

A photograph of three people sitting around a wooden table in a bright, modern office or cafe setting. A woman with glasses and a blue top is on the left, smiling. A man in a patterned shirt is on the right, also smiling. A third person, seen from the back, is in the center. A laptop is open on the table. Large windows in the background show greenery outside.

# Getting to know you

## Private and confidential

This fact find questionnaire is designed to gather your personal financial information and goals. We use this fact find questionnaire, along with our discussions, to help develop a financial strategy that is tailored to your needs.

**Client name(s)** \_\_\_\_\_

**What is  
important  
to you?**

## Important information

*The Corporations Act* requires that a financial adviser act in the best interest of their clients and provide appropriate advice. As such, financial advisers must make reasonable enquiries to determine a client's objectives, needs and circumstances. The information requested in this fact find and/or on any subsequent occasions is necessary to ensure the recommendation made or advice provided to you is appropriate to your needs.



## About you

### Personal details

	Client 1	Client 2
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
Health status	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Private health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Dependants

Name	Date of birth	Relationship	Financial dependant	Support to age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

### Contact details

Please provide your contact details and tick your preferred communication channels.

Home address	<input type="checkbox"/>	<input type="text"/>	
Postal address	<input type="checkbox"/>	<input type="text"/>	
Home phone	<input type="checkbox"/>	<input type="text"/>	
Work phone	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Mobile	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

### Additional details

	Client 1	Client 2
Receive documentation via email	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other entities	<input type="checkbox"/> SMSF <input type="checkbox"/> Trust <input type="checkbox"/> Company	<input type="checkbox"/> SMSF <input type="checkbox"/> Trust <input type="checkbox"/> Company
Native language	<input type="text"/>	<input type="text"/>
Politically exposed person*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* A politically exposed person are individuals who occupy a prominent/public position or functions in a government body or international organisation, both within and outside Australia. This also extends to immediate family members and close associates.



**Please use C1 = Client 1, C2 = Client 2 or J = Joint to indicate owner**

Please include any goals that you want to work towards. For eg these goals could be saving for a holiday, purchasing a new car, completing home renovations, funding education expenses or even retirement goals.

Description	Owner	Amount	Target date

Please tick any priorities that are important to you and add any that do not appear on the list.

Description	C1	C2
To be able to fund my children's education	<input type="checkbox"/>	<input type="checkbox"/>
To review my superannuation accounts and fees	<input type="checkbox"/>	<input type="checkbox"/>
To invest my inheritance	<input type="checkbox"/>	<input type="checkbox"/>
To repay my liabilities as soon as possible	<input type="checkbox"/>	<input type="checkbox"/>
To maximise my Centrelink or government benefits	<input type="checkbox"/>	<input type="checkbox"/>
To increase wealth accumulation outside super (ie gearing, investment account)	<input type="checkbox"/>	<input type="checkbox"/>
To minimise taxation (ie salary sacrifice)	<input type="checkbox"/>	<input type="checkbox"/>
To protect my family in the event of my death or serious injury/illness	<input type="checkbox"/>	<input type="checkbox"/>
To protect my income against sickness or trauma	<input type="checkbox"/>	<input type="checkbox"/>
To be able to cover my medicals costs in the event of a serious illness or trauma	<input type="checkbox"/>	<input type="checkbox"/>
I want to be able to invest in direct equities	<input type="checkbox"/>	<input type="checkbox"/>
I want to be able to invest in term deposits	<input type="checkbox"/>	<input type="checkbox"/>
I want access to a wide range of investments	<input type="checkbox"/>	<input type="checkbox"/>
I want a cash account to manage fees, investment distributions and withdrawals/payments	<input type="checkbox"/>	<input type="checkbox"/>
I want to invest in socially and/or ethically responsible investments	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>



## Employment and social security

### Employment

	Client 1	Client 2
Occupation	<input type="text"/>	<input type="text"/>
Job title	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Part time <input type="checkbox"/> Casual	<input type="checkbox"/> Full time <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Part time <input type="checkbox"/> Casual
Retirement age or date	<input type="text"/>	<input type="text"/>

#### Notes

### Social security

	Client 1		Client 2	
Benefit name	<input type="text"/>		<input type="text"/>	
Centrelink ref number	<input type="text"/>		<input type="text"/>	
	Amount gifted	Date gifted	Amount gifted	Date gifted
Centrelink gifting	<input type="text" value="\$"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text"/>
Centrelink gifting	<input type="text" value="\$"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text"/>
Centrelink gifting	<input type="text" value="\$"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text"/>

#### Notes



## Income and expenses

### Income

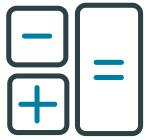
	Client 1	Client 2
Gross salary	\$	\$
Bonuses	\$	\$
Investment income	\$	\$
Gross rental income	\$	\$
Centrelink payments	\$	\$
Business income	\$	\$
Super pension income	\$	\$
	\$	\$
	\$	\$

#### Notes

### Expenses

	Client 1	Client 2
Living expenses	\$	\$
Mortgage repayment	\$	\$
Credit card repayment	\$	\$
Insurance premiums	\$	\$
	\$	\$
	\$	\$

#### Notes



## Assets and liabilities

### Lifestyle assets

	Owner	Value
Family home		\$
Home contents		\$
Car 1		\$
Car 2		\$
Boat/caravan		\$
Land/holiday home		\$
Art work/jewellery		\$
		\$
		\$

#### Notes

### Financial assets

	Owner	Value
Cash		\$
Term deposits		\$
Share portfolio		\$
Managed funds		\$
Investment property 1		\$
Investment property 2		\$
		\$
		\$

#### Notes

**Liabilities**

	Balance	Interest rate	Owner	Repayment amount	Repayment frequency
Mortgage	\$	%		\$	
Personal loan	\$	%		\$	
Credit card 1	\$	%		\$	
Credit card 2	\$	%		\$	
Investment loan	\$	%		\$	
	\$	%		\$	
	\$	%		\$	

**Notes**



## Super and pensions

### Super

☐ Tick if not applicable

	Fund 1	Fund 2	Fund 3	Fund 4	Fund 5
Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Fund name					
Member #					
Value	\$	\$	\$	\$	\$
Beneficiary type					
Contains insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving SG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Notes

### Contribution history

	Client 1			Client 2		
	Employer superannuation guarantee	Salary sacrifice or personal deductible	Non-concessional contribution	Employer superannuation guarantee	Salary sacrifice or personal deductible	Non-concessional contribution
Financial year						
Fund name						
20____ / 20____	\$	\$	\$	\$	\$	\$
20____ / 20____	\$	\$	\$	\$	\$	\$
20____ / 20____	\$	\$	\$	\$	\$	\$
20____ / 20____	\$	\$	\$	\$	\$	\$



Pensions

	Fund 1	Fund 2	Fund 3	Fund 4	Fund 5
Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Fund name					
Member #					
Value	\$	\$	\$	\$	\$
Annual pension	\$	\$	\$	\$	\$
Beneficiary type					

Notes



## Risk insurance

☐ Tick if not applicable

	Fund 1	Fund 2	Fund 3	Fund 4	Fund 5
Policy owner	<input type="checkbox"/> Personal <input type="checkbox"/> Super	<input type="checkbox"/> Personal <input type="checkbox"/> Super	<input type="checkbox"/> Personal <input type="checkbox"/> Super	<input type="checkbox"/> Personal <input type="checkbox"/> Super	<input type="checkbox"/> Personal <input type="checkbox"/> Super
Life insured					
Insurance provider					
Policy number					
Life cover	\$	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$	\$
Trauma cover	\$	\$	\$	\$	\$
Income protection monthly benefit	\$	\$	\$	\$	\$
Waiting period					
Benefit period					
Annual premium	\$	\$	\$	\$	\$

### Notes

## Insurance objectives

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

<b>Income:</b> How much income would you require in the event of disability, trauma and extended illness? ie income of \$50,000 pa until retirement	Priority or time frame
<b>Liquidity:</b> How many months of living expenses do you need in the event of disability, trauma and extended illness?	Priority or time frame
<b>Risk management:</b> What requirements do you have (for yourself and your children/dependants) in the event of death, disability, trauma and extended illness?	Priority or time frame
<b>Estate planning:</b> How will you distribute 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
<b>Notes</b>	

## Insurance needs

To determine the appropriate level of cover, please answer the below questions

### Life/TPD and income protection insurance

Immediate needs	Client 1	Client 2
Medical costs	\$	\$
Renovation costs/new home	\$	\$
Education funding allowance	\$	\$
Emergency income (approx. 3-6 months of living expenses)	\$	\$
Related fees (eg legal, accounting, appraisal)	\$	\$
Final expenses (eg funeral, executor, probate)	\$	\$
Income for survival of partner (generally $\frac{2}{3}$ of gross income)	\$	\$
Income for survival of children	\$	\$
Number of years income required for children		
Total sick, annual and long service leave balances	\$	\$
Amount for tax provision (eg capital gains, income tax)	\$	\$

#### Notes

### Trauma insurance

Immediate needs	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 from income protection	\$	\$

#### Notes

## Insurance details

Are you a smoker?

Do you have any exclusions/loadings  
listed on your current policies

If 'Yes', please provide details

Client 1

☐ Yes ☐ No

☐ Yes ☐ No

Client 2

☐ Yes ☐ No

☐ Yes ☐ No

Do you have any medical issues?

If 'Yes', please provide details

☐ Yes ☐ No

☐ Yes ☐ No

Please detail how your employment duties are split

Administrative

%

%

Supervisory

%

%

Travel

%

%

Manual

%

%

Notes



## Estate planning

☐ Tick if not applicable

	Client 1	Client 2
<b>Do you have a Will?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Will		
Will date last reviewed		
Is your Will relevant to your current situation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Executor of Will		
Beneficiary(s) of Will		
Location of Will		
<b>Power of Attorney (POA)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
POA type		
Name of POA		
Is the POA being acted on behalf of		
<b>Enduring guardian</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of enduring guardian		

### Notes



## Other professional advisers

☐ Tick if not applicable

Type	Name	Contact number	Financial dependant	Permission to contact
Accountant				<input type="checkbox"/> Yes <input type="checkbox"/> No
Solicitor				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Notes



## Acknowledgements

I confirm the following:

### Client declaration

I declare that the information provided in this fact find is complete and accurate to the best of my knowledge (except where I have indicated that I have chosen not to provide the information). I understand and acknowledge that if I do not fully or accurately complete the fact find, then any recommendation or advice given by my Consultum Authorised Representative may be inappropriate to my needs and that I risk making a financial commitment to a financial product or strategy that may be inappropriate for the needs I have identified. I understand that if I do not provide all the requested information, my Consultum Authorised Representative may not be able to provide me with financial advice or other requested services or products.

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

### Privacy

I understand that Consultum and my Consultum Authorised Representative may be required to collect my personal information under the Corporations Act 2001 and/or the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

I have received and read the Consultum Financial Services Guide (FSG) and Adviser Profile and the contents have been explained to me.

I understand that my personal information will be used for the purpose of providing me with financial advice and for other purposes detailed in the FSG and Adviser Profile.

I am aware that my personal information will be handled in accordance with the Consultum Privacy Policy, which contains information about how I may access or correct my personal information and how I may complain about a breach of my privacy. I understand that I may obtain a copy of the Consultum Privacy Policy by contacting Consultum on 1800 062 134 or visiting their website at [www.consultum.com.au/privacy](http://www.consultum.com.au/privacy).

I understand that, in connection with providing services to me, my personal information (such as, name, contact details and account information) may be disclosed to Consultum's related bodies corporate, to a person with whom I receive joint financial services, my financial and professional advisers, businesses that may have referred me to Consultum, service providers, credit unions, building societies, banks and other financial institutions. I understand that my personal information (including sensitive health information) may be disclosed to life companies to establish and maintain requested insurance.

I understand that if I have provided the personal information of other persons, it is my responsibility to inform those persons and to refer them to Consultum's Privacy Policy.

### Electronic communication acceptance

Unless stated otherwise on page two, I understand that Consultum and my Consultum Authorised Representative is required by law to provide us with Advice Documents and Product Disclosure Statements for each product and investment option that they recommend.

I confirm that I am willing and able to receive and access these documents in electronic format (including by email, web link or USB) and understand that I can keep a copy of these documents so that I may access them in the future.

I understand that paper documents can be provided free of charge on request.

**Disclaimer:** Consultum and/or your Consultum Authorised Representative will not be held accountable if the email address provided can be viewed and/or manipulated by multiple users. If at any time you believe your email address is insecure, please notify your financial adviser either in person or over the telephone.

### No call/no contact

Please tick the box if you **DO NOT** want us to contact you without your expressed consent.

I understand that I may request that my Consultum Authorised Representative place me on a 'no call/no contact register' which means I will not be contacted regarding any financial products without my express consent, unless otherwise directed.

☐

Client 1

☐

Client 2

## Tax file number authority

I agree to the collection and retention of my Tax File Number (TFN) by my Consultum Authorised Representative and Consultum. I understand that my TFN will be used in connection with providing me with financial product and strategy recommendations and only in accordance with legislative requirements (eg relevant tax and superannuation laws).

I understand that my TFN may be provided to financial institutions (eg life insurance companies or fund managers) or Government bodies (eg the Australian Taxation Office or Centrelink) if required and authorised by law. I understand that it is not an offence if I choose not to provide my TFN but providing it has advantages, including that, other than the tax that may ordinarily apply, I will not pay more tax than I need to. I understand that my TFN will be stored and treated as confidential and that reasonable steps will be taken to prevent the loss, disclosure and/or misuse of my TFN by third parties. I understand that reasonable steps will be taken to destroy or permanently de-identify my TFN when it is no longer needed for an authorised purpose.

	Client 1	Client 2
Name	<input type="text"/>	<input type="text"/>
Tax file number	<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"/>
Tax resident of another country	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Client declaration

By signing the below, I confirm and agree to the above acknowledgements.

	Client 1	Client 2
Signature	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Date	<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"/>

## Financial adviser declaration

By signing below, I declare that I have provided you with a copy of the Consultum Financial Services Guide & Adviser Profile to making any financial product or strategy recommendations.

Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-----------	----------------------	------	---

## Office use only

Adviser profile version date	<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"/>
FSG version date	<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"/>
Date FSG was supplied to client	<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"/>





## Notes



## Authorisation to collect information

Please provide my **financial adviser and their practice staff** with any information necessary for them to conduct an analysis of my current product (described below). I give authority for this information to be released verbally and/or in writing in any other means, including electronic, as may be appropriate.

### Client personal details

Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Product name	<input type="text"/>
		Member number	<input type="text"/>

### Financial adviser details

Financial adviser name	<input type="text"/>	Other staff names	<input type="text"/>
Practice name	<input type="text"/>		
ABN	<input type="text"/>	Email	<input type="text"/>
AFSL	<input type="text"/>		
Practice address	<input type="text"/>	Phone	<input type="text"/>
		Financial adviser code	<input type="text"/>

I am aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to my financial adviser. In addition, please consider this authorisation as being **valid until formally revoked** by me in writing.

Signature	<input type="text"/>
Name	<input type="text"/>
Date	<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"/>



## Authorisation to collect information

Please provide my **financial adviser and their practice staff** with any information necessary for them to conduct an analysis of my current product (described below). I give authority for this information to be released verbally and/or in writing in any other means, including electronic, as may be appropriate.

### Client personal details

Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Product name	<input type="text"/>
		Member number	<input type="text"/>

### Financial adviser details

Financial adviser name	<input type="text"/>	Other staff names	<input type="text"/>
Practice name	<input type="text"/>		
ABN	<input type="text"/>	Email	<input type="text"/>
AFSL	<input type="text"/>		
Practice address	<input type="text"/>	Phone	<input type="text"/>
		Financial adviser code	<input type="text"/>

I am aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to my financial adviser. In addition, please consider this authorisation as being **valid until formally revoked** by me in writing.

Signature	<input type="text"/>
Name	<input type="text"/>
Date	<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"/>