



# ACACIA

## FINANCIAL SERVICES

PTY LTD

## PERSONAL FACT FIND & FINANCIAL NEEDS ANALYSIS

including SMSF Supplement\*

PRIVATE & CONFIDENTIAL

VERSION DATE: 01.07.2021

Prepared for  
**CLIENT 1:**

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**CLIENT 2:**

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

Prepared by  
**ADVISER NAME:** Geoff Trewarn CFP

*\* Where the SMSF Supplement is used; please ensure all trustees sign and date the fact find.*

**Acacia Financial Services Pty Ltd**  
**ABN:** 78 143 374 835  
27 Grey Street, Vermont. VIC 3133  
**Phone:** (03) 9877 7117  
Corporate Authorised Representative 458586 of  
**InterPrac Financial Planning Pty Ltd**  
**ABN:** 14 076 093 680 **AFSL No.** 246638

**IMPORTANT**

Date FSG provided:     /     /  
FSG version #: \_\_\_\_\_

## **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 Planner, 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 eg 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**.

## 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		Yes / No		Yes / No	
Number of years in Australia		_____ years		_____ 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				
	<b>Client 1</b>			<b>Client 2</b>		
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		
<b>Notes:</b>					

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

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

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

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

## YOUR PERSONAL 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, Objectives and Scope of Advice

#### What you told us/Why you came to see us

- This is where we hear the ‘client voice’  
*What are the clients concerns, goals, motivations & reasons for advice in their own words.*

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

- **This is where you, the adviser enters your own understanding of the advice sought** (including incidental areas)  
*The subject matter (topics / sub-topics) and any other needs identified or discussed by the Adviser.*

#### Agreed Scope of this advice

<b>Superannuation</b>	<input type="checkbox"/>
▪ Full Review (Platform; Investments; Product Fees; Product Preferences; Contributions; Beneficiaries)	<input type="checkbox"/>
▪ Platform and Investment Portfolio Review (New or Existing; Product Fees; Product Preferences)	<input type="checkbox"/>
▪ Investment Portfolio Review (Investments; Fees; Product Preferences)	<input type="checkbox"/>
▪ Contributions (Concessional; Non-Concessional)	<input type="checkbox"/>
▪ Defined Benefit Accounts (Accumulation)	<input type="checkbox"/>
▪ First Homeowners Scheme (Contributions; Withdrawal)	<input type="checkbox"/>
▪ Beneficiary Death Nominations (BDN's)	<input type="checkbox"/>
▪ Insurance Premium Funding	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>

**Adviser Notes:** *This is an opportunity to list the client's product or investment preferences. This can help demonstrate best interest when moving from one product to another.*

<b>Personal Insurance</b>	<input type="checkbox"/>
▪ Full review (Needs analysis; Product Review; Benefit Amounts; Policy Comparison)	<input type="checkbox"/>
▪ Life Cover	<input type="checkbox"/>
▪ Total & Permanent Disability (TPD) Cover	<input type="checkbox"/>
▪ Trauma / Critical Illness Cover / Children's Cover	<input type="checkbox"/>
▪ Income Protection / Salary Continuance Cover	<input type="checkbox"/>
▪ Business Insurance (Keyperson; Business Succession)	<input type="checkbox"/>
▪ Structure/Ownership	<input type="checkbox"/>
▪ Premium Funding (Cashflow; Super)	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<p><b>Adviser Notes:</b> <i>This is an opportunity to list the client's product or policy / features preferences. This can help demonstrate best interest when moving from one product to another.</i></p>	
<b>Budgeting and Cashflow Management</b>	<input type="checkbox"/>
▪ Develop a Budget	<input type="checkbox"/>
▪ Surplus Cashflow Management	<input type="checkbox"/>
▪ Establish / Maintain a Cash Reserve	<input type="checkbox"/>
▪ Insurance Premium Funding	<input type="checkbox"/>
▪ Salary Packaging	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<p><b>Adviser Notes:</b></p>	
<b>Investment</b>	<input type="checkbox"/>
▪ Platform and Investment Portfolio Review (New or Existing)	<input type="checkbox"/>
▪ Investment Portfolio Review (only)	<input type="checkbox"/>
▪ Lump-sum investment (e.g., Sale Proceeds; Redundancy; Inheritance)	<input type="checkbox"/>
▪ Taxation Implications (e.g., CGT; Dividends; Franking Credits)	<input type="checkbox"/>
▪ Regular Savings Plan	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<p><b>Adviser Notes:</b> <i>This is an opportunity to list the client's product or policy / features preferences. This can help demonstrate best interest when moving from one product to another.</i></p>	

<b>Gearing and Debt Management</b>	<input type="checkbox"/>
▪ Borrowing to Invest (Margin Loans; Instalment Gearing; Investment Property)	<input type="checkbox"/>
▪ Debt Management (Clear your debt; Increase / Maintain / Reduce Loan Repayments)	<input type="checkbox"/>
▪ Refinance / Restructure your loans (Non-Deductible; Deductible)	<input type="checkbox"/>
▪ Review your Offset / Redraw Facility / Loan Accounts / Line of Credits	<input type="checkbox"/>
▪ Reverse Mortgages	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Adviser Notes:</b>	
<b>Retirement Planning / Pension</b>	<input type="checkbox"/>
▪ Transition to retirement (Platform and Investment Portfolio Review; Pension Payments; Modelling)	<input type="checkbox"/>
▪ Retirement Analysis – Determine income requirements and balance limitations (Transfer Balance Caps; Transfer Balance Accounts)	<input type="checkbox"/>
▪ Income Stream – Establish New / Review Existing (Platform and Investment Portfolio Review; Pension Payments; Modelling)	<input type="checkbox"/>
▪ Annuities / Capital Protected Products (Fixed term; Lifetime; Other)	<input type="checkbox"/>
▪ Defined Benefit Pensions / DVA Pensions	<input type="checkbox"/>
▪ Lump Sum Withdrawals	<input type="checkbox"/>
▪ Binding Death Nomination (BDN) / Reversionary Beneficiary Nomination	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Adviser Notes:</b> <i>This is an opportunity to list the client's product or policy / features preferences. This can help demonstrate best interest when moving from one product to another.</i>	
<b>Centrelink</b>	
▪ Aged Pension (Eligibility; Income / Asset Test Assessment; Maximising Entitlements; Health Care Card; Gifting)	
▪ Granny Flat Interests; Lifestyle Village / Home Considerations; Pension Loan Scheme	
▪ Assistance with Centrelink Payments / Centrelink Benefit Assessment (Disability Support / Carers / DVA Pension; Job Seeker / Keeper; Youth Allowance; Parenting Payment, Child Support, Family Tax Benefit; Other)	
▪ Other (please specify)	
<b>Adviser Notes:</b>	

<b>Entity Structures</b>	<input type="checkbox"/>
▪ Company	<input type="checkbox"/>
▪ Trust	<input type="checkbox"/>
▪ Partnership	<input type="checkbox"/>
▪ Self-Managed Superannuation (refer to below section)	
<b>Adviser Notes:</b>	
<b>Self-Managed Superannuation Funds (Also complete SMSF Supplement on pages 15-19)</b>	<input type="checkbox"/>
▪ Full Review (Platform; Investments; Contributions; Beneficiaries)	<input type="checkbox"/>
▪ Platform and Investment Portfolio Review (Existing or New investments; Asset Allocation; Investment Strategy)	<input type="checkbox"/>
▪ Investment Portfolio Review (only)	<input type="checkbox"/>
▪ Commence a Self-Managed Superannuation Fund (How to set up; initial / ongoing costs; Trustee Responsibilities; Trust Deed; Other)	<input type="checkbox"/>
▪ Determine Trustee Structure (Corporate; Individual)	<input type="checkbox"/>
▪ Appoint an SMSF Administrator	<input type="checkbox"/>
▪ Contributions (Concessional; Non-Concessional; Super Splitting)	<input type="checkbox"/>
▪ Insurance Considerations (Premium Funding; Ownership; Other)	<input type="checkbox"/>
▪ Estate Planning Considerations (Beneficiary Death Nominations; Other)	<input type="checkbox"/>
▪ Lump Sum Withdrawals / Super Splitting	<input type="checkbox"/>
▪ Commence an Account Based Pension	<input type="checkbox"/>
▪ Wind up a Self-Managed Super Fund	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Adviser Notes:</b> <i>This is an opportunity to list the client's product or policy / features preferences. This can help demonstrate best interest when moving from one product to another.</i>	
<b>Aged Care</b>	<input type="checkbox"/>
▪ Aged Care Assessment (Partial / Full RAD, DAP or other entitlements)	<input type="checkbox"/>
▪ Centrelink Implications	<input type="checkbox"/>
▪ Aged Care Rental Considerations / Home Care Assessment	<input type="checkbox"/>
▪ Other (please specify)	<input type="checkbox"/>
<b>Adviser Notes:</b>	



<b>Estate Planning</b>	<input type="checkbox"/>
Estate Planning (General Advice) – Wills, Power of Attorneys, Guardianship Orders, Testamentary Trusts	<input type="checkbox"/>
Estate Planning (General Advice) – Binding Death Nominations (Lapsing / Non-Lapsing; Binding / Non-Binding)	<input type="checkbox"/>
Estate Planning (Personal Advice) – Binding Death Nomination (BDN) / Reversionary Beneficiary Nomination	<input type="checkbox"/>
Referral to an Estate Planning Expert	<input type="checkbox"/>

**Adviser Notes:**

**Areas “Out of Scope” or not to be addressed in advice (and why)**

- This is self-explanatory.

**When we may address advice areas identified as “Out of Scope” (i.e. deferred areas and why)**

- i.e., “At next annual review”

**Adviser Notes:**

## YOUR PERSONAL 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	\$	\$	\$
<b>Investment income</b>			
- Interest	\$	\$	\$
- Dividends	\$	\$	\$
- Rent	\$	\$	\$
- Other (please provide details)	\$	\$	\$
<b>Other income</b>			
- Dept. of Veterans Affairs	\$	\$	\$
- Centrelink	\$	\$	\$
- Other (please provide details)	\$	\$	\$
<b>TOTAL INCOME</b>			<b>\$</b>
<b>Notes:</b>			

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)	\$	\$	\$
<b>TOTAL EXPENSE</b>	\$	\$	\$

<b>SURPLUS / DEFICIT (Income-Expense)</b>	<b>\$</b>
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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
<b>Do you currently receive Govt. benefit?</b> If yes, please detail	Yes / No _____	Yes / No _____
If yes, what is your CRN?	_____	_____
Notes	_____ _____ _____	_____ _____ _____
<b>Other support (specify type)</b>	Yes / No	Yes / No
<b>Have you gifted assets in the past 5 years?</b> If yes, please detail	Yes / No _____	Yes / No _____
<b>Are you registered for the Commonwealth Seniors Card?</b>	Yes / No	Yes / No

Adviser Notes:

## YOUR PERSONAL ASSETS AND LIABILITIES

This section asks about your personal and investment liabilities and asset  
Do not use this for SMSF or Related Entities

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
<b>TOTAL</b>			\$	\$	

### 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 Deductable	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		\$
<b>TOTAL</b>					\$
Cash and Savings	Owner	Date of purchase	Financial Institution	Linked to debt?	Current asset value
	C1/C2/J	/ /			\$
	C1/C2/J	/ /			\$
	C1/C2/J	/ /			\$

<b>TOTAL</b>					\$
<b>Term Deposit</b>	<b>Owner</b>	<b>Date of purchase</b>	<b>Financial Institution</b>	<b>Maturity date</b>	<b>Current asset value</b>
	C1/C2/J	/ /			\$
	C1/C2/J	/ /			\$
	C1/C2/J	/ /			\$
<b>TOTAL</b>					\$
<b>Investment Property</b>	<b>Owner</b>	<b>Date of purchase</b>	<b>Tax Deductable</b>	<b>Purchase \$</b>	<b>Current asset value</b>
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
<b>TOTAL</b>					\$

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	
Retirement Income Stream	Member No.	Tax free \$	Pension \$ / Frequency	Current Value	OWNER
		\$	\$	\$	C1 / C2 / J
		\$	\$	\$	C1 / C2 / J
		\$	\$	\$	C1 / C2 / J
		\$	\$	\$	C1 / C2 / J
<b>TOTAL</b>		\$	\$		

**Note: Do not use this for Self-Managed Super Funds – refer to SMSF Supplement on page 18**

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
<b>TOTAL LIABILITIES</b>		\$			\$ per annum	

Net assets		
Total Assets	Total Liabilities	Net Asset Position (Assets - Liabilities)
		\$

**Adviser Notes:**

**Adviser Diagrams:**

## INDIVIDUAL TRUSTEE DETAILS (SMSF / Company / Trust)

Please provide documentation (i.e. Trust Deed(s), Tax Returns, Statements etc)

This section is not applicable

Client/s chosen not to complete this section

PERSONAL DETAILS	Trustee 1/Director 1		Trustee 2/Director 2	
Title				
Surname				
First name				
Preferred name				
Contact Information				
Date of birth / Current age				
Personal or Business Relationship to (any) another Trustee				

PERSONAL DETAILS	Trustee 3/Director 3		Trustee 4/Director 4	
Title				
Surname				
First name				
Preferred name				
Contact Information				
Date of birth / Current age				
Personal or Business Relationship to (any) another Trustee				

PERSONAL DETAILS	Non-Member Director		Alternate Director	
Title				
Surname				
First name				
Preferred name				
Contact Information				
Date of birth / Current age				
Personal or Business Relationship to (any) another Trustee				

### Adviser Notes:

## Self-Managed Super Fund Details

### KEY FUND INFORMATION

Fund Name			
ABN		Tax File Number	
Date of SMSF Registration		Registered for GST	Yes / No

### CORPORATE TRUSTEE DETAILS

Company Name			
ABN		Tax File Number	
Company Secretary			
Registered Address			

### SECURITY / HOLDING TRUST DETAILS

Company Name			
ACN			
Registered Address			
Directors			
Trust Name			

#### Other Key Information:

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### Limited Recourse Borrowing Arrangement(s)

Name of Lender	Current Loan balance	Int. Type (P&I / I)	Interest Rate	Repayments / frequency	Start Date of Loan / Refinance	Linked Security
			%	\$ per		
			%	\$ per		

#### Adviser Notes:

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### Estate Planning Considerations

#### Adviser Notes:

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# TRUSTEE REQUIREMENTS

## Scope of Advice

What you told us/Why you came to see us ('client voice')

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

Areas not to be addressed in advice (and why)

## Investment Strategy Considerations

**Adviser Notes:** *This is an opportunity to list the client's product or investment preferences.*

*This can help demonstrate best interest when moving from one product to another.*

## EXISTING ASSETS (SMSF / Company / Trust)

Financial assets (Shares / Managed funds / Term Deposits / Investment Properties)					
Shares / Managed Fund / Investment Property	Owner (Entity / Trustee Name)	Date of purchase	Tax Deductible (Y / N)	Units / purchase \$	Current asset value
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
		/ /	Yes / No		\$
<b>TOTAL</b>					\$
Cash and Savings	Owner (Entity / Trustee Name)	Date of purchase	Financial Institution	Linked to debt?	Current asset value
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
<b>TOTAL</b>					\$
SMSF Specific (other): Art, Coins, Gold etc.	Owner (Entity / Trustee Name)	Date of purchase	Financial Institution	Maturity date	Current asset value
		/ /			\$
		/ /			\$
		/ /			\$
<b>TOTAL</b>					\$
<b>GRAND TOTAL</b>					\$

## EXISTING LIABILITIES (SMSF / Company / Trust)

Account Name	Owner (Entity / Trustee Name)	Date of purchase	Tax Deductible (Y / N)	Linked to LRBA? (Y / N)	Current asset value
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
		/ /			\$
<b>TOTAL</b>					\$
<b>GRAND TOTAL</b>					\$

<b>NET POSITION</b>	\$
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**Adviser Notes:**

## YOUR PERSONAL 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	<input type="checkbox"/> Accumulated <input type="checkbox"/> Def. benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit
Member number				
Beneficiary / type	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing	<input type="checkbox"/> Non-Binding <input type="checkbox"/> Binding <input type="checkbox"/> Binding Non-lapsing
Beneficiary name / %				
Investment type	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> 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	\$	\$	\$	\$
Super. guarantee deposit	Yes / No	Yes / No	Yes / No	Yes / No

SUPERANNUATION CONTRIBUTION/S		
Superannuation contributions	Client 1	Client 2
<b>Non-concessional contributions</b>	Client 1 / Client 2	Client 1 / Client 2
Total AFTER tax contributions in the last 3 years	\$	\$
Have you contributed over \$100,000 in any one financial year?	Yes / No	Yes / No
If YES, specify financial year.	/ Financial Year	/ Financial Year
<b>Concessional contributions</b> (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	\$	\$
<b>Other contributions</b> (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):

**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 deductible amount	\$	\$	\$	\$
<b>Fees</b>				
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
<b>Years until retirement</b> (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?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No

This section is not applicable

Client/s chosen not to complete this section

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

## YOUR PERSONAL 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				
	FUND 1	FUND 2	FUND 3	FUND 4
Life insured	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Policy owner				
Policy number				
Life cover sum insured	\$	\$	\$	\$
TPD cover sum insured	\$	\$	\$	\$
Trauma cover sum insured	\$	\$	\$	\$
Life cover	\$ pm	\$ pm	\$ pm	\$ pm
TPD cover	\$ pm	\$ pm	\$ pm	\$ pm
Trauma / critical illness cover	\$ pm	\$ pm	\$ pm	\$ pm
Income protection benefit	\$ pm	\$ pm	\$ pm	\$ pm
Business expense	\$ pm	\$ pm	\$ pm	\$ pm
Total premium	\$	\$	\$	\$
Insurance provider				
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	Level / Stepped	Level / Stepped	Level / Stepped
<b>Complete the following for TPD only</b>				
'Any' or 'Own' occupation	Any / Own	Any / Own	Any / Own	Any / Own
<b>Complete the following for income protection only</b>				
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:

### Tax File Number Collection

- I 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 acknowledge that I have received, read and fully understood InterPrac Financial Planning Pty Ltd's Financial Services Guide & Adviser Profile.
- I acknowledge that I have received, read and fully understood InterPrac Financial Planning Pty Ltd's Privacy Policy.
- I give permission for my/our personal financial information being forwarded to and/or obtained from our accountant/tax agent, solicitor, Centrelink and/or Department of Veterans Affairs as requested from time to time.
- I hereby declare that the information set out in this form is true and correct to the best of my knowledge.
- I 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 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
  - Personal Insurance
  - Budgeting and Cash flow management
  - Borrowing to invest (Gearing)
  - Financial Structures / Tax planning
  - Retirement Planning
  - Estate Planning
  - Investment
  - Debt Management
  - Government Benefits (Centrelink)
- Other (specify) \_\_\_\_\_
- I/we confirm that the information contained in this document is to be used for the purpose of providing financial advice.

**Adviser Note:** Please complete and attach the relevant Initial Client Engagement / Letter of Engagement which sets out the agreed fees for the relevant advice.

Client 1		Client 2	
Name	_____	Name	_____
	_____		_____
In my capacity as:	_____	In my capacity as:	_____
	_____		_____
Signature	_____	Signature	_____
Date	_____	Date	_____



## Authority to Enquire

### 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 Adviser listed below, along with the following people who work within the below listed business:

The original of this authority is on file at the office of the planner and is available if required.

**Planner / Financial Adviser Name:**

**Practice name:**

Geoff Trewarn

Acacia Financial Services Pty Ltd

**Address:**

27 Grey Street  
Vermont Vic 3133

**Phone:**

(03) 9877 7117

**Email:**

geoff@acaciafs.com.au

**Policy / Account / Fund name:**

**Policy / Account number:**


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

<b>Client name:</b>	<b>Date of birth:</b>
<b>Current Postal address:</b>	
Previous Postal Address:	
<b>X</b>	<b>Date:</b>

<b>Client name:</b>	<b>Date of birth:</b>
<b>Current Postal address:</b>	
Previous Postal Address:	
<b>X</b>	<b>Date:</b>