

Risk 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

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

Personal Data

Personal Details

Client 1

Client 2

Title

Surname

First name(s)

Preferred name

Date of birth

Marital status

Place of birth

Nationality

Residency

Tax File Number

Contact Details

Residential address

Postal address
(if not same as home)

Home phone number

Business phone number

Mobile phone number

Fax number

Email Address

Employment

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

	Client 1	Client 2
Occupation/Position/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 benefit?
<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"/>
<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
What, if any, medical issues need to be noted? i.e. are you taking any medication?	<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?

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.

Income: What income requirements do you have in the event of disability, trauma and extended illness? i.e. income of \$50,000 per annum until retirement	Priority or time frame

Liquidity: What sort of liquidity or cash reserves do you need in the event of disability, trauma and extended illness?	Priority or time frame

Risk Management: What requirements do you have (for yourself and your dependants) in the event of death, disability, trauma and extended illness?	Priority or time frame

Estate Planning: 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

Other	Priority or time frame

General commentary on objectives/client requests

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
	Total	\$	\$

Expenditure

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

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.

Personal Use Assets and Liabilities

Lifestyle Assets	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		\$	
Total lifestyle assets		\$	

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

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		\$		\$		\$
Fixed interest		\$		\$		\$
Property/land		\$		\$		\$
Managed investments		\$		\$		\$
Shares		\$		\$		\$
Superannuation		\$		\$		\$
Retirement income streams		\$		\$		\$
Total investment assets		\$				

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.

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

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.

Deductible loans	Owner	Outstanding balance	Repayments made/required/frequency		Interest rate	Term
			Repayment	Frequency		
Investment property loan		\$	\$			
Margin loan		\$	\$			
Total deductible loans		\$	\$			

Net investment asset position **\$**

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

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.

	Client 1	Client 2
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.

	Client 1	Client 2
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

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 if giving insurance advice.

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

Risk Insurance Needs Analysis

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)	\$	\$
Sub-total A	\$	\$

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)	years	years
Sub-total (1) multiplied by (2) = B	\$	\$
Estate assets (realisable)	\$	\$
Investment assets (exclude family home)	\$	\$
Superannuation assets	\$	\$
Life insurance (use existing level of cover)	\$	\$
Business assets (if applicable)	\$	\$
Sub-total C	\$	\$

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

Income Protection Insurance	Client 1	Client 2
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)	\$	\$
Monthly benefit required (pre tax) (A * B)/(C - D)	\$	\$
Total sick, annual + long service leave balances		days
Current cash reserve held	\$	\$
Waiting period to be served		days
Age policy payable until		years

Trauma Insurance	Client 1	Client 2
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	\$	\$
Cover required (rounded to the nearest thousand)	\$	\$

Risk Insurance Needs Analysis notes

Declarations

Client Declaration

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') inclusive of a copy of the Consultum Privacy Disclosure Statement ('PDS') and I/we agree to the collection, use and disclosure of my/our information, as outlined in the PDS.

I/We confirm that I/we agree to the collection use and disclosure of my/our information from and to my/our advisers as listed below, where required to assist my/our adviser to provide financial services to me/us.

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

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.

Tax File Number Declaration

By completing and signing this 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

Print Name

Client 2 signature

Date

Print Name

Adviser Declaration

I have provided you with a copy of the Consultum Financial Services Guide 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 number

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

Print Name

Date

 / /

Risk 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).
- 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 end 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 'Opt out Ongoing Review Service' box in the Term of Engagement?
YES – Ensure you flag the 'Review Opt Out' field against the client(s) in Xplan (Service/Reviews).
- 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.
- 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.

Partner with a Consultum financial adviser today.

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This material is current as at April 2009, but may be subject to change. This material has been prepared by Consultum Financial Advisers Pty Ltd, ABN 65 006 373 995, AFS Licence No. 230323.