

V&P Fact Find Questionnaire

Private & Confidential

Personal details	Client 1 (you)	Client 2 (your spouse/partner)
Mr/Mrs/Ms/Miss/Dr		
Given name/s		
Preferred name		
Surname		
Date of birth		
Marital status		

Contact details	Client 1 (you)	Client 2 (your spouse/partner)
Home address	..........	..........
Business address	..........	..........
Address for correspondence	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
Home phone		
Work phone		
Mobile		
Fax		
Email		
Preferred method of contact	Home ph/Work ph/mobile/fax/Email	Home ph/Work ph/Mobile/Fax/Email

Notes

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Children			
Name Relationship Financially dependant? Date of birth Austudy/abstudy? Occupation/school	1	2	
	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Support to age:	<input type="checkbox"/> Yes <input type="checkbox"/> No Support to age:	
	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	
3	4 .....	.....
		
			<input type="checkbox"/> Yes <input type="checkbox"/> No Support to age:
		
			<input type="checkbox"/> Yes <input type="checkbox"/> No
		
5	6 .....	.....
		
			<input type="checkbox"/> Yes <input type="checkbox"/> No Support to age:
		
			<input type="checkbox"/> Yes <input type="checkbox"/> No
		

Other financial dependants		
Name Relationship Financially dependant? Date of birth Austudy/abstudy? Occupation/school	1	2

	<input type="checkbox"/> Yes <input type="checkbox"/> No Support to age:	<input type="checkbox"/> Yes <input type="checkbox"/> No Support to age:

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health		
Current health		
Member Private Health Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No Fund:	<input type="checkbox"/> Yes <input type="checkbox"/> No Fund:
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never smoked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never smoked
If No, when given up?	.....	.....
If Yes, number p/day	.....	.....
Health conditions That may impact financial decisions or investment timeframe	.....	.....
Family history Health & longevity of parents	.....	.....

Employment		
Occupation		
Industry		
Employment status (Self Employed/ Employee/Retired etc.) <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time – (hrs/wk <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time – (hrs/wk
Employer name		
Qualifications (tertiary, trade)		
Are any changes planned? (details)		

Other details		
Sports/hobbies/interests	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Group associations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Personal Insurance Policies (including cover in super)				
	Policy 1	Policy 2	Policy 3	Policy 4
Policy type				
Insurance company				
Life assured				
Sum assured				
Death	\$\$\$\$	\$\$\$\$	\$\$\$\$	\$\$\$\$
TPD	\$\$\$\$	\$\$\$\$	\$\$\$\$	\$\$\$\$
Trauma	\$\$\$\$	\$\$\$\$	\$\$\$\$	\$\$\$\$
Income Protection	\$\$\$	\$\$\$	\$\$\$	\$\$\$
Business Expenses	\$\$\$	\$\$\$	\$\$\$	\$\$\$
Policy owner				
Annual premium	\$	\$	\$	\$
Amount p.a.				
Frequency paid				
Waiting period ¹				
Benefit period ¹				
Super?	Y/N	Y/N	Y/N	Y/N

¹ IP Only

Cashflow Analysis

Household Income

	Client 1	Client 2	Total (pm)
Salary & Wages	\$ Gr	\$ Gr	\$ Gr
	OR	OR	OR
	\$ Net	\$ Net	\$ Net
Other Income (Net)* *Self-employed drawings	\$	\$	\$
Total	\$	\$	\$

Household Expenditure

Personal	Week	Month	Annual
Food	\$	\$	\$
Alcohol / Tobacco	\$	\$	\$
Entertainment	\$	\$	\$
Clothing	\$	\$	\$
Gas & Electricity	\$	\$	\$
Medical / Health	\$	\$	\$
Beauty / Personal Care	\$	\$	\$
Phone & Internet	\$	\$	\$
Recreation / Hobbies / Fitness	\$	\$	\$
Education	\$	\$	\$

Household Expenditure

Personal (continued)	Week	Month	Annual
Gifts	\$	\$	\$
Fares	\$	\$	\$
Other:	\$	\$	\$
Personal Total	\$	\$	\$
Housing	Week	Month	Annual
Rates / Insurances	\$	\$	\$
Repairs / Maintenance	\$	\$	\$
Furnishings / Equipment	\$	\$	\$

Other:.....	\$	\$	\$
Housing Total	\$	\$	\$
Transport	Week	Month	Annual
Registration / Insurance	\$	\$	\$
Repairs / Maintenance	\$	\$	\$
Fuel	\$	\$	\$
Other:.....	\$	\$	\$
Transport Total	\$	\$	\$
General	Week	Month	Annual
Rent	\$	\$	\$
Life Insurance / Income Protection Premiums	\$	\$	\$
Holiday's Travel	\$	\$	\$
Professional Fees	\$	\$	\$
Other:.....	\$	\$	\$
General Total	\$	\$	\$
Savings	Week	Month	Annual
Regular Investment Contributions	\$	\$	\$
Superannuation Contribution (not including salary sacrifice)	\$	\$	\$
Other:.....	\$	\$	\$
Savings Total	\$	\$	\$
Annual Household Expenditure excluding Mortgage / Debt Repayment			\$
Mortgage / Debt Repayment	Week	Month	Annual
Mortgage Debt Repayment Total	\$	\$	\$
Total Annual Household Expenditure			\$
Surplus / Deficit			\$

Notes

- How much do you think you can save per year?
- Any capital gains from sale of investments this year?
- Any unused capital losses carried forward from sale of investments?
- Are you able to package?
- Any likely substantial changes to income in next 1 – 5 years?

Assets			
Personal assets	Details	Owner(s)	Market Value
Personal Lifestyle (Including home, contents, car etc.)	\$.....
	\$.....
	\$.....
Investments	Details	Owner(s)	Market Value
Investment real property	\$.....
	\$.....
Bank accounts (Including debentures & term deposits)	\$.....
	\$.....
Insurance policies Traditional Life (Non Super)	\$.....
	\$.....
Insurance & friendly society bonds	\$.....
	\$.....
Master fund/IDPS investments	\$.....
	\$.....
Managed funds	\$.....
	\$.....
Direct equities	\$.....
	\$.....
Superannuation	\$.....
	\$.....
	\$.....
Other assets	\$.....
	\$.....
Total			\$.....

Liabilities			
	Details	Debtor	Amount
Mortgages & other loans	\$
	\$
	\$
Credit cards/ overdrafts	\$
	\$
	\$
Leases/rental agreement/hire purchase	\$
	\$
	\$
Personal guarantees	\$
	\$
PAYG	\$
	\$
Other debts (e.g. HECS)	\$
Total			\$

Notes

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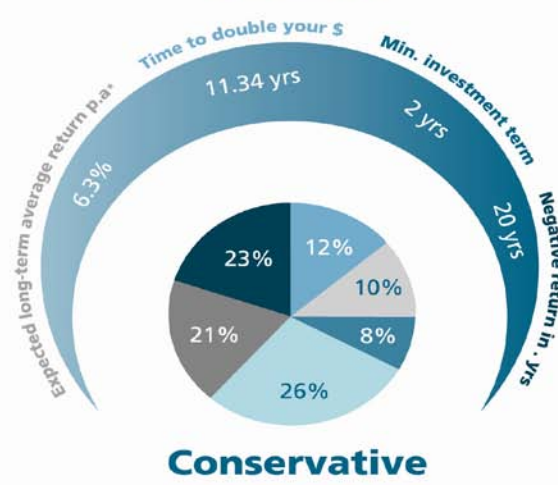
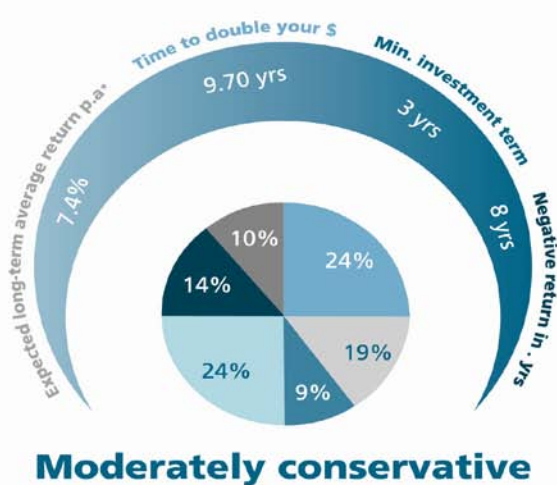
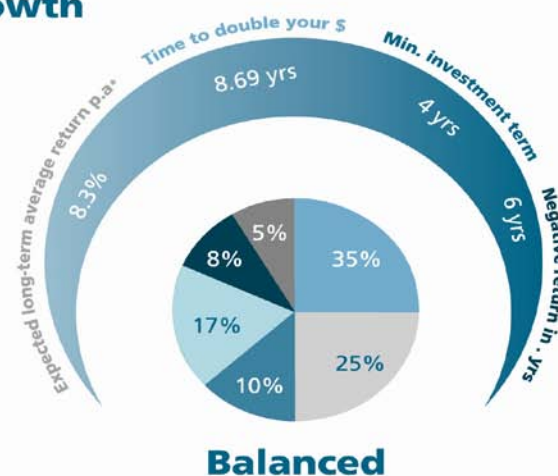
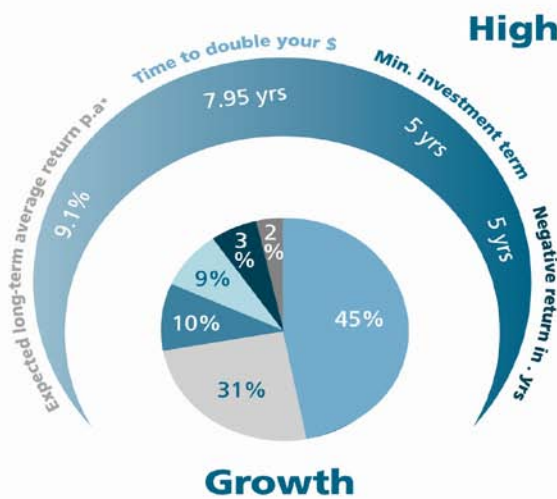
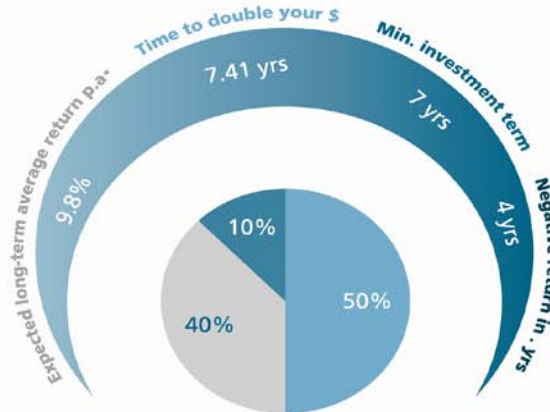
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Estate Planning		
Current will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of will
Executor's Name
Relationship
Address	.....	.....
Provision for testamentary trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power of attorney	<input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Enduring <input type="checkbox"/> Guardianship <input type="checkbox"/> Medical	<input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Enduring <input type="checkbox"/> Guardianship <input type="checkbox"/> Medical
Type/...../...../...../.....
Date/...../...../...../.....
Attorney's name/relationship/...../.....
Phone	.....	.....
Address	.....	.....

Advice		
Scope of Advice		
Insurance	.....	...../...../.....
Investment	.....	...../...../.....
Superannuation	.....	...../...../.....
Retirement	.....	...../...../.....
Finance	.....	...../...../.....
Other	.....	...../...../.....
Limitation of Advice		Comments: -
By client Instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
By Advice	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
	
	
	

Portfolio Profile Styles – please tick beside your preferred risk/reward portfolio

- International fixed interest
- Property trusts
- Australian shares
- Australian fixed interest
- Cash
- International shares



* Based on estimated future return, volatilities and correlations for each asset class. These numbers have been estimated with input from van Eyk Research.

Now that we have a good understanding of what you have, where your money is going and hopefully what is needed (establish a Will, ensure adequate personal insurance etc), let's begin to define what you want financially....

Financial & Lifestyle Objectives			
Goals	Short-Term 6-36 months	Intermediate 3-10 years	Long-Term 10+ years
Toys and Rewards: Things you want <ul style="list-style-type: none"> - House - Car - Boat - Jewellery 			
Things you would like to gift or experience For yourself, family, friends <ul style="list-style-type: none"> - Travel - Philanthropy - Gift for children 			
Economic Goals <ul style="list-style-type: none"> - Reduction of debt - Net Worth - Boat - Jewellery 			

Notes

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Date FSG provided (code):/...../.....

Privacy discussed/...../.....

We acknowledge the information provided in this fact find is a true and accurate record and will be used, along with any applicable additional information provided by me/us, to prepare advice on my/our agreed needs and objectives. Where it is required, I/we give permission for our Tax File Number to be retained on our file. All information collected by Virtue & Partners will be kept private and confidential in accordance with our Privacy Policy.

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<i>Adviser (print name)</i>	<i>Signature</i>	<i>Date</i>
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<i>Client (print name)</i>	<i>Signature</i>	<i>Date</i>
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<i>Client (print name)</i>	<i>Signature</i>	<i>Date</i>
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Letter of Authority/Change of Adviser

To whom it may concern,

In my capacity as a private investor, I have appointed Anthony Virtue, Authorised Representative of **Amalgamated Financial Services Pty Ltd** to provide financial advice regarding my personal financial affairs, be it in my individual name or joint names.

Upon production of this document, a photocopy, or facsimile, I AUTHORISE you to:

- Answer correspondence from Anthony Virtue or his employees;
- Provide information in writing or by phone to Anthony Virtue, or his employees, upon request;
- Appoint Anthony Virtue as my servicing financial adviser.

This AUTHORITY extends to provision of information from:

- | | |
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| <ul style="list-style-type: none"> • ASIC – Australian Securities & Investments Commission • Australian Taxation Office • Australian Share Registries • Insurance Offices (Life, General) • Friendly Societies • Fund Managers | <ul style="list-style-type: none"> • Retirement Benefits Fund • Solicitors, Accountants, & Brokers • Appointed Investment Adviser • Australian Fund Managers • Banks, Building Societies, Credit Unions • Centrelink • Superannuation Funds |
|--|--|

Name:

Address:

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Signed:

Date:

Date of Birth: