



Client Data Collection Form

Important Notice to Customers

The Corporations Law requires that a Financial Planner making financial product recommendations must have reasonable grounds for making those recommendations. This means that a Financial Planner must conduct appropriate investigations as to the financial objectives, situation and particular needs of the customer. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

Privacy Statement

This Client Data Collection Form is strictly confidential between you and

MG Financial Planning Pty Ltd
PO Box 160
SALE VIC 3850
Ph: 03 5143 7400
Fax: 03 5144 3358

ABN: 22 095 967 525

PRIVATE AND CONFIDENTIAL

Client Name:

Financial Planner:

Date of initial interview:

Disclaimer

The information contained in this document is for the exclusive use of . Any use or copying of this information is prohibited unless prior written consent has been provided by the management of .

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Key

Key Details (Office Use Only)

Item	Description
Client Group Name	
Date FSG Provided	
Date of First Appointment	
Reference	
Fact Find Date	

Personal Details

	Client 1	Client 2
Title		
Full Name		
Sex		
Marital Status		
Date of Birth		
Age To Retire		
Tax File Number		
Private Health Insurance		
Risk Profile (to be discussed)		

Contact Details

	Client 1	Client 2
Address Type	Home / Business / Other	Home / Business / Other
Street Address		
Suburb		
State		
Postcode		
Phone (w)		
Phone (h)		
Phone (m)		
Fax		
Email (primary)		
Email (secondary)		



Employment Details

	Client 1	Client 2
Occupation Type	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Not Applicable
Occupation/Business		
Employer		
Date Commenced Current Employment		

Child Details

Child's Name	DOB	Sex	Financially Dependent	Dependent Till Age	Income
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Estate Details

	Client 1	Client 2
Last Review Date		
Next Review Date		
Importance of Estate Planning?	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Will current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the date of the Will?		
Where is the Will located?		
Does the Will include provision for a testamentary trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Executors / Beneficiaries

Entity	Name of Executor / Beneficiary	Relationship	Age of Entitlement	Portion of Estate
<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				

Power of Attorney

Entity	Type of PoA	Name of PoA	Relationship	Expiry Date	Last Reviewed	Location
<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						

Other Details

	Client 1	Client 2
Cash Reserve Required		
Retirement Income Requirement		
Health	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Australian Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. years in Australia		



Information (Office Use Only)

Status	
Class	
Preferred Communication	
Preferences	
Other	

Objectives

- Tax Effective Wealth Accumulation
- Target Retirement at Age of _____
- Target Retirement Income of _____ pa after tax
- Convenient Investment Management
- Consider Risk and Return
- Portfolio Diversification
- Portfolio Liquidity of _____
- Planned Capital Expenditure
- Wealth Accumulation for Retirement
- Retirement Investment Timeframe
- Tax Effectiveness
- Achieve Capital Growth
- Investment Flexibility

Other Objectives

Entity	Objective Description



Entities

Self Managed Super Fund

Name	Trustee Type	Investment Strategy Held	Superfund Members
	<input type="checkbox"/> Approved trustee <input type="checkbox"/> All members are trustees <input type="checkbox"/> Corporate trustee	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company

Name	Company Purpose	No. Employees	Shareholders	Include in Advice
	<input type="checkbox"/> Business <input type="checkbox"/> Consulting <input type="checkbox"/> Investment <input type="checkbox"/> Creditor Protection <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Trust

Name	Trust Type	Trustee	Beneficiaries	Include in Advice
	<input type="checkbox"/> Discretionary <input type="checkbox"/> Testamentary <input type="checkbox"/> Fixed <input type="checkbox"/> Hybrid <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Advisers

Professional Adviser

Type	Name	Company	Address	Phone
<input type="checkbox"/> Solicitor <input type="checkbox"/> Accountant <input type="checkbox"/> Insurance Adviser <input type="checkbox"/> Other				

Financial Details

Cashflow

Annual Income & Expenses

	Client 1	Client 2
Annual Income		
Employment income		
Bonus / Commission		
Other taxable income		
Other non-taxable income		
Other no-taxable centrelink exempt income		
<i>Centrelink/DVA (taxable)</i>		
<i>Centrelink/DVA (non taxable)</i>		
<i>Investment (unfranked)</i>		
<i>Investment (franked)</i>		
Total Income		
Reportable fringe benefits		
Tax deductible expenses		
Annual Expenses	Joint	
Housing		
Personal		
Transport		
Entertainment		
Dependants		
<i>Loans</i>		
<i>Insurance</i>		
Total Expenses		

Centrelink Details

	Client 1	Client 2
Claiming Tax Initiative through	<input type="checkbox"/> Unknown <input type="checkbox"/> Client <input type="checkbox"/> Spouse	
Home Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Value of gifted assets in the last 5 years		

Client Data Collection Form



Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Support		

Applicable Centrelink Payments

Benefit Type	Tax Status	Family	Client	Spouse
Age Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Disability Support Pension	Either		<input type="checkbox"/>	<input type="checkbox"/>
DVA Invalidation Service Pension	Either		<input type="checkbox"/>	<input type="checkbox"/>
DVA Service Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Family Tax Benefit Part A	Non taxable	<input type="checkbox"/>		
Family Tax Benefit Part B	Non taxable	<input type="checkbox"/>		
Mature Age Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Newstart Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Sole Parent Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Partner Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Sickness Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Special Benefit	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Widow Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Widow B Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Wife Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

Other / Irregular Income

Income Item	Entity	Date Received	Frequency	Amount	Taxable
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Client				<input type="checkbox"/> Yes
<input type="checkbox"/> Part-time retirement income	<input type="checkbox"/> Spouse				<input type="checkbox"/> No
<input type="checkbox"/> House downgrade	<input type="checkbox"/> Joint				
<input type="checkbox"/> Other _____					



Other / Irregular Expense

Expense Item	Entity	Date Incurred	Frequency	Amount
<input type="checkbox"/> Boat purchase <input type="checkbox"/> Car purchase <input type="checkbox"/> Education <input type="checkbox"/> Holiday <input type="checkbox"/> Home renovations <input type="checkbox"/> Other _____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			

Loans

Liability	Amount	Owner	Lender	Interest Rate	Repayment
Total					

Investment Assets

Investment Assets - Non-Superannuation	Current Value	Owner	Regular Investment / Withdrawals
Total			

Investment Assets - Superannuation	Current Value	Owner	ESD	Components	Contributions
Total					



Lifestyle Assets

Lifestyle Asset	Current Value	Owner
Residence		
Total		

Insurance

Policy Type	Level of Cover	Insured	Premium

Annuities

Owner	Product	Purchase Date	ESD	RCV	Reversion'y <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance	Annuity Amount	Indexation

Termination Payments

Annual Leave

Owner	Description	ETP Date	Amount	Leave Type
				<input type="checkbox"/> Normal <input type="checkbox"/> Special

Redundancy

Owner	Redundancy Type	ETP Date	Eligible Service Date	Amount
	<input type="checkbox"/> Redundancy <input type="checkbox"/> Ex Gratia <input type="checkbox"/> Golden Handshake <input type="checkbox"/> Other			

Long Service Leave

Owner	Description	ETP Date	Eligible Service Date	Amount	Leave Type
					<input type="checkbox"/> Normal <input type="checkbox"/> Special

Defined Benefits

Owner	Description	Accrued Multiple	Accrual Rate	Super Salary



AUTHORITY FOR PLAN PREPARATION

(to be completed at initial interview)

The information set out in this form accurately represents my/our investment objects, financial situation and particular needs. I/We are not aware of any other information and have not disclosed. I/We understand that the investment recommendation will be based on the information supplied in this form. I/ We understand that the cost for providing the Statement of Advice will be \$.....(Inclusive of G.S.T.) and I authorise you to prepare a financial plan. I/We acknowledge that if I/we do not proceed with the recommendations, the fee is still payable.

Financial Services Guide Declaration

I/We acknowledge that the representative has provided me/us with a Financial Services Guide (FSG). I /We have read and understood the Financial Services Guide before any Financial Services were provided.

Clients also using MG Financial Group Accounting Services

I/We authorise the sharing of information between MG Financial Group and MG Financial Planning Pty Ltd. (If you are a client of the related Accounting firm - MG Financial Group.)

Tax File Number

By law we are required to ask for your TFN. You do not have to provide your TFN if you do not want to. If you do not provide your TFN, the ramifications may be taxation at the highest marginal rate, loss of imputation credits etc.

I/We grant permission for MG Financial Planning Pty Ltd and its staff to retain and use my/our Tax File Number/s and those of related entities to assist in providing services to me/us.

Client(s) Signature

Advisor's Signature

Print Name(s)

Client(s) Signature

Print Name(s)

Date