PERSONAL FACT FIND & FINANCIAL NEEDS ANALYSIS

PRIVATE & CONFIDENTIAL

(VERSION DATE 1 July 2020)

Prepared for
CLIENT 1: _____

CLIENT 2: _____

Date completed: _____/ _____/ _____

Prepared by
ADVISER NAME: Robert J De Bono
AUTHORISED REPRESENTATIVE No: 320596

RJD Financial Planning Pty Ltd

CAR# 1280960 of

InterPrac Financial Planning Pty Ltd
ABN: 14 076 093 680 **AFSL No.** 246638
Level 8, 525 Flinders Street, Melbourne. VIC 3000
Phone: 1800 700 666 or (03) 9209 9777

IMPORTANT
Date FSG provided: 01 / 07 / 20
FSG version #: 11.1

PRIVACY STATEMENT

The information contained within this document will be used by your adviser solely for the purpose of making recommendations and will be treated strictly **confidential.** The Corporations Act 2001 requires that an Adviser making financial recommendations must have reasonable grounds for making those recommendations. This document is designed to provide your InterPrac authorised representative with accurate detailed information as to your current personal and financial position. The more detailed information you provide your Financial Adviser, the more effective we can be in assisting you to meet your financial goals.

The privacy of your personal information is important to us.

1. Why are we asking so many questions?

We collect your personal information to ensure that we are able to provide you with the products and services appropriate to your needs.

Financial Planning is the exercise of:

a. gathering all the details of your financial position;
b. understanding your financial goals;
c. analysing all the issues and options which will form the basis of any recommendations;
d. providing advice and recommendations, whilst also making all the required disclosures;
e. agreeing with the advice to allow the adviser to implement the actions required to achieve your financial goals; and
f. agreeing on the level of further review and action required to ensure the advice and recommendations continue to achieve all identified financial goals.

The process of providing financial advice may seem simple, but it is the result of carefully gathering the right information to be able to assess your financial goals. This can be achieved through the completion or updating of a previously completed fact find. A fact find will help identify what is relevant and also helps to prioritise any action required. We aim to ensure that the personal information that we retain about you, is accurate, complete and up to date.

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking.

The law also requires us to collect personal information. For example, the Corporations Act 2001 requires us to identify a person's needs, objectives and financial circumstances to be able to provide advice; and the Anti Money Laundering and Counter Terrorism Financing Act 2006 ("AML/CTF Act") (Commonwealth) requires us to identify all clients and to conduct identity verification checks.

2. Access to your personal information

Subject to permitted exceptions, you may access your information by contacting your adviser.

3. We may need to communicate personal information to:

a) your adviser and external product providers;
b) other members of InterPrac Financial Planning group. This enables InterPrac to have an integrated view of its customers and clients;
c) organisations (who are bound by strict confidentiality) to whom we outsource certain functions i.e. our auditors. In these circumstances, information will only be used for our purposes;
d) other professionals such as solicitors, and stockbrokers when a referral is required;
e) third parties when required by law eg under Court Order; and
f) Government departments or agencies such as ASIC or AUSTRAC.

4. Our Privacy Policy

As an Authorised Representative of InterPrac Financial Planning Pty Ltd, we have adopted the principles set out in the Privacy Act 1988 as part of our continuing commitment to client service and maintenance to client confidentiality. For further details please refer to the InterPrac Financial Planning *Privacy Policy* which can be found in the Financial Services Guide and on our website, https://www.interprac.com.au/privacy.

YOUR PERSONAL DETAILS

This section covers questions about your personal contact information, children and dependents, health and employment and estate planning and retirement details. The more detailed information you provide your Financial Planner, the more effective we can be in assisting you to meet your financial goals. Please enter as much detail as possible to the best of your ability and note down any sections you may need assistance completing and we will be happy to help.

PERSONAL DETAILS	Client 1	Client 2
Title		
Surname		
First name		
Preferred name		
Date of birth / Current age		
Place of birth		
Australian resident Number of years in Australia	Yes / No _____ years	Yes / No _____ years
Age at (planned) retirement		
Marital status		
Tax file number		

CONTACT DETAILS			
Home address - Street			
Suburb			
State / Postcode	State	Postcode	
Postal address (if not as above)			
Suburb			
State / Postcode	State	Postcode	
	Client 1	**Client 2**	
Mobile phone			
Home phone			
Work phone			
Fax			
E-mail for correspondence			
Preferred method of contact			

REFERRED BY	
Company name	
Contact name	
Phone / Contact details	

This section is not applicable ☐
Client/s chosen not to complete this section ☐

CHILDREN & DEPENDENTS

Name	Relationship to client/s	D.O.B.	Financially dependent	Dependent to age	Future needs
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		

Notes:

This section is not applicable ☐
Client/s chosen not to complete this section ☐

EMPLOYMENT	Client 1	Client 2
Occupation		
Work status	Employed / Self-employed / Retired / Unemployed	Employed / Self-employed / Retired / Unemployed
Employer		
Job title		
Hours worked per week		
Date started current employment		
Date of next salary review		
Employer contacts Address		
Phone		
Type/s of structures used	Trust / Company / SMSF / Other (please specify)	Trust / Company / SMSF / Other (please specify)

Notes:

This section is not applicable ☐
Client/s chosen not to complete this section ☐

HEALTH {RISKS}	Client 1	Client 2
Smoker status	Yes / No / Quit in previous 12 months	Yes / No / Quit in previous 12 months
Private health insurance	Yes / No	Yes / No
General health status	Excellent / Good / Average / Poor	Excellent / Good / Average / Poor
Detail any health issues		
Have you ever been rejected / refused an insurance application? If yes, please detail	Yes / No	Yes / No

YOUR GOALS

Financial planning is all about knowing what you need, developing strategies that are appropriate to you and then doing something about it and this will guarantee that you will increase the chances of making a financial difference. Therefore, it is important for us to understand what you are trying to achieve and what is important to you. This section asks details about your financial and lifestyle goals. In answering, please try to be as specific as possible as this will help us to develop a solution tailored to meet your specific needs.

In addition to understanding your goals, your financial adviser will also work with you to complete your Risk Profile, and attach this document to the Fact Find.

GOALS

What you told us/Why you came to see us

- This is where we hear the 'client voice', an echo of each client's reasons for seeking advice

What we have identified to be your needs and/or objectives

- This is where advisers enter their understanding of each client's objectives and any other needs identified by the adviser

Agreed Scope of this advice

Superannuation	☐
▪ Full review (Products, investments, contributions)	☐
▪ Product and investment review	☐
▪ Portfolio review (only)	☐
▪ Contributions	☐
▪ Binding Death Nominations (BDN's)	☐
▪ Other (please specify)	☐

Notes:

Personal Insurance	☐
▪ Full review (Needs analysis, product review and comparison)	☐
▪ Lump sum cover (only)	☐
▪ Income Protection	☐
▪ Business Insurance (Keyperson / Business Succession)	☐
▪ Structure/Ownership	☐
▪ Other (please specify)	☐
Notes:	

Budgeting and Cash flow management	☐
▪ Develop a budget	☐
▪ Surplus cash flow management	☐
▪ Other (please specify)	☐
Notes:	

Investment	☐
▪ Direct Shares	☐
▪ Investment platform (establish/review)	☐
▪ Borrowing to invest (gearing)	☐
▪ Lump-sum investment (redundancy/inheritance)	☐
▪ Regular savings plan	☐
▪ Other (please specify)	☐
Notes:	

Retirement planning	☐
▪ Transitioning to retirement	☐
▪ Retirement analysis	☐
▪ Income stream – (full review: establish/review existing products and investments)	☐
▪ Income stream – (review existing: portfolio/draw down)	☐
▪ Binding Death Nomination (BDN) / Reversionary Beneficiaries	☐
▪ Other (please specify)	☐
Notes:	

Debt Management	☐
▪ Refinancing	☐
▪ Restructure	☐
▪ Debt reduction	☐
Notes:	

Estate planning	☐
▪ Full review	☐
▪ Referral	☐
Notes:	

Centrelink	☐
▪ Maximise Centrelink entitlements	☐
▪ Assistance with Centrelink	☐
Notes:	

Entity Structures	☐
▪ Company	☐
▪ Trust	☐
▪ Partnership	☐

Notes:

Lifestyle goals	☐

Please specify:

Other	☐

Please specify:

Areas not to be addressed in advice (and why)

- This is self-explanatory.

When we may address advice areas out of this scope

- i.e. “At next annual review”

Adviser Notes:

YOUR CASH FLOW

To assist in assessing your current financial position, this section asks about your annual income and expenses, and any major expected lump sum expenses, or changes in cash flow.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

INCOME & EXPENSES

INCOME (annual)	**Client 1**	**Client 2**	**JOINT/TOTAL**
Gross salary / wages (*excluding super*)	$	$	$
Commissions	$	$	$
Bonuses	$	$	$
Business income / profit	$	$	$
Superannuation pension	$	$	$
Annuity income	$	$	$
Investment income			
- Interest	$	$	$
- Dividends	$	$	$
- Rent	$	$	$
- Other (please provide details)	$	$	$
Other income			
- Dept. of Veterans Affairs	$	$	$
- Centrelink	$	$	$
- Other (please provide details)	$	$	$
TOTAL INCOME	**$**	**$**	**$**

Notes:

EXPENSES (annual)			
Estimated income tax	$	$	$
Long term debt (Mortgage, rent, loans)	$	$	$
Short term debt (Credit cards, loans, other)	$	$	$
Daily living expenses (utilities, car, food etc.)	$	$	$
Insurances (General, life, disability, income)	$	$	$
Health (GP, specialists, hospital, chemist, insurance)	$	$	$
Personal care (Clothing, hair dressing, cosmetics)	$	$	$
Entertainment (Memberships, travel, sport, hobbies)	$	$	$
Other (pet/s, school fees etc)	$	$	$
TOTAL EXPENSE	$	$	**$**

SURPLUS / DEFICIT (Income-Expense)	**$**

OR

☐ **Client spends all income**

OR

☐ **Client saves $_____ per week / month / annum (please circle)**

Cont'd…

PLANNED FUTURE EXPENSES (Next 5 years)	Amount	Financial / Calendar year of expense
Holidays / Travel	$	
Education	$	
New car or upgrade	$	
Home improvement / renovation	$	
Debt repayment	$	
Other (eg. wedding, baby)	$	
Other	$	
FUTURE INCOME	**Client 1**	**Client 2**
Is your income likely to change in the next 5 years. If Yes or Maybe, please state how	Yes / No / Maybe	Yes / No / Maybe

This section is not applicable ☐

Client/s chosen not to complete this section ☐

GOVERNMENT INCOME SUPPORT	Client 1	Client 2
Do you currently receive Govt. benefit? If yes, please detail	Yes / No _____	Yes / No _____
If yes, what is your CRN?	_____	_____
Notes		
Other support (specify type)	Yes / No	Yes / No
Have you gifted assets in the past 5 years? If yes, please detail	Yes / No _____	Yes / No _____
Are you registered for the Commonwealth Seniors Card?	Yes / No	Yes / No

Adviser Notes:

YOUR ASSETS AND LIABILITIES

This section asks about your personal and investment liabilities and assets.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Lifestyle assets

ITEM	Purchase Date	Purchase price	Current Value	Amount owing	OWNER
Principal residence		$	$	$	C1 / C2 / J
Personal property / contents		$	$	$	C1 / C2 / J
Motor vehicle 1		$	$	$	C1 / C2 / J
Motor vehicle 2		$	$	$	C1 / C2 / J
Boat		$	$	$	C1 / C2 / J
Caravan		$	$	$	C1 / C2 / J
Collectables		$	$	$	C1 / C2 / J
Holiday home		$	$	$	C1 / C2 / J
Other (specify) _____		$	$	$	C1 / C2 / J
TOTAL		$	$	$	

Adviser Notes:

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Financial assets (Shares / Managed funds / Term Deposits / Investment Properties)

Shares / Managed Fund Name	Owner	Date of purchase	Tax Deductible	Units / purchase $	Current asset value
	C1/C2/J		Yes / No		$
	C1/C2/J		Yes / No		$
	C1/C2/J		Yes / No		$
	C1/C2/J		Yes / No		$
	C1/C2/J		Yes / No		$
	C1/C2/J		Yes / No		$
	C1/C2/J		Yes / No		$
	C1/C2/J		Yes / No		$
TOTAL					$

Cash and Savings	Owner	Date of purchase	Financial Institution	Linked to debt?	Current asset value
	C1/C2/J				$
	C1/C2/J				$
	C1/C2/J				$
TOTAL					$

Term Deposit	Owner	Date of purchase	Financial Institution	Maturity date	Current asset value
	C1/C2/J				$
	C1/C2/J				$
	C1/C2/J				$
TOTAL					**$**

Investment Property	Owner	Date of purchase	Tax Deductable	Purchase $	Current asset value
	C1/C2/J		Yes / No		$
	C1/C2/J		Yes / No		$
	C1/C2/J		Yes / No		$
TOTAL				**$**	**$**

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Superannuation assets (summary)

Superannuation Fund	Member No.	Tax free $	Current Value	Owner
		$	$	C1 / C2 / J
		$	$	C1 / C2 / J
		$	$	C1 / C2 / J
		$	$	C1 / C2 / J
TOTAL		**$**	**$**	

Retirement Income Stream	Member No.	Pension $ / Frequency	Tax free $	Current Value	Owner
		$	$	$	C1 / C2 / J
		$	$	$	C1 / C2 / J
		$	$	$	C1 / C2 / J
		$	$	$	C1 / C2 / J
TOTAL			**$**	**$**	

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Liabilities

Loan type	Lender	Loan balance	Int. Type	Int. Rate	Repayments / frequency	OWNER
		$		%	$ per	C1 / C2 / J
		$		%	$ per	C1 / C2 / J
		$		%	$ per	C1 / C2 / J
		$		%	$ per	C1 / C2 / J
		$		%	$ per	C1 / C2 / J
TOTAL LIABILITIES		**$**			**$ per annum**	

Net assets

Total Assets	Total Liabilities	Net Asset Position (Assets - Liabilities)
$	**$**	**$**

Adviser Notes:

Adviser Diagrams:

YOUR SUPERANNUATION & PENSION

This section asks about your superannuation and pension account details. Information can be located in your member/investor statement. If you are having difficulties in locating the correct information, please highlight the fields and we will be able to assist you in locating the appropriate information from your statement.

Please provide documentation if possible (i.e. Statements etc)

See statement/research form attached ☐

This section is not applicable ☐

SUPERANNUATION FUND/S

	FUND 1	FUND 2	FUND 3	FUND 4
Investor / Member	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Current balance	$	$	$	$
Product name / provider				
Benefit type	☐ Accumulated ☐ Def. benefit	☐ Accumulated ☐ Defined benefit	☐ Accumulated ☐ Defined benefit	☐ Accumulated ☐ Defined benefit
Member number				
Super guarantee deposit	Yes / No	Yes / No	Yes / No	Yes / No
Beneficiary / type	☐ Non-Binding ☐ Binding ☐ Binding Non-lapsing	☐ Non-Binding ☐ Binding ☐ Binding Non-lapsing	☐ Non-Binding ☐ Binding ☐ Binding Non-lapsing	☐ Non-Binding ☐ Binding ☐ Binding Non-lapsing
Beneficiary name / %				
Investment type	☐ Cap. secure ☐ Balanced ☐ Cap. stable ☐ Growth ☐ Capital guaranteed	☐ Cap. secure ☐ Balanced ☐ Cap. stable ☐ Growth ☐ Capital guaranteed	☐ Cap. secure ☐ Balanced ☐ Cap. stable ☐ Growth ☐ Capital guaranteed	☐ Cap. secure ☐ Balanced ☐ Cap. stable ☐ Growth ☐ Capital guaranteed
Asset allocation (indicate %)	International Domestic Cash _____ % _____ % Fix. Int. _____ % _____ % Property _____ % _____ % Equity _____ % _____ %	International Domestic Cash _____ % _____ % Fix. Int. _____ % _____ % Property _____ % _____ % Equity _____ % _____ %	International Domestic Cash _____ % _____ % Fix. Int. _____ % _____ % Property _____ % _____ % Equity _____ % _____ %	International Domestic Cash _____ % _____ % Fix. Int. _____ % _____ % Property _____ % _____ % Equity _____ % _____ %
Components				
Eligible service period				
Total taxed element	$	$	$	$
Total untaxed element	$	$	$	$
Tax free	$	$	$	$
Preserved amount	$	$	$	$
Restricted non-preserved	$	$	$	$
Unrestricted non-preserved	$	$	$	$
Insurance Cover				
Life cover	$	$	$	$
TPD cover	$	$	$	$
Salary continuance	$	$	$	$
Other benefits (detail)				
Fees				
Exit fee	$ | %	$ | %	$ | %	$ | %
Management cost (per year)	$ | %	$ | %	$ | %	$ | %
Premiums (if applicable)	$ pa	$ pa	$ pa	$ pa
Administration costs	$ pa	$ pa	$ pa	$ pa
Other fees	$ |	$ |	$ |	$ |

See statement attached ☐
This section is not applicable ☐

SUPERANNUATION CONTRIBUTION/S

Superannuation contributions	**Client 1**	**Client 2**
Non-concessional contributions		
Total AFTER tax contributions in the last 3 years	$	$
Have you contributed over $100,000 in any one financial year? If YES, specify financial year.	Yes / No Financial Year	Yes / No Financial Year
Concessional contributions (before tax income i.e. salary sacrifice and/or employer SGC amounts)		
Employer super contributions this financial year	$	$
Other before tax super contributions this financial year	$	$
Total before tax super contributions this financial year	$	$
Other contributions (i.e. proceeds from business sale, redundancy payments, transfer from foreign super funds, personal injury)		
Contributions (please detail)	$	$

Adviser Notes (Client 1):

Adviser Notes (Client 2):

See statement/research form attached ☐
This section is not applicable ☐

PENSION AND/OR ANNUITY FUND/S

	FUND 1	FUND 2	FUND 3	FUND 4
Investor / Owner	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Type				
Product name / provider				
Member number				
Beneficiary / type				
Type of nomination				
Inception date				
Current value	$	$	$	$
Purchase price	$	$	$	$
Tax free amount	%	%	%	%
Term at purchase	year	year	year	Year
Payment	$ pa	$ pa	$ pa	$ pa
Payment frequency				
Payment indexation	$ | %	$ | %	$ | %	$ | %
Centrelink / DVA deductable amount	$	$	$	$
Fees				
Exit fee	$ | %	$ | %	$ | %	$ | %
Management cost (per annum)	$ | %	$ | %	$ | %	$ | %
Administration costs	$ | %	$ | %	$ | %	$ | %
Other fees	$ | %	$ | %	$ | %	$ | %
Other fees (detail)				

Adviser Notes (Client 1):

Adviser Notes (Client 2):

YOUR RETIREMENT & ESTATE

This section asks about your retirement and your estate.

This section is not applicable ☐
Client/s chosen not to complete this section ☐

RETIREMENT PLANNING	Client 1	Client 2
Years until retirement (Planned retirement date)	years	years
What is your anticipated retirement income required	$ per year	$ per year
How confident are you that you will have enough money to live comfortably at retirement?	Not confident / confident / very confident	Not confident / confident / very confident
Goals / large expenses in retirement (eg boat, car, holidays)	$	$
Are you expecting any lump sum payments	Yes $ / No	Yes $ / No
Would you consider downsizing your home to fund your retirement?	☐ Yes / ☐ No	☐ Yes / ☐ No

This section is not applicable ☐
Client/s chosen not to complete this section ☐

ESTATE PLANNING	Client 1		Client 2	
WILL				
Do you have a will	Yes / No		Yes / No	
Date of will				
Does it reflect your current wishes	Yes / No		Yes / No	
Does the will incorp. a Testamentary Trust	Yes / No		Yes / No	
Who is/are the Executor(s) of the will				
Where is your will located				
POWER OF ATTORNEY				
Do you have a Power of Attorney	Yes / No		Yes / No	
Which type of Power of Attorney	Enduring / Medical / General / Limited / Other		Enduring / Medical / General / Limited / Other	
Power of Attorney Expiry and last review	Expiry date	Last review date	Expiry date	Last review date
Power of Attorney granted to **Surname:** **First Name:** **Relationship:**				
Power/s of Attorney (location)				
FUNERAL				
Do you have a funeral plan **(if yes, what is the plan name and maturity)**	Yes / No		Yes / No	
Funeral plan pay out amount	$		$	
OTHER ESTATE PLANNING				
Do you have any specific estate planning requirements / needs? **(if yes, please provide details)**	Yes / No		Yes / No	

YOUR INSURANCE

This section asks about your existing personal, business and other insurance policies. Additional information can be located in your policy schedule/s.

Please provide documentation if possible (i.e. Policy schedules)

See statement / research form attached ☐
This section is not applicable ☐

PERSONAL AND BUSINESS INSURANCE				
	POLICY 1	**POLICY 2**	**POLICY 3**	**POLICY 4**
Life insured	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Policy owner				
Policy number				
Insurance provider				
COVER AMOUNTS				
Life cover sum insured	$	$	$	$
TPD cover sum insured	$	$	$	$
Trauma / critical illness sum insured	$	$	$	$
Income protection sum insured	$ pm	$ pm	$ pm	$ pm
Business expense sum insured	$ pm	$ pm	$ pm	$ pm
PREMIUM AMOUNTS				
Life cover premium amount	$	$	$	$
TPD cover premium amount	$	$	$	$
Trauma / critical illness premium amount	$	$	$	$
Income protection premium amount	$	$	$	$
Business expense premium amount	$	$	$	$
Total premium	$	$	$	$
Premium frequency				
Is the policy through Super fund?	Yes / No	Yes / No	Yes / No	Yes / No
Is the benefit indexed?	Yes / No	Yes / No	Yes / No	Yes / No
Premium structure?	Level / Stepped / Hybrid	Level / Stepped / Hybrid	Level / Stepped / Hybrid	Level / Stepped / Hybrid
Complete the following for TPD only				
'Any' or 'Own' occupation	Any / Own	Any / Own	Any / Own	Any / Own
Complete the following for income protection only				
Agreed or Indemnity	Agreed / Indemnity	Agreed / Indemnity	Agreed / Indemnity	Agreed / Indemnity
Benefit period				
Waiting period				
Increasing claims options	Yes / No	Yes / No	Yes / No	Yes / No
Super continuance	Yes / No	Yes / No	Yes / No	Yes / No

The following assets are important to all of us, please rank them in order of importance to you

GENERAL INSURANCE						
Asset	**Importance (1=most 5=least)**	**Insured**	**Insurer**	**Policy type**	**Sum insured**	**Premium**
House		Yes / No			$	$ p/a
Contents		Yes / No			$	$ p/a
Car		Yes / No			$	$ p/a
Health		Yes / No			$	$ p/a
Other _____		Yes / No			$	$ p/a

YOUR PROFESSIONAL NETWORK

This section asks about other professional specialists you access.

This section is not applicable ☐

Client/s chosen not to complete this section ☐

OTHER PROFESSIONAL ADVISERS	
ACCOUNTANT	
Name	
Address	
Telephone	
Fax	

SOLICITOR	
Name	
Address	
Telephone	
Fax	

BANKER / MORTGAGE BROKER	
Name	
Address	
Telephone	
Fax	

OTHER	
Name	
Address	
Telephone	
Fax	

OTHER	
Name	
Address	
Telephone	
Fax	

CLIENT ACKNOWLEDGEMENT

Please tick as appropriate:

- ☐ I/we acknowledge that I/we have received, read and fully understood InterPrac Financial Planning Pty Ltd's Financial Services Guide & Adviser Profile.
- ☐ I/we acknowledge that I/we have received, read and fully understood InterPrac Financial Planning Pty Ltd's Privacy Policy.
- ☐ I/we give permission for my/our related tax file number/s, as provided, to be held by our Adviser, an Authorised Representative of InterPrac Financial Planning Pty Ltd, to be forwarded to Financial Institutions as requested or as necessary and/or to be retained on our file.
- ☐ I/we give permission for my/our personal financial information being forwarded to and/or obtained from my/our accountant, tax agent, solicitor, Centrelink and/or Department of Veterans Affairs as requested from time to time.
- ☐ 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 understand that the items marked not applicable are not to be considered in the advice provided.
- ☐ I/we understand that if I/we have chosen not to disclose full information about my/our financial details, circumstances and objectives, my/our Adviser may not be able to fully assess my/our financial needs, circumstances and objectives and therefore the subsequent advice may not be appropriate for my/our needs.
- ☐ I/we agree to the preparation of a Statement of Advice covering the following areas:

  - ☐ Superannuation
  - ☐ Retirement planning
  - ☐ Personal Insurance
  - ☐ Estate planning
  - ☐ Budgeting and Cash flow management
  - ☐ Investment
  - ☐ Borrowing to invest (Gearing)
  - ☐ Debt management
  - ☐ Financial structures / Tax planning
  - ☐ Centrelink
  - ☐ Other (specify) _____

- ☐ I/we confirm that the information contained in this document is to be used for the purpose of providing financial advice.

Client 1

Name

✕	

Signature | Date

Client 2

Name

✕	

Signature | Date

To: Robert J De Bono

500A Brighton Road, Brighton SA 5048

RJD Financial Planning Pty Ltd

as authorised representatives of InterPrac Financial Planning Pty Ltd

Date:

Plan preparation fee – payment options

I agree to pay you a plan preparation fee of $_____inclusive of GST for:

☐ Option 1 Preparation of advice regardless of my decision to proceed with your recommendations made.

☐ Option 2 Recommendations which are not implemented, but for those recommendations that are implemented, the fee will be waived.

I understand that written advice from you will include details of the cost of your advice, and the remuneration and benefits you would receive if proceeding with your recommendations.

Client 1

Name

✕ Signature

Date

Client 2

Name

✕ Signature

Date

My authority to access my information

To whom it may concern

This letter gives you authority to release any relevant information or documentation on my/our investments, insurances, superannuation, bank accounts or other financial information to the planner or staff of the practice listed below. The original of this authority is on file at the office of the planner and is available if required.

Planner name:	**Practice name:**
Robert J De Bono	RJD Financial Planning Pty Ltd

Address:

ABN: 27 639 511 050 Authorised Representative No. 320596 Corporate Authorised Representative No. 1280960 of InterPrac Financial Planning Pty Ltd AFSL: 2466389

500A Brighton Road, Brighton SA 5048

Phone:	**Fax:**
0448 210 423	

Email:

rob@rjdfinplan.com

Policy / Account / Fund name:	**Policy / Account number:**

This authority remains in force until withdrawn in writing by me / us.

Client name:	**Date of birth:**
Current Postal address:	
Previous Postal Address:	
✘	**Date:**

Client name:	**Date of birth:**
Current Postal address:	
Previous Postal Address:	
✘	**Date:**