

Client Discovery Form

Private & Confidential

Form Version 07.18

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

Personal details	Client 1 (you)	Client 2 (your spouse/partner)
Residential address		
Postal address		
Home phone		
Work phone		
Mobile		
Home E-mail		
Work E-mail		
FAX		
Preferred method of contact	HOME ph WORK ph MOB	HOME ph WORK ph MOB
	HOME Email WORK Email FAX	HOME Email WORK Email FAX

Notes:

Children and other dependants	PERSON 1	PERSON 2
Name		
Relationship		
Financially dependant?	Yes No Support to age:	Yes No Support to age:
Date of birth (dd / mm / yyyy)		
Austudy/abstudy?		
Occupation/school		
Work E-mail		
FAX		
	PERSON 3	PERSON 4
Name		
Relationship		
Financially dependant?		
Date of birth (dd / mm / yyyy)		
Austudy/abstudy?		
Occupation/school		
Work E-mail		
FAX		
Health	Client 1 (you)	Client 2 (your spouse/partner)
Current health		
Member Private Health Fund	Yes No - Fund:	Yes No - Fund:
Smoker? <small>If No, when given up? If Yes, number p/day</small>	Yes No Never Smoked	Yes No Never Smoked
Health conditions <small>That may impact financial decisions or investment timeframe</small>		
Family history <small>Health & longevity of parents</small>		
Other details	Client 1 (you)	Client 2 (your spouse/partner)
Sports/hobbies/interests		
Group associations		

Employment	Client 1 (you)	Client 2 (your spouse/partner)
Occupation		
Industry		
Employment status <i>(Self Employed/ Employee/Retired etc.)</i>		
	Full time Part Time Hours: / week	Full time Part Time Hours: / week
Employer name		
Qualifications (tertiary, trade)		
Are any changes planned?		

Assets

Lifestyle Assets	Owner	Date acquired	Purchase price	Market value
Principal Residence				
Other Real Estate <i>(Holiday Home)</i>				
Home contents				
Motor vehicle(s)				
Caravan/Boat/Other				

Investment Assets and Direct Investments	Owner	Date acquired	Initial investment amount	Market value
Investment property				
Bank Account(s)				
Managed fund(s)				
Direct equities				

SUPERANNUATION

Fund Name / Account Number / SMSF	Owner(s)	Insurance <i>(detail in pg.6)</i>	Current Binding nomination	Super Guarantee %/\$	Salary Sacrifice % / \$	Post tax contributions % / \$
		Yes No				
		Yes No				
		Yes No				
		Yes No				
		Yes No				
		Yes No				
		Yes No				

Additional SMSF Details

Name of SMSF

Trustees	Individual Trustees	
	Corporate Trustee / Directors	
SMSF Australian Business Number (ABN)		
Does the SMSF Trust Deed allow insurance cover?		Yes No
Is the fund a complying fund?		Yes No
Additional details _____		

PENSION/ANNUITIES

Pension/ Annuities	Owner	Current Value	Income p.a.	Date of purchase (dd/mm/yyyy)	Term or cessation date	RCV \$/%	Deductible amount p.a.	Super Y/N

CENTERLINK

Benefit Type	Owner	Commencement date <i>(dd / mm / yyyy)</i>	Current Value/ Monthly Income	Term or cessation date

LIABILITIES

Description	Owner	Loan type & Term	Lender	Amount owing (\$)	Interest rate (%)	Payment and frequency	Interest tax deductible
Mortgage(s)							
Car loan							
Personal loan(s)							
Investment loan(s)							
Credit card(s)/ Overdrafts							
Leases/Rental agreements							
Personal guarantees							
Other debts (e.g. PAYG, HECS)							

YOUR DEBT MANAGEMENT NEEDS:

Does your home loan have an offset account or redraw facility?	Yes	No
Can you make extra repayments into your home loan or offset account and how much?	Yes -	No
Are you able to credit your salary directly into your loan or offset account and how much?	Yes -	No

PERSONAL INSURANCE POLICIES (including cover in super)

	Policy 1	Policy 2	Policy 3	Policy 4
Policy type <i>(Life, TPD, Trauma, IP)</i>				
Insurance company				
Policy owner <i>(If in super insert fund)</i>				
Life Insured				
Sum Insured				
Annual premium (\$) Frequency paid				
Waiting period <i>(For IP)</i>				
Benefit period <i>(For IP)</i>				
Commencement date				
Policy Number				
Premium Amount				
Premium Type				
Options / Benefits				
Loading / Exclusions				
Additional details:				

General Health Details

General Health Details		
	Client 1	Client 2
What is your current health	Poor Fair Good Very good Excellent	Poor Fair Good Very good Excellent
What is your height?		
What is your weight?		
Have you smoked cigarettes in the last twelve months?	Yes No	Yes No
Are you presently or do you intend to receive medical treatment for any medical issue?	Yes No	Yes No
If YES please provide details		
Have you been diagnose with any significant illness / illnesses for any medical issue?	Yes No	Yes No
If YES please provide details		
Has any member of your immediate family been diagnosed with any significant illness / illnesses?	Yes No	Yes No
If YES please provide details		
Do you play any sports or pursue outdoor activities? e.g. scuba diving, motor racing, football etc?	Yes No	Yes No
Additional details:		

Personal Insurance Needs Analysis

Income Protection Needs		
	Client 1	Client 2
In the event of temporary pf permanent loss of income, would you like to replace your income	Yes No	Yes No
If you were unable to work due to accident or illness, how long could you reasonable last without your income e.g. 14 , 30, 60, 90, 180, 360, 720 days?		
In the event you are unable to work for a long period of time due to illness or accident, how long would you like your income protection payments to continue e.g. 2, 5 years up to age 60, up to age 70?		
What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (NB Maximum 75%)?		
Replace superannuation contributions?	Yes No	Yes No
Additional details:		

Lump Sum Insurance Needs

CLIENT 1

	Death	TPD	Trauma
In The event of death, TPD or a medical event, would like cover for:	Yes	Yes	Yes
<i>if so, what are the amounts that you would require?</i>			
Discharge mortgage(s)			
Discharge personal debt(s)			
Provide funds for funeral costs			
Provide funds for emergency e.g. cash in bank			
Provide a lump sum for home and lifestyle alterations e.g. access ramps			
Provide a lump sum for medical costs e.g. major operations			
Other:			
Number of years income required for children's education			
Amount required each year for children's education			
Number of years income required for spouse/partner			
Amount required each year for spouse/partner			
Sub - Total			
Self-insurance e.g. sale of assets, existing insurance			
TOTAL			

CLIENT 2

	Death	TPD	Trauma
In The event of death, TPD or a medical event, would like cover for:	Yes	Yes	Yes
<i>if so, what are the amounts that you would require?</i>			
Discharge mortgage(s)			
Discharge personal debt(s)			
Provide funds for funeral costs			
Provide funds for emergency e.g. cash in bank			
Provide a lump sum for home and lifestyle alterations e.g. access ramps			
Provide a lump sum for medical costs e.g. major operations			
Other:			
Number of years income required for children's education			
Amount required each year for children's education			
Number of years income required for spouse/partner			
Amount required each year for spouse/partner			
Sub - Total			
Self-insurance e.g. sale of assets, existing insurance			
TOTAL			

CASHFLOW ANALYSIS

HOUSEHOLD INCOME (Gross)			
Provide Gross	Client 1	Client 2	Client 3
Salary & Wages	\$	\$	\$
Bonuses and Commissions	\$	\$	\$
Investment Income	\$	\$	\$
Rental Income	\$	\$	\$
Business Income	\$	\$	\$
Superannuation Pension	\$	\$	\$
Centrelink or DVA Pension/ Allowance	\$	\$	\$
Other Income (Self-employed drawings)	\$	\$	\$
Sub - Total	\$	\$	\$
<i>less estimated income tax</i>	\$	\$	\$
TOTAL	\$	\$	\$

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....

HOUSEHOLD EXPENDITURE			
PERSONAL	Week	Month	Annual
Food/Clothing	\$	\$	\$
Utilities	\$	\$	\$
Medical/Health care	\$	\$	\$
Education/School fees/Books	\$	\$	\$
Entertainment	\$	\$	\$
Recreation / Hobbies / Fitness	\$	\$	\$
Child care	\$	\$	\$
Taxis/Fares	\$	\$	\$
Other:	\$	\$	\$
Personal Total:	\$	\$	\$
HOUSING	Week	Month	Annual
Rates/Home & Contents Insurances	\$	\$	\$
Repairs / Maintenance	\$	\$	\$
Furnishings / Equipment	\$	\$	\$
Other:	\$	\$	\$
Housing Total:	\$	\$	\$

TRANSPORT	Week	Month	Annual
Public transport/Taxis	\$	\$	\$
Registration / Insurance	\$	\$	\$
Repairs / Maintenance	\$	\$	\$
Fuel	\$	\$	\$
Other:	\$	\$	\$
Transport Total:	\$	\$	\$

GENERAL	Week	Month	Annual
Rent	\$	\$	\$
Life&TPD Insurance/Income Protection Premiums/Trauma Insurance	\$	\$	\$
Holiday's Travel	\$	\$	\$
Professional /Membership Fees	\$	\$	\$
Other:	\$	\$	\$
General Total:	\$	\$	\$

SAVINGS	Week	Month	Annual
Regular Investment Contributions	\$	\$	\$
Superannuation Contribution <i>(not including salary sacrifice)</i>	\$	\$	\$
Other:	\$	\$	\$
Savings Total:	\$	\$	\$
Annual Household Expenditure excluding Mortgage / Debt Repayment			\$

MORTGAGE / DEBT REPAYMENT	Week	Month	Annual
Mortgage Debt Repayment	\$	\$	\$
Loan repayment	\$	\$	\$
Other debt repayment	\$	\$	\$
Total Repayments:	\$	\$	\$

Total Annual 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?

ESTATE PLANNING

	Client		Partner	
Current Will	Yes	No	Yes	No
Date of will (dd / mm / yyyy)				
Executor's Name				
Relationship				
Address				
Provision for testamentary trust	Yes	No	Yes	No

Power Of Attorney

Type	Full	Limited	Enduring	Full	Limited	Enduring
	Guardianship	Medical		Guardianship	Medical	
Date (dd / mm / yyyy)						
Attorney's name/relationship						
Phone						
Address						

ADVICE

Scope of Advice	Client	Partner
Insurance		
Investment		
Superannuation		
Retirement		
Finance/debt management		
Other		

I/We understand that, by limited information provided:

- > I/We have been offered a Full Financial Planning service but I have declined this offer;
- > I/We risk receiving advice that may not be appropriate to my/our overall needs and objectives;
- > I/We require only limited advice as specified and detailed in this data collection form:

Limitation of Advice			Comments
By client Instruction	Yes	No	
By Advice	Yes	No	

By limiting information provided in regards to my/our financial circumstances, needs and objectives the recommendations may not meet my/our overall requirements. Before acting on this advice, I/we will need to consider the appropriateness of the advice, having regard to my/our relevant personal circumstances.

Client attitude and investment experience	Client	Partner
Investment experience		
Knowledge about investments and markets		
Motivation for investing		
Expectation of returns		
Objection to any investment		
Investment preferences		
Tolerance for poor returns <i>Include results of any risk profiling questionnaire and resulting discussions</i>		
Access to funds contemplated		

Results of FinaMetrica Risk Profile Questionnaire.

Score - Date completed (dd / mm / yyyy)

NOTES:

Asset Allocation – risk/return profile

(To what extent are you concerned about the following?)

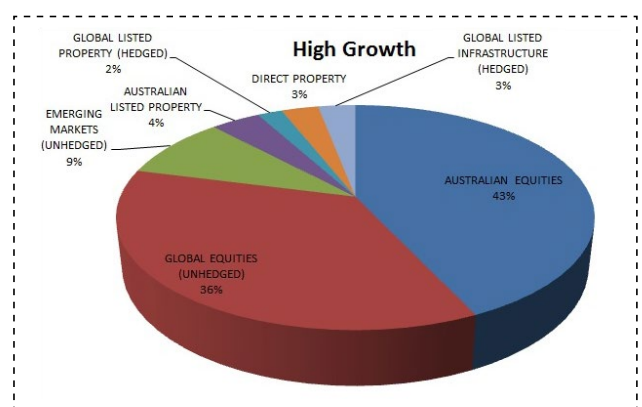
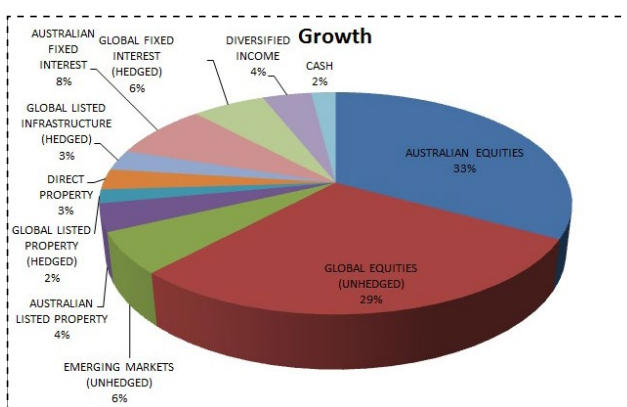
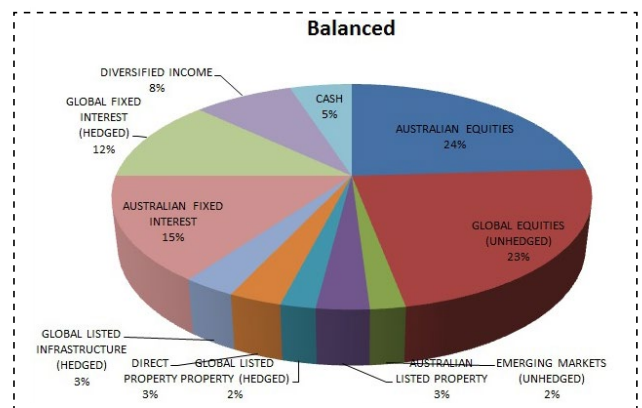
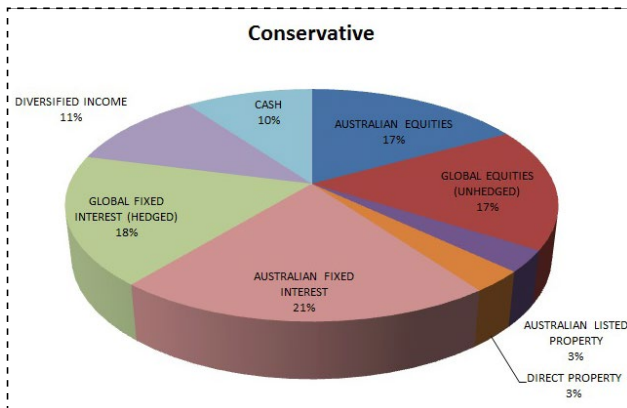
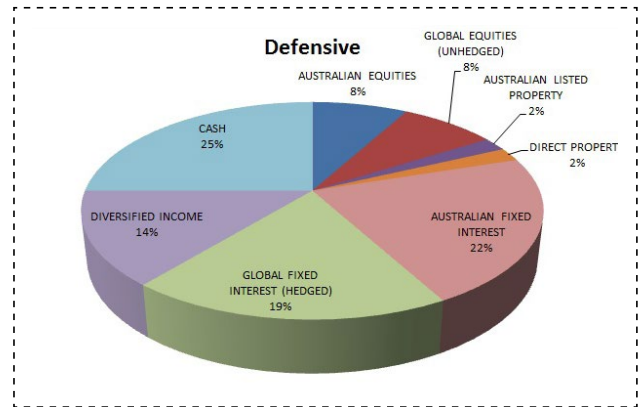
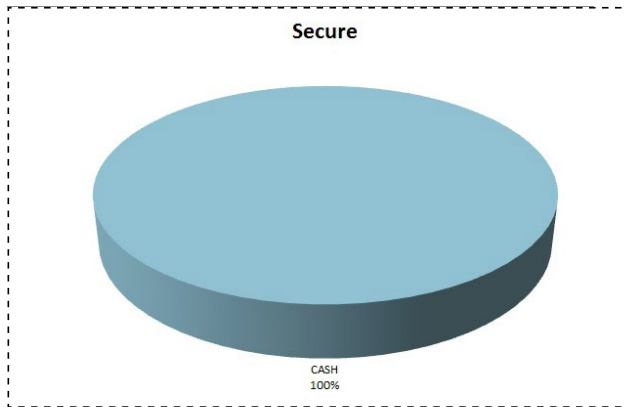
	Not concerned	Slightly Concerned	Concerned	Very concerned
Keeping ahead of Inflation				
Maximising Tax Advantages				
Safety & Security of Capital				
Liquidity & Flexibility of Funds				
Provision of Current Income				
Easy access to cash				
Ease of Management of Funds				
Wealth Creation				
Investment return				

Portfolio Profile Styles

- please tick beside your preferred risk/reward portfolio

Lonsec (Traditional) Strategic asset allocation	Secure	Defensive	Conservative	Balanced	Growth	High Growth
AUSTRALIAN EQUITIES		8	17	24	33	43
GLOBAL EQUITIES (UNHEDGED)		8	17	23	29	36
EMERGING MARKETS (UNHEDGED)				2	6	9
AUSTRALIAN LISTED PROPERTY		2	3	3	4	4
GLOBAL LISTED PROPERTY (HEDGED)				2	2	2
DIRECT PROPERTY		2	3	3	3	3
GLOBAL LISTED INFRASTRUCTURE (HEDGED)				3	3	3
AUSTRALIAN FIXED INTEREST		22	21	15	8	
GLOBAL FIXED INTEREST (HEDGED)		19	18	12	6	
DIVERSIFIED INCOME		14	11	8	4	
CASH	100	25	10	5	2	
TOTAL GROWTH ASSETS	0	20	40	60	80	100
TOTAL INCOME ASSETS	100	80	60	40	20	0

These numbers have been estimated with input from Lonsec research house.



My needs, goals and objectives are:

Financial & Lifestyle Objectives			
Goals	Short-Term <i>6-36 months</i>	Intermediate <i>3-10 years</i>	Long-Term <i>10+ years</i>
Property 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 - Retire comfortably - Children`s education 			

PRIVACY COLLECTION STATEMENT

At Virtue & Partners we are committed to protecting your privacy. We use the information you provide to understand your financial situation, needs and objectives and to provide financial advice and services through our advisers, including personal and corporate risk management, wealth creation, retirement planning, access to associated services such as stockbroking and mortgages. We provide the information that you provide to issuers, operators or providers of financial products or financial services such as insurance offices, superannuation funds, accountants or solicitors, appointed investment advisers, fund managers, banks, building societies and credit unions, Centrelink, friendly societies, Australian share registries and the Australian Taxation Office to enable them to assist with and/or implement any recommendations that you have previously authorised us to proceed with on your behalf.

We do not trade, rent or sell your information. We may disclose your information to recipients in England and/or New Zealand for the purpose of receiving or sending superannuation benefits. This would only happen with your prior approval and written consent.

From time to time, we will use your contact details to send you offers, updates, events, articles, newsletters or other information about products and services that we believe will be of interest to you. We may also send you regular updates by email or by post. We will always give you the option of electing not to receive these communications and you can unsubscribe at any time by notifying us that you wish to do so.

You are not obliged to give us your personal information. However if you do not provide us with some or all of the information that we ask for, it will affect our ability to properly analyse your personal circumstances when you are seeking financial planning services which means that we may not be able to provide you with the product or services that you want.

For more information about how to access the information we hold about you, how to have it corrected and how to complain if you think we have breached the privacy law, ask us for a copy of our Privacy Policy by contacting us on (02) 9977 8800 or visiting our website <http://virtueandpartners.com.au>.



Letter of Authority/Change of Adviser
To whom it may concern

I/We have appointed _____, Authorised Representative of **Amalgamated Financial Services Pty Ltd** trading as 'Virtue & Partners', to provide financial advice regarding my/our personal financial affairs, be it in our individual or joint names.

When this document or a photocopy or facsimile of it is presented, I/we authorise you to:

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

This authority extends to the provision of information from:

- ASIC – Australian Securities and Investments Commission
- Australian Taxation Office
- Australian share registries
- Insurance offices
- Friendly Societies
- Superannuation and Retirement Benefit Funds
- Accountants, Solicitors & Brokers
- Appointed Investment Advisers
- Fund Managers
- Banks, Building Societies and Credit Unions
- Centrelink

Name
Address
Signed
Date (dd / mm / yyyy)
Date of Birth (dd / mm / yyyy)