

# Fact Find

## Private and Confidential

A confidential analysis of goals and financial situation.

### Client 1

Surname

First name(s)

### Client 2

Surname

First name(s)

Date completed   /   /

### Adviser Details

Adviser name

Adviser Profile version supplied (version date)

Date FSG provide to client   /   /

FSG version supplied (version date)

### Important Notice

The Corporations Act requires that an adviser have reasonable basis for any recommendation or advice that they provide. As such, advisers must make reasonable inquiries to determine a client's objectives, needs and circumstances. The information requested in this Fact Find and/or on any subsequent occasion(s) is necessary to ensure the recommendations made or advice provided to you is appropriate to your objectives, needs and circumstances.

**Consultum Financial Advisers Pty Ltd.** Australian Financial Services Licensee No. 230323, ABN 65 006 373 995  
Head Office: Level 6, 161 Collins Street, Melbourne Victoria 3000. [www.consultum.com.au](http://www.consultum.com.au)

# Personal Data

## Personal Data

### Client 1

### Client 2

Title

Surname

First name(s)

Preferred name

Date of birth

Marital status

Place of birth

Are you an Australian resident?

 Yes  No Yes  No

## Contact Details

Residential address

Postal address (if not same as home)

Home phone number

Business phone number

Mobile phone number

Fax number

Email Address

Preferred method of contact?

Do you have a computer and internet access?

 Yes  No Yes  No

If 'yes' are you happy to receive information online?

 Yes  No Yes  No

**Employment**

This section has been left blank intentionally as it is not applicable

	Client 1	Client 2
Occupation/Title	<input type="text"/>	<input type="text"/>
Duties	<input type="text"/>	<input type="text"/>
Employment status i.e. full-time, part-time, casual	<input type="text"/>	<input type="text"/>
Employer name	<input type="text"/>	<input type="text"/>
Details of salary packaging arrangement i.e. superannuation	<input type="text"/>	<input type="text"/>
Details of accrued sick, annual or long service leave	<input type="text"/>	<input type="text"/>

Please supply a copy of your latest payslip or tax return and salary packaging details.  
Please complete Section G (if applicable) of the Advice Booklet if giving Salary Packaging advice.

**Dependant Details**

This section has been left blank intentionally as it is not applicable

Name	Dependent (for SIS purpose)	Date of birth	Dependant until age	Receiving any government benefits?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**General Health**

	Client 1	Client 2
What is your present health status? i.e. good, fair, excellent.	<input type="text"/>	<input type="text"/>
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently changed your smoking habit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What, if any, medical issues need to be noted? i.e. are you taking any medication?	<input type="text"/>	<input type="text"/>
Do you have private health insurance?	<input type="text"/>	<input type="text"/>

## Objectives

### Reason for seeking Financial Advice

What is the primary reason for you seeking Financial Advice?

What expectations do you have about seeking Financial Advice?

Please tick the goals and objectives that are relevant to you. I/We would like to:

- Build an investment portfolio
- Consolidate and/or manage debts
- Minimise tax obligations
- Provide for retirement
- Consolidate superannuation funds
- Receive an ongoing income stream
- Provide for dependants in the event of death, illness or injury
- Buy or sell shares
- Effectively manage a lump sum or inheritance
- Effectively manage financial risk
- Review existing financial arrangements
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### Lifestyle Objectives

What lifestyle objectives are important to you?

What issues or events **may affect your lifestyle objectives** over the next 5 years?

## Objectives

For each of your objectives, please include a priority or time frame and a value in today's dollars.

<b>Retirement:</b> When do you intend to retire? e.g. anticipated cost of living in retirement, Social Security expectations.	Priority or time frame

<b>Liquidity:</b> What sort of access do you need from your investments? How much cash do you need to hold in reserves and why?	Priority or time frame

<b>Income:</b> Do you currently rely on the income from your investments to cover your living expenses? If yes, what level of income do you require?	Priority or time frame

<b>Anticipated Capital Expenditure:</b> Describe details of one off lump sum expenditure you may be planning now or in the future e.g. overseas holiday, new car.	Priority or time frame

<b>Anticipated Capital Inflows:</b> Describe details of any lump sums you anticipate in the future e.g. sale of assets, future inheritance.	Priority or time frame

<b>Risk Management:</b> What requirements do you have (for yourself and your dependants) in the event of death, disability, trauma and extended illness? (Please refer to the Risk Needs Analysis on page 16 for more detail.)	Priority or time frame

<b>Estate Planning:</b> What intentions do you have regarding the distribution of your assets after your death? What is the maximum value you would want to leave to your estate?	Priority or time frame

<b>Other:</b>	Priority or time frame

**General commentary on objectives/client requests**

Other Advisers	Name	Contact Details
Accountant		
Solicitor/Lawyer		
Other (please list)		

## Corporate Entities

This section has been left blank intentionally as it is not applicable

	Client 1	Client 2
Entity type (company, trust or SMSF)	<input type="text"/>	<input type="text"/>
Entity Name	<input type="text"/>	<input type="text"/>
Principal activity	<input type="text"/>	<input type="text"/>

Please complete Section H of the Advice Booklet if giving Corporate Entity advice.

## Financial Details

This section has been left blank intentionally as it is not applicable

### Income

Type of income i.e. salary, investment income	Details e.g. gross or net	Client 1	Client 2
<b>Total</b>		<b>\$</b>	<b>\$</b>

### Expenditure

Type of expenses i.e. education, insurance	Details e.g. gross or net	Monthly	Annually
<b>Total</b>		<b>\$</b>	<b>\$</b>

Alternatively please attach the completed Budget Analysis in Section F of the Advice Booklet.

Is any aspect of your **income or expenditure** expected to change over the next 12 months?

If yes, please detail the changes.

### Notes



**Personal Use Assets and Liabilities**

<b>Lifestyle Assets</b>	Owner	Current value	Notes
Principal residence		\$	
Home contents		\$	
Non-income producing real estate		\$	
Motor vehicle 1		\$	
Motor vehicle 2		\$	
Boat/caravan		\$	
Collectable/art/valuables		\$	
Other		\$	
Other		\$	
<b>Total lifestyle assets</b>		<b>\$</b>	

<b>Non deductible loans</b>	Owner	Outstanding balance	Repayments made/required/frequency		Interest rate	Term
			Repayment	Frequency		
Mortgage		\$	\$			
Credit Card		\$	\$			
Other		\$	\$			
Other		\$	\$			
<b>Total non deductible loans</b>		<b>\$</b>	<b>\$</b>			

**Net lifestyle asset position** **\$**

**Investment Assets and Liabilities**

This section has been left blank intentionally as it is not applicable

Investment assets	Owner	Current value	Acquisition date	Initial investment	No. of units/shares	Reinvest income
Cash		\$		\$		\$
Cash		\$		\$		\$
Fixed interest		\$		\$		\$
Fixed interest		\$		\$		\$
Property/land		\$		\$		\$
Managed investments		\$		\$		\$
Shares		\$		\$		\$
Other		\$		\$		\$
<b>Total investment assets</b>		<b>\$</b>				

Deductible loans	Owner	Outstanding balance	Repayments made/required/frequency		Interest rate	Term
			Repayment	Frequency		
Investment property loan		\$	\$			
Investment other loan		\$	\$			
Margin loan		\$	\$			
Other		\$	\$			
<b>Total non deductible loans</b>		<b>\$</b>	<b>\$</b>			

**Net investment asset position** \$

Please attach supplied copies of your latest investment and loan statements.

**Superannuation (Employer Super, Personal, Rollover and SMSF)**

This section has been left blank intentionally as it is not applicable

Fund details						Contributions			
Fund Name	Owner	Current Value	Eligible service date	Accumulation or defined benefit	Investment details of fund	SGC	Salary Sacrifice	After tax (UDC) personal/spouse	Insurance Y/N (see Insurance section)
		\$							
		\$							
		\$							
		\$							
<b>Total</b>		<b>\$</b>							

Please attach supplied copies of your latest Superannuation Fund statements including details of ETP and non-ETP components including Post 94, Untaxed and Concessional. This information can be found on the latest ETP statement.

**Retirement Income Streams**

This section has been left blank intentionally as it is not applicable

Description	Type (allocated/TAP annuity)	Owner	Current Value	Date commenced	Term	RCV \$/%	Annual income details	% ETP rebate	Undeducted purchase price
			\$						
			\$						
			\$						

Please attach supplied copies of your latest Retirement Income Stream statement including details of ETP components including Post 94, Untaxed and Concessional. This information can be found on the latest ETP statement.

**Superannuation Lump Sum Benefit**

This section has been left blank intentionally as it is not applicable

Please tick if pre-payment quote is attached, otherwise you must complete.

Note: Preference is that the client supplies you with a copy of the pre-payment quote.

Owner	<input type="text"/>
Annual leave (net of tax)	<input type="text" value="\$"/>
Long service leave (net of tax)	<input type="text" value="\$"/>
Redundancy/early retirement (tax free amount)	<input type="text" value="\$"/>
Redundancy/early retirement (EFT amount)	<input type="text" value="\$"/>
Post June invalidity payment	<input type="text" value="\$"/>
Ex gratia/golden handshake	<input type="text" value="\$"/>
Other	<input type="text" value="\$"/>
Total amount	<input type="text" value="\$"/>

**Notes**

# Social Security

This section has been left blank intentionally as it is not applicable

	Client 1	Client 2
What Centrelink/DVA benefits do you currently receive?	<input type="text"/>	<input type="text"/>
What are the fortnightly benefit amounts?	\$ <input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>
Do you intend to apply for any Centrelink/DVA benefits in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details.	<input type="text"/>	<input type="text"/>
Would you like to be eligible for Centrelink/DVA benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which benefits, when and why?	<input type="text"/>	<input type="text"/>
Have you 'gifted' assets in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please detail.	<input type="text"/>	<input type="text"/>

## Notes

# Estate Planning

The following details relate to your plans for your finances after your death or during a period where you are not able to control your finances e.g. due to illness.

	<b>Client 1</b>	<b>Client 2</b>
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was your Will last reviewed?	<input type="text"/>	<input type="text"/>
Have your circumstances changed in this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly provide details.	<input type="text"/>	<input type="text"/>
Who is the executor of your Will?	<input type="text"/>	<input type="text"/>
Does the Will incorporate a testamentary trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you arranged for anyone to have Power of Attorney over you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type e.g. enduring.	<input type="text"/>	<input type="text"/>
Are you a trustee or beneficiary of a discretionary trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please name the trust.	<input type="text"/>	<input type="text"/>
Relationship to the trust?	<input type="text"/>	<input type="text"/>
Are you a director or associated with a company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please name the company.	<input type="text"/>	<input type="text"/>
Relationship to the company?	<input type="text"/>	<input type="text"/>
Have you arranged for guardianship over your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is the guardian?	<input type="text"/>	<input type="text"/>

In order to provide appropriate advice, we need to consider various strategies. These strategies can be influenced by your intentions regarding the distribution of your assets after your death.

	<b>Client 1</b>	<b>Client 2</b>
Would you like to be referred for advice on estate planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Personal Insurance

This section has been left blank intentionally as it is not applicable

Would you like a review of your Life/TPD/Trauma insurance?  Yes  No

### Life/TPD/Trauma Insurance

Type	Owner (if Superannuation fund insert fund name)	Insured	Underwriter	Policy number	Sum insured	Annual Premium
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Please attach a copy of your most recent policy statement.

Would you like a review of your Income Protection/Salary Continuance/Business Expense insurance?  Yes  No

### Income Protection/Salary Continuance/Business Expense Insurance

Owner (if Superannuation fund insert fund name)	Insured	Underwriter	Policy number	Monthly benefit	Benefit period	Waiting period	Annual Premium
				\$			\$
				\$			\$
				\$			\$
				\$			\$

Please attach a copy of your most recent policy statement.

Please complete the Risk Insurance Analysis in Section E of the Advice Booklet if giving insurance advice.

Please provide details of loading or exclusions on any insurance policy.

## Risk Insurance Needs Analysis



This section has been left blank intentionally as it is not applicable

### Life and/or TPD insurance

Immediate needs	Client 1	Client 2
Mortgage repayment/rental provision	\$	\$
Total outstanding debts	\$	\$
Business liabilities	\$	\$
Tax provision (e.g. capital gains, income tax)	\$	\$
Education funding allowance	\$	\$
Emergency income (approx. 3 - 6 months)	\$	\$
Related fees (e.g. legal, accounting, appraisal)	\$	\$
Final expenses (e.g. funeral, executor, probate)	\$	\$
<b>Sub-total A</b>	<b>\$</b>	<b>\$</b>

Replacement income needs	Client 1	Client 2
Income for survival of partner* (p.a.) (1)	\$	\$
Income for survival of children (p.a.) (1)	\$	\$
<small>*Suggested amount is two-thirds current gross income.</small>		
Number of years income required (2)	\$	\$
<b>Sub-total (1) multiplied by (2) = B</b>	<b>\$</b>	<b>\$</b>
Estate assets (realisable)	\$	\$
Investment assets (exclude family home)	\$	\$
Superannuation assets	\$	\$
Life insurance (use existing level of cover)	\$	\$
Business assets (if applicable)	\$	\$
<b>Sub-total C</b>	<b>\$</b>	<b>\$</b>

Summary	Client 1	Client 2
Immediate needs (A)	\$	\$
Income needs (B)	\$	\$
Total estate required (A + B)	\$	\$
Less estate assets (C)	\$	\$
Estate shortfall (if any)	\$	\$
<b>Cover required (rounded to the nearest thousand)</b>	<b>\$</b>	<b>\$</b>



<b>Income Protection insurance</b>	<b>Client 1</b>	<b>Client 2</b>
Gross annual income (before tax)	\$	\$
Less business expenses (if applicable)	\$	\$
Net annual income (before tax) (A)	\$	\$
Maximum allowable annual benefit (B) (75% of net annual income)	\$	\$
Divide annual benefit by 12 (C)	\$	\$
Less existing insurance (if applicable) (D)	\$	\$
<b>Monthly benefit required (pre tax) (A * B)/(C - D)</b>	<b>\$</b>	<b>\$</b>
Total sick, annual + long service leave balances		days
Current cash reserve held	\$	\$
Waiting period to be served		days
Age policy payable until		years

<b>Trauma insurance</b>	<b>Client 1</b>	<b>Client 2</b>
Medical costs (to cover out-of-pocket health costs)	\$	\$
Funds required for retirement	\$	\$
Lump sum capital requirement	\$	\$
Additional income (to cover 25% gap)	\$	\$
Total funds required	\$	\$
Less cash available or realisable estate assets	\$	\$
(Shortfall)/surplus	\$	\$
<b>Cover required (rounded to the nearest thousand)</b>	<b>\$</b>	<b>\$</b>

**Risk insurance needs analysis notes**

# Declarations

## Client Declaration

**By completing and signing the declaration at the bottom of this page, I declare the following:**

I declare that the information provided in this Fact Find is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either, not fully or accurately completing the Fact Find, that any recommendation or advice given by the adviser in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment to a financial product that may be inappropriate for the needs identified.

I/We acknowledge that I/we have received the Consultum Financial Services Guide ('FSG') and Adviser Profile inclusive of Consultum's Privacy Disclosure Statement.

I/We agree to the collection use and disclosure of my/our information from and to my/our advisers as described in Consultum's Privacy Disclosure Statement and at the front of this Fact Find, where required to assist my/our adviser to provide financial services to me/us.

Please provide a Statement of Advice for my/our consideration. I/We understand that the preparation of the Statement of Advice will be subject to the payment model outlined in the Adviser Profile provided by my/our Consultum Financial Advisers Authorised Representative.

### No Call/No Contact

I/We wish to be placed on a 'No Call/No Contact Register' which entitles me/us not to be contacted regarding any financial products without my/our express consent, unless otherwise directed.

Tick the box above if you DO NOT want us to contact you without your expressed consent.

### Opt out of Ongoing Review Service

I/We wish to 'Opt out Ongoing Review Service'. If Yes - please ensure you flag the 'Review Opt Out' field against the client(s) in Xplan (Service/Rewards).

### Electronic Communication acceptance

I/We confirm my/our acceptance that I/we am/are willing and able to receive and access personal and relevant information, communication and documents by electronic means such as email, direct links to internet sites, etc. sent to me/us by my/our adviser, financial product providers and other related parties where required to assist my/our adviser in providing financial services to me/us.

### Tax File Number Declaration

I/We are authorising our Consultum Authorised Representative, to hold my/our Tax File Number(s) in a secure location and use it/them for the following financial product and strategy recommendations related purposes/documents, in accordance with the legislative requirements:

- Matters for superannuation investment purposes as required by the Superannuation Laws; such as inclusion on application forms.
- Matters for non-superannuation investment purposes as required by the Taxation Laws; such as inclusion on application forms.
- That I/we have been informed of the legal basis for collection and are aware that declining to provide a TFN is not an offence and know the consequences of not providing a TFN.
- That the manner of obtaining the TFN was not reasonably intrusive.
- The disclosure of the TFN will only be disclosed to Fund Managers and Life Insurance Companies as relevant.

Client 1 signature

Date

Tax File Number

Print Name

Client 2 signature

Date

Tax File Number

Print Name

**Adviser Declaration**

I have provided you with a copy of the Consultum Financial Services Guide and Adviser Profile and Privacy Policy prior to any financial product and strategy recommendations being made and personal and sensitive information being collected.

As a recipient of TFN information, I as a Consultum Authorised Representative have taken reasonable steps to ensure:

- That the client(s) is informed of the legal basis for collection, that declining to provide a TFN is not an offence and the consequences of not providing a TFN.
- That the manner of obtaining the TFN was not reasonably intrusive.
- The disclosure of the TFN will only be disclosed to Fund Managers and Life Insurance Companies as relevant and required by Superannuation and Taxation Laws.

Adviser signature

Date

  /   /

# Authorisation to Collect Information

Adviser office address


To Whom it May Concern,

Please provide my Adviser with the appropriate information necessary for them to conduct an analysis of my current product (described below), including information to understand my entitlements, administration and financial conditions of the fund, fund performance and particular investments pursuant to your requirements under (s1017C).

I, \_\_\_\_\_ authorise you to provide my Adviser ( \_\_\_\_\_ ),  
Authorised Representative of Consultum Financial Advisers Pty Ltd with any information and documentation they require regarding all my insurance, superannuation and investments with you.

Member/Account No.

Name of product  
or investment

I am aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to my Adviser.

Please accept this facsimile copy/photocopy as authority, as the original will stay on file with my Adviser.

In addition, please consider this authorisation as being valid until formally revoked by me in writing.

Yours sincerely,

Signature

Date of birth

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Print Name

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

## Fact Find Completion Checklist

Please tick the appropriate boxes after completing the Fact Find, but before the client(s) leave the interview.

- You have handed a copy of the FSG and Adviser Profile to the client(s).  
Write the date given to client(s) and FSG version number, on the cover page of the Fact Find.
- You have highlighted and explained the Consultum Financial Advisers Privacy Policy (as outlined in the FSG) to the client(s).
- Where relevant, you have completed an Investment Risk Profile for the client.
- Client(s) has read and signed all the declarations.
- Did the client(s) give you their tax file number?  
YES – Client(s) must complete the Tax File Number Declaration located in the Declaration section.
- Did the client(s) refuse to supply any personal or financial information?  
YES – Please include the 'incomplete info' warning in the Statement of Advice (Xplan SoA Menu/Scope).
- Ensure you have ticked the 'left blank not applicable' box at the start of each section in the Fact Find which is not *relevant* or applicable to the advice being provided.
- Ensure the Services or Scope of Advice agreed with the client(s) has been documented in the Term of Engagement and accepted (located in the Advice Booklet).
- Did the client(s) tick the 'No Call/No Contact' box in the Declaration section?  
YES – Ensure you flag the 'No Call/No Contact' field against the client(s) in Xplan (Admin/Interests and Marketing) and record on your register.
- Have you referred the client(s) to another Specialist Adviser?  
YES – You must disclose your relationship with the person and any fees applicable that result from the referral.
- Are you providing advice on Salary Packaging? *Tick one of the following options*
  - No
  - Yes, please complete the applicable Salary Packaging section in the Advice Booklet.
- Are you providing advice on a Corporate Entity? *Tick one of the following options*
  - No
  - Yes, please complete the applicable Corporate Entity section in the Advice Booklet.
- Are you providing advice on Risk Insurance? *Tick one of the following options*
  - No
  - Yes, please complete the applicable Risk Insurance analysis section in the Advice Booklet.
- Has the client(s) requested advice of a limited purpose or limited range of products?  
*Tick one of the following options*
  - No
  - Yes, please outline request in Client Request section.

## Know Your Client – Checklist

This document is designed to assist you meet the Know You Client ('KYC') requirements under the Anti Money Laundering and Counter Terrorism Financing (AML/CTF) legislation. This document is for Office Use Only and needs to be completed in conjunction with the FPA/IFSA Identification Form (or alternate Identification Forms as prescribed by the Product Issuer).

Please obtain a copy (either original or certified\*) of **ONE** of the following documents and attach to the Fact Find:

- Current Driver's Licence that contains a photograph
- Current passport
- A card issued under a Law of State or Territory which contains a photograph and client's date of birth (e.g. working with children card, over 18 card)  
Detail card type:
- A National Identity Card issued by a foreign government, or United Nations containing a photograph and signature of the customer

If client **does not** have any of the above forms of identification, then attach a copy of an original or certified\* copy of **ONE** of the following documents:

- The client's Birth certificate (Birth extract not acceptable)
- The client's Citizenship certificate
- The client's Pension card issued by Centrelink
- A National Identity Card issued by a foreign government, or United Nations containing a photograph and signature of the client

**AND**

- A copy of a notice issued to the client by the State, Federal or local Government, Australian Tax Office or utilities provider within the preceding 12 months that contains the client's name and residential address (e.g. electricity bill, fine, tax assessment notice)

\*Certified copy means a document that has been certified as a true copy of an original document. An Authorised Representative of a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees can certify documents for this purpose.

**Note:** This checklist is for **INDIVIDUAL CLIENTS ONLY**. If client is applying as a company or trust, please refer to the relevant Customer Identity Record for that customer type.

**Notes**

A large, empty rectangular box with a thin blue border, intended for taking notes. It occupies most of the page below the 'Notes' header.

# Partner with a Consultum financial adviser today.

**Phone**

1800 062 134

**Email**

info@consultum.com.au

**Website**

www.consultum.com.au

**Postal**

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Melbourne VIC 3001



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