financial statements**

## 8. Income & Expenses

### A) Income - Personal

	Client	Partner
Gross Salary / Wages	\$	\$
Nett Salary / Wages	\$	\$
Superannuation Pension / Annuity	\$	\$
Investment Income		
• Interest	\$	\$
• Dividends	\$	\$
• Rent	\$	\$
• Other	\$	\$
Government Pension	\$	\$
Other Centrelink Payments	\$	\$
Other Income	\$	\$
Total Income	\$	\$
Total Income - Combined	\$	

Additional Notes:

---



---



---



---

### B) Income - Business

Turnover	
Net Profit	
No. of Employees	

Additional Notes:

---



---



---



---

### C) Expenses

Expenses Item	Monthly	Quarterly	Annually
<b>Household:</b> Food / Alcohol Mortgage Repayments / Rent Electricity / Gas / Water Council Rates Telephone Building & Contents Insurance Repairs & Maintenance Other <p style="text-align: right;"><b>Sub-Total</b></p>	\$ _____ _____ _____ _____ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ _____ _____ _____ _____ \$ _____
<b>Transport:</b> Car Repayments Registration Insurance Fuel / Oil Repairs / Maintenance Public Transport Fares Taxi Fares Other <p style="text-align: right;"><b>Sub-Total</b></p>	\$ _____ _____ _____ _____ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ _____ _____ _____ _____ \$ _____
<b>Health Expenses:</b> Health Insurance Doctor / Dentist Pharmacy Other <p style="text-align: right;"><b>Sub-Total</b></p>	\$ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ \$ _____
<b>Education / Childcare Expenses:</b> School Fees Books Uniforms Childcare Other <p style="text-align: right;"><b>Sub-Total</b></p>	\$ _____ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ _____ \$ _____
<b>Personal Expenses:</b> Clothing Holidays Entertainment / Dining out Membership's Other <p style="text-align: right;"><b>Sub-Total</b></p>	\$ _____ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ _____ \$ _____
<b>Super / Insurance Expenses:</b> Superannuation Life Insurance Income Protection Other <p style="text-align: right;"><b>Sub-Total</b></p>	\$ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ \$ _____	\$ _____ _____ _____ _____ \$ _____
<b>Other:</b> Professional Fees <p style="text-align: right;"><b>Sub-Total</b></p>	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____
<b>TOTAL EXPENSES</b>	\$ _____	\$ _____	\$ _____

# 9. Personal Assets & Liabilities

	Date Purchased	Owner * *	Current Value	Liability
Principal Residence			\$	\$
Investment Property/s			\$	\$
Farm / Rural Holdings			\$	\$
Holiday Home			\$	\$
Investments - Other			\$	\$
			\$	\$
Motor Vehicle(s)			\$	\$
			\$	\$
Personal Property / Contents			\$	\$
Farm Machinery / Assets			\$	\$
Collectables			\$	\$
Boat			\$	\$
Caravan			\$	\$
Other			\$	\$
<b>Total</b>			\$	\$

\* \* Owner: C - Client P - Partner J - Joint T - Trust P/L - Company

**Additional Notes:**

---



---



---



---



---



---



---



---



---



---



---

## 10. Superannuation Details

(Attach copies of the latest superannuation statements for you and your Partner)

Fund Name	Start Date	Current Value
<b>Total</b>		\$

**Additional Notes:**

---

---

---

---

---

---

---

---

---

---



# 11. Insurance Details

(Please attach copies of statements)

## A) Life Insurance ( Death, Permanent Disability & Trauma)

Life Insured	Policy Owner	Insurer	Start Date	Premium (\$)	Sum Insured (\$)		
					Death	Trauma	Permanent Disability

## B) Income Protection Insurance

Insurer	Policy Owner	Policy No.	Start Date	Annual Premium \$	Benefit Amount \$

## C) Other Insurances

Insurance Type	Insurer	Annual Premium \$	Sum Insured \$	Comments
Home & Contents				
Health				
Motor Vehicles				
Mortgage				
Business/Key Person				
Other				



## Financial Services Guide

I/We acknowledge that I/We have received, read and fully understood Financial Planning & Life Pty Ltd's Financial Services Guide.

Yes

No

## Privacy Policy

Financial Planning & Life Pty Ltd is committed to ensuring the privacy and security of your personal information. As required under the Privacy Act, we have provided you with a copy of our Privacy Policy that details our information management practices. If for some reason you did not receive or read our Privacy Policy we ask that you do so. If you have any questions relating to our Privacy Policy please feel free to discuss them with your financial planner now.

I/We acknowledge that I/we have received, read and fully understood Financial Planning & Life Pty Ltd's Privacy Policy.

Yes

No

## Client Statement

I/We hereby declare that the information set out in this form is true and correct to the best of my/our knowledge. I/We are not aware of any other information that should have been disclosed to the person to whom this form is given and that would be relevant to the making of a recommendation by an authorised representative.

Yes

No

Signed: \_\_\_\_\_  
(Client)

Date: \_\_\_ / \_\_\_ / \_\_\_

Signed: \_\_\_\_\_  
(Client)

Date: \_\_\_ / \_\_\_ / \_\_\_

Signed: \_\_\_\_\_  
(Authorised Representative)

Date: \_\_\_ / \_\_\_ / \_\_\_