ABOUT YOU

CLIENT DATA FORM

PRIVATE & CONFIDENTIAL

Client Name/s: ____________________

Adviser: ____________________

Authorised Representative No: ____________________

Meeting Date: ____________________

Date Completed: ____________________

FSG Version & Date provided: ____________________

Client ID obtained, verified & certified: ____________________

FOR YOUR INFORMATION

Privacy Policy: At Lifespan Financial Planning we recognise that your privacy is very important. Our business is governed by legislation protecting your personal information, including the Privacy Act 1988 and National Privacy Principles established under the Privacy Amendment (Private Sector) Act 2000. We have adopted the Privacy Policy developed by Lifespan Financial Planning a copy of which is on our website or available upon request.

Important Notice to Clients: Corporations Law requires that in order to make an investment or insurance recommendation, the adviser must have reasonable grounds for making a recommendation. This means that the adviser must conduct an appropriate investigation as to the investment objectives, financial situation and particular needs of the person concerned. The information requested in this form is necessary to enable a recommendation to be made on a reasonable basis and will be used for that purpose

YOUR REASONS FOR SEEKING FINANCIAL ADVICE

Briefly outline your reasons for seeking financial advice.	
What outcomes are you hoping from our service?	
Are there any specific concerns or requirements that have prompted you to seek advice?	
Are there any issues that we should take into account that may affect you achieving your goals?	
Have you seen a financial adviser previously? If so, what was your experience?	
What does your future retirement look like to you?	
Additional Comments	

Adviser Notes

ABOUT YOU

	Client 1		Client 2	
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof ☐ Other:_______		☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof ☐ Other:_______	
First name				
Middle name				
Surname				
Preferred name				
Date of birth	/ /		/ /	
Country of birth				
Marital status	☐ Married ☐ De facto ☐ Single ☐ Separated ☐ Divorced ☐ Widow ☐ Other:_________		☐ Married ☐ De facto ☐ Single ☐ Separated ☐ Divorced ☐ Widow ☐ Other:_________	
Resident status				
Gender				
Current health	☐ Excellent ☐ Good ☐ Poor		☐ Excellent ☐ Good ☐ Poor	
Medical history / issues				
Health comments				
Have you smoked in the last 12 months?	☐ Yes ☐ No	If currently smoking, no. per day:	☐ Yes ☐ No	If currently smoking, no. per day:
Do you use nicotine containing products?	☐ Yes ☐ No		☐ Yes ☐ No	
Private health cover	☐ Yes ☐ No Fund name: ______________________		☐ Yes ☐ No Fund name: ______________________	
How did you hear about us?				
If referred, please let us know who referred you				
Comments				

Contact Information

	Client 1		Client 2	
Residential address				
Postal address if different from residential				
Preferred mail method	☐ Email ☐ Post			
Document Delivery Format	☐ Hard Copy ☐ CD /USB ☐ Email			
Home phone		☐ preferred		☐ preferred
Work phone		☐ preferred		☐ preferred
Mobile phone		☐ preferred		☐ preferred
Work fax		☐ preferred		☐ preferred
Home email		☐ preferred		☐ preferred
Work email		☐ preferred		☐ preferred
Comments				

Dependants

Name	Relationship	DOB	Financially dependent?
		/ / (age:)	☐ Yes ☐ No If yes, until age:___
		/ / (age:)	☐ Yes ☐ No If yes, until age:___
		/ / (age:)	☐ Yes ☐ No If yes, until age:___

Do you expect to continue to financially assist your non-dependent children?	If yes, please provide details:
Are you planning to grow your family?	If yes, please provide details:
Do any of your dependants suffer from illness or disability?	If yes, please provide details:
Do you have grandchildren?	If yes, please provide details (e.g. names, ages and estate planning requirements):
Do any of your dependants receive youth allowance?	If yes, please provide details:
Are of your dependants engaged in full time study?	If yes, please provide details:
Comments	

Your Employment

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

	Client 1	Client 2
Occupation		
Are you degree qualified?	☐ Yes ☐ No	☐ Yes ☐ No
Qualifications		
Have you been recently retrenched?	☐ Yes ☐ No	☐ Yes ☐ No
Is salary sacrifice available?	☐ Yes ☐ No	☐ Yes ☐ No
Planned changes to employment or income in the next 12 months?	If yes, please provide details:	If yes, please provide details:
Have you worked outside of Australia?	☐ Yes ☐ No Country: From: / / to / /	☐ Yes ☐ No Country: From: / / to / /
Comments (e.g. do you expect to continue with your current occupation?)		
Do you have a second occupation? If so, please provide details.		

Social Security

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

	Client 1	Client 2
Are you currently receiving Centrelink benefits?	Centrelink ☐ DVA ☐ Overseas pension benefits ☐ N/A	☐ Centrelink ☐ DVA ☐ Overseas pension benefits ☐ N/A
Customer Reference Number (CRN)		
Type of Income Support Payment		
Payment amount (fortnightly)		
Are you claiming the Family Tax Benefit?	☐ Part A ☐ Part B	☐ Part A ☐ Part B
Amount Received (per annum)		
Are you a Commonwealth Seniors Health Card (CSHC) holder?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a DVA health card holder	☐ DVA Gold Card ☐ DVA Orange Card ☐ DVA White Card	☐ DVA Gold Card ☐ DVA Orange Card ☐ DVA White Card
Do you hold any other concession or health card cards	☐ Ex-Carer Allowance (Child) Health Care Card ☐ Foster Child Health Care Card ☐ Low Income Health Care Card ☐ Pensioner Concession Card ☐ Other	☐ Ex-Carer Allowance (Child) Health Care Card ☐ Foster Child Health Care Card ☐ Low Income Health Care Card ☐ Pensioner Concession Card ☐ Other
Details of other entitlements received or cards held:		
Have you gifted any assets in the last five years?	☐ Yes ☐ No $ Date: / / $ Date: / /	☐ Yes ☐ No $ Date: / / $ Date: / /
Comments		

Tax

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

	Client 1	**Client 2**
Tax file number*		
Are you an Australian resident for tax purposes?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have HECS/HELP debt?	☐ Yes ☐ No	☐ Yes ☐ No
Are you claiming the Family Tax Benefit?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have any overseas tax issues?	If yes, please provide details:	If yes, please provide details:
Are you receiving any overseas income?	If yes, Please provide details:	If yes, Please provide details:
Comments		

ESTATE PLANNING

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

WILL	**Client 1**	**Client 2**
Do you have a will?	☐ Yes ☐ No Date: / /	☐ Yes ☐ No Date: / /
Date last reviewed	/ /	/ /
Location of the Will		
Executors Name		
Do you need to review executors?	☐ Yes ☐ No	☐ Yes ☐ No
Does your will reflect your current wishes and beneficiaries?		
Will your estate have sufficient liquidity to cover debts and expenses?	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure
Is there sufficient cash to cover the cost of your funeral		
Have you considered all of your assets/liabilities in your Estate Planning arrangements (e.g. shares in businesses, super, debts)?		
Would you like to gift a part of your estate to charity?	☐ Yes ☐ No	☐ Yes ☐ No

Client 1 Beneficiaries		**Client 2 Beneficiaries**	
Name	**Relationship**	**Name**	**Relationship**

POWER of ATTORNEY	Client 1	Client 2
Do you have a Power of Attorney?	☐ Yes ☐ No	☐ Yes ☐ No
Location of Power of Attorney		
Type of Power of Attorney (tick all applicable)	☐ Enduring ☐ Medical ☐ Limited ☐ Advanced Care Directive ☐ Other:	☐ Enduring ☐ Medical ☐ Limited ☐ Advanced Care Directive ☐ Other:
Date last reviewed	/ /	/ /
Who is your Power Attorney?	Name: Relationship:	Name: Relationship:
Who is your alternative Power Attorney?	Name: Relationship:	Name: Relationship:
Do you have provisions for testamentary trust?	☐ Yes ☐ No	☐ Yes ☐ No
Have you invested in Funeral Bonds or any other pre-paid arrangement?	☐ Funeral plan ☐ Funeral bond ☐ No Details:	☐ Funeral plan ☐ Funeral bond ☐ No Details:
Comments		

OTHER PROFESSIONAL ADVISERS

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

	Client 1	Client 2
Solicitor's details		
Name		
Company		
Phone number		
Email		
Address		
Authority to contact	☐ Yes	☐ Yes
Relationship	☐ Excellent ☐ Good ☐ Poor	☐ Excellent ☐ Good ☐ Poor
Comments		
Accountant's details		
Name		
Company		
Phone number		
Email		
Address		
Authority to contact	☐ Yes	☐ Yes
Relationship	☐ Excellent ☐ Good ☐ Poor	☐ Excellent ☐ Good ☐ Poor
Comments		
Other professional advisers (e.g. insurance advisers, brokers, other financial advisers)		
Type		
Name and contact details		
Type		
Name and contact details		
Type		
Name and contact details		
Comments		

STRUCTURES & ENTITIES

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

Self-Managed Superannuation Fund	
Name	
Trustees	
TFN	
Members	
Date of establishment	/ /
Comments	
Company	
Name	
Purpose	
ABN	
Date of incorporation	
Director/s	
Shareholder/s	
Comments	
Trust	
Name	
Purpose	
Trustee Type	☐ Corporate ☐ Individual
Trustee/s	
Beneficiaries	
Comments	
Partnership	
Name	
Purpose	
Partners	
Comments	

CASH FLOW

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

Income Summary						
Source of Income	**Client 1 ($ before tax)**		**Client 2 ($ before tax)**		**Joint ($ before tax)**	
Total	**$**		**$**		**$**	
Expenses	**Client 1**	Tick if tax deductible	**Client 2**	Tick if tax deductible	**Joint**	Tick if tax deductible
Total	**$**		**$**		**$**	

Expenditure details	
What is your annual cost of living?	$
Do you have a cashflow surplus? If so, approximately how much per month?	$
If you have a cashflow surplus, how is this allocated or spent? Please provide details.	
If you have a cashflow deficit, how is this being funded? Please provide details.	

Planned future significant expenditure (e.g. new car, renovations, overseas trips, etc.)		
What	**Amount**	**When**

	Client 1	Client 2
Do you anticipate any significant changes to your income or expenses in the next 12 months?	If yes, please provide details:	If yes, please provide details:
Are you expecting to receive any lump-sum payments in the next 12 months (e.g. inheritance, sale of assets, etc.)?	If yes, please provide details:	If yes, please provide details:
How much money would you like to set aside in a readily accessible investment or cash to meet emergencies and unplanned expenses?		
Comments		

ABOUT YOUR FINANCIAL POSITION

	Client 1	**Client 2**
At what age would you like to retire?		
What is your desired retirement income (p.a.)?		
What are your past experiences with investing, if any?		
Are there any types of investments you would like to include or avoid in your portfolio (e.g. for ethical reasons)?		
How long before you think you will need to access your investments?	☐ Less than two years ☐ Between two and five years ☐ Between five and seven years ☐ Greater than seven years	☐ Less than two years ☐ Between two and five years ☐ Between five and seven years ☐ Greater than seven years
When selecting a platform, what is more important to you, cost or features?	☐ Cost ☐ Quality of features	☐ Cost ☐ Quality of features
How do you intend on funding your retirement?		
What measures are you prepared to take in the event you fall short of your retirement goals?		

YOUR GOALS & OBJECTIVES

Your objectives should be:

S – Specific **M** – Measurable **A** – Attainable **R** – Realistic **T** – Time bound

Include as much information as you can to assist in developing a solution tailored to your specific objectives. Consider the priority and an estimated amount required to obtain the objective.

Priority	Objective	Details	Time frame	Amount required
How much money would you like to set aside to be readily available for emergencies & unplanned expenses?				
Comments				

ASSETS & LIABILITIES

Lifestyle Assets

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

Description	Owner	Split %	Current Vale	Purchase Price	Purchase Date	Linked to loan
Primary Residence					/ /	☐ Yes ☐ No
House Contents					/ /	
Car					/ /	☐ Yes ☐ No
Other ____________________					/ /	
Other ____________________					/ /	

Investment Assets (Non-Super)

Portfolio investments			
Description	**Units**	**Total cost**	**Market Value**
Grand Total		**$0**	**$0**

Superannuation Details

Client 1	Fund 1	Fund 2	Fund 3	Fund 4
Fund name				
Member number				
Type	☐ Accumulation ☐ Defined Benefit	☐ Accumulation ☐ Defined benefit	☐ Accumulation ☐ Defined benefit	☐ Accumulation ☐ Defined benefit
If defined benefit: Super salary Multiple Retirement age				
Balance Taxed: Untaxed: Tax free:	$ $ $	$ $ $	$ $ $	$ $ $
Date of balance	/ /	/ /	/ /	/ /
Date fund commenced	/ /	/ /	/ /	/ /
Eligible service date	/ /	/ /	/ /	/ /
Death nomination in place	☐ Binding ☐ Non-binding ☐None	☐ Binding ☐ Non-binding ☐ None	☐ Binding ☐ Non-binding ☐ None	☐ Binding ☐ Non-binding ☐ None
Super Contribution Guarantee amount				
Other concessional contributions				
Non-concessional contributions				
Insurance cover Life: TPD IP	$ $ $	$ $ $	$ $ $	$ $ $
Insurance premiums:				
Fees payable: Management Administration Member fees	$ $ $	$ $ $	$ $ $	$ $ $

Client 2	Fund 1	Fund 2	Fund 3	Fund 4
Fund name				
Member number				
Type	☐ Accumulation ☐ Defined benefit	☐ Accumulation ☐ Defined benefit	☐ Accumulation ☐ Defined benefit	☐ Accumulation ☐ Defined benefit
If defined benefit: Super salary Multiple Retirement age				
Balance Taxed: Untaxed: Tax free:	$ $ $	$ $ $	$ $ $	$ $ $
Date of balance	/ /	/ /	/ /	/ /
Date fund commenced	/ /	/ /	/ /	/ /
Eligible service date	/ /	/ /	/ /	/ /
Death nomination in place	☐ Binding ☐ Non-binding ☐ None	☐ Binding ☐ Non-binding ☐ None	☐ Binding ☐ Non-binding ☐ None	☐ Binding ☐ Non-binding ☐ None
Super Contribution Guarantee amount	$	$	$	$
Other concessional contributions	$	$	$	$
Non-concessional contributions	$	$	$	$
Insurance cover Life: TPD IP	$ $ $	$ $ $	$ $ $	$ $ $
Insurance premiums:	$	$	$	$
Fees payable: Management Administration Member fees	$ $ $	$ $ $	$ $ $	$ $ $

Pension Details

Client 1	Fund 1	Fund 2	Fund 3	Fund 4
Fund name				
Member number				
Owner				
Type	☐ Account based ☐ Term allocated ☐ TTR	☐ Account based ☐ Term allocated ☐ TTR	☐ Account based ☐ Term allocated ☐ TTR	☐ Account based ☐ Term allocated ☐ TTR
Balance Taxable Tax-free	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
Income payment	\$ ☐ Min ☐ Max ☐ Set amount	\$ ☐ Min ☐ Max ☐ Set amount	\$ ☐ Min ☐ Max ☐ Set amount	\$ ☐ Min ☐ Max ☐ Set amount
Payment frequency				
Fees payable: Management Administration Member fees	 \$ \$ \$	 \$ \$ \$	 \$ \$ \$	 \$ \$ \$
Reversionary to Spouse	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Client 2	**Fund 1**	**Fund 2**	**Fund 3**	**Fund 4**
Fund name				
Member number				
Owner				
Type	☐ Account based ☐ Term allocated ☐ TTR	☐ Account based ☐ Term allocated ☐ TTR	☐ Account based ☐ Term allocated ☐ TTR	☐ Account based ☐ Term allocated ☐ TTR
Balance Taxable Tax-free	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
Income payment	\$ ☐ Min ☐ Max ☐ Set amount	\$ ☐ Min ☐ Max ☐ Set amount	\$ ☐ Min ☐ Max ☐ Set amount	\$ ☐ Min ☐ Max ☐ Set amount
Payment frequency				
Fees payable:				

Management Administration Member fees	$ $ $	$ $ $	$ $ $	$ $ $
Reversionary to Spouse	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Liabilities

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

Liability	Borrower	Description	Establishment date	Outstanding Balance	Interest Rate(p.a.)	Fixed / variable	Repayments / Frequency	Repayment Type	Tax deductible Interest
			/ /	$	%		$		☐ Y ☐ N
			/ /	$	%		$		☐ Y ☐ N
			/ /	$	%		$		☐ Y ☐ N
Total				**$0**			**$0 per annum**		
Comments									

Net Worth

Total assets	$
Plus, total retirement assets	$
Less total liabilities	$
Net worth	**$**

YOUR PERSONAL INSURANCE

☐ None ☐ Not disclosed ☐ Not in scope ☐ See attached statements

Life, TPD and Trauma								
Insurer and plan name	**Policy number**	**Owner**	**Super/ non-super**	**Life insured**	**Cover details**			**Premium**
					Type	**Amount**	**Benefit period**	
						$		$
						$		$
						$		$
						$		$
						$		$
Income Protection								
Insurer and plan name	**Policy number**	**Owner**	**Super/ non-super**	**Life insured**	**Cover details**			**Premium**
					Type	**Amount**	**Benefit period**	
						$		$
						$		$
						$		$
Have you had or do you understand what a term life insurance policy is?								

General Insurance

(E.g. home, car, health)

Insurer and plan name	Policy number	Owner	Cover		Premium
			Type	Level	
					$
					$
					$
					$

Client Declaration

- We acknowledge that we have been given a Financial Services Guide and Adviser Profile by the adviser who will prepare our Statement of Advice.
- We hereby declare that the information contained in this form is true and correct to the best of our knowledge. My financial adviser has explained to me the information necessary to assess my circumstances and provide advice in respect to my objectives. We are not aware of any other information that we have failed to disclose to the person to whom this form has been given which would be relevant to the preparing of our Statement of Advice.
- We give our permission for this information to be used for the preparation of my financial plan and we understand that the investment recommendations will be based solely on the information supplied in this form and any supporting documents provided.
- We understand that if the information contained in this form relating to our relevant circumstances is, or becomes incomplete or inaccurate, then the advice contained in the Statement of Advice may not be appropriate for us, and that, before acting on the advice, we need to consider the appropriateness of the advice, taking into account our objectives, financial situation and needs.
- We understand that our Tax File Number(s) is/are collected and stored as they may be requested by financial institutions for purposes related to our superannuation and/or investments. If we have provided our Tax File Number(s), we authorise my financial adviser or another representative of Company Name to provide, acting on our behalf, our Tax File Number when requested for these purposes (unless I have notified my financial adviser in writing otherwise, either in relation to a particular instance or generally).
- We understand that in the interest of efficient and accurate record keeping Company Name may record our discussions from time to time and will retain any such recordings on file.
- We agree to pay my financial adviser a Statement of Advice plan preparation fee of $XXX including GST.

Client 1

	Name	Signed	Date
Client 1			
Client 2			
Adviser			

Adviser Appointment and Authority to Collect Information Form

_____ / _____ / _____

To Whom It May Concern

I hereby appoint AdviserName, (Authorised Representative No.) of Company Name (Corporate Authorised Representative No.), an Authorised Representative of Lifespan Financial Planning (AFS License No.), as our financial adviser for the following policies/accounts:

Client name	Fund manager/insurer	Policy/account number

I authorise AdviserName, or the designated staff members (as listed below) of Company Name, to request such information regarding our financial affairs as they believe necessary, including all entities in which I have an interest. Please provide such information upon request by them.

I give permission for Lifespan Financial Planning to hold whatever personal information they determine is needed for them to assist with my financial affairs.

From the date of this appointment, any remuneration payable to Lifespan Financial Planning in respect of our investments should be paid to Lifespan Financial Planning with our authority.

Please accept a photocopy or facsimile copy of this letter as evidence of this authority, as the original letter is to remain on our file at Lifespan Financial Planning.

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

Designated staff members	Email address

Client 1 ____________________ Client 2 ____________________

Signature: ____________________ Signature: ____________________

DOB: ____________________ DOB: ____________________

Address: ____

The Adviser accepts the appointment made, and authority given, under this letter

Adviser Name: ____________________ Signature: ____________________ Date: / /

Professional Adviser Authority Form

To:

Provider name:

Client 1 name: ______________________ Date of birth: ______________________

Client 2 name: ______________________ Date of birth: ______________________

Address: ____

To whom it may concern, we authorise you to provide representatives of the business named below with any information and documentation they require regarding our financial affairs as they believe necessary, and for the business to hold whatever personal information they determine is needed for them to assist with our financial affairs. Likewise, we also authorise the representatives of the business below to provide you with any information they deem relevant and which may impact on any decisions you make regarding our financial affairs, including but not limited to, our insurance, superannuation and investments and tax affairs.

For the purposes of the Privacy Act 1988 (Cth), we consent to the disclosures contemplated in this letter.

This authority shall remain in force until such time as it is revoked by us.

We are aware of the provisions of the Privacy Act and release both you and the business below and each of your representatives from those provisions in respect of information provided and exchanged between you.

Please accept this facsimile copy/photocopy as authority, as the original will stay on file at the address shown below.

Yours faithfully,

Name	**Signature(s)**	**Date**

Adviser name ____

Business name ____

Business address ____

Phone ____

Email ____