Client Data Collection Form

Important Notice

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 client. 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

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Client Name: ______________________________

Financial Planner: ______________________________

Date of initial interview: ______________________________

Disclaimer

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Key

Key Details (Office Use Only)

Item	Description
Date FSG Provided	
Date of First Appointment	
Attended By	
Fact Find Date	
Status	
Class	
Preferred Communication	
Recording Attached	
Other	

Personal Details

	Client 1	Client 2
Title		
Surname		
Given Names		
Sex		
Marital Status		
Date of Birth		
Tax File Number		
Private Health Insurance		
Ambulance Cover		

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)		
Email		

Employment Details

	Client 1	Client 2
Occupation Type	☐ Employee ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Home Duties	☐ Employee ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Home Duties
Occupation/Business		
Employer		

Child Details

Child's Name	DOB	Sex	Financially Dependent	Dependent Til Age	Income

Estate Details

	Client 1	Client 2
Importance of Estate Planning?	☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High
Do you have a Will?	☐ Yes ☐ No	☐ Yes ☐ No
Is the Will current?	☐ Yes ☐ No	☐ Yes ☐ No
What is the date of the Will?		
Where is the Will located?		
Does the Will include provision for a testamentary trust?	☐ Yes ☐ No	☐ Yes ☐ No

Executors / Beneficiaries

Entity	Name of Executor / Beneficiary	Relationship	Age of Entitlement for Beneficiaries	Portion of Estate for Beneficiaries
☐ Client 1 ☐ Client 2				
☐ Client 1 ☐ Client 2				
☐ Client 1 ☐ Client 2				
☐ Client 1 ☐ Client 2				

Power of Attorney

Entity	Type of PoA	Name of PoA	Relationship	Expiry Date
☐ Client 1 ☐ Client 2				
☐ Client 1 ☐ Client 2				
☐ Client 1 ☐ Client 2				
☐ Client 1 ☐ Client 2				

Other Details

	Client 1	Client 2
Health	☐ Good ☐ Average ☐ Poor	☐ Good ☐ Average ☐ Poor
Any Health Issues?	☐ Yes ☐ No	☐ Yes ☐ No
Smoker	☐ Yes ☐ No	☐ Yes ☐ No
Australian Resident **If No, no of years in Australia**	☐ Yes ☐ No ____________	☐ Yes ☐ No ____________

Objectives

- ☐ Target Retirement at Age of ____________
- ☐ Target Retirement Income of $_________________ pa after tax
- ☐ Convenient Investment Management & Flexibility
- ☐ Consider Diversification, Risk and Return
- ☐ Planned Capital Expenditure
- ☐ Tax Effectiveness
- ☐ Cash Reserve Required $________________
- ☐ Life Expectancy to be discussed
- ☐ Consider Adequate Life & Personal Insurance
- ☐ Other Details

Comments

Comments

Entities

Self Managed Super Fund - Yes / No

If Yes, provide details and attach documents (Last Tax Return and Trust Deed)

Name	Trustee Type	Investment Strategy Held	SuperFund Members
	☐ Approved trustee ☐ All members are trustees ☐ Corporate trustee	☐ Yes ☐ No	

Company - Yes / No

If Yes, provide details and attach documents (Last Tax Return and Constitution)

Name	Company Purpose	No. Employees	Shareholders	Include in Advice
	☐ Business ☐ Consulting ☐ Investment ☐ Asset Protection ☐ Other			☐ Yes ☐ No

Trust - Yes / No

If Yes, provide details and attach documents (Last Tax Return and Trust Deed)

Name	Trust Type	Trustee	Beneficiaries	Include in Advice
	☐ Discretionary ☐ Testamentary ☐ Fixed ☐ Hybrid ☐ Other			☐ Yes ☐ No

Professional Advisers

Professional Adviser

Type	Name	Company	Address	Phone
☐ Solicitor ☐ Accountant ☐ Insurance Adviser ☐ Other				

Referral Source

Name	Company	Address

Financial Details

Cashflow

Annual Income & Expenses (Ideally please log into www.dmgfinancial.com.au/financial-calculators/ and complete and print the budget section.)

	Client 1	Client 2
Annual Income		
Employment income		
Other income		
Centrelink/DVA		
Business Income		
Investment Income		
Total Income		
Reportable fringe benefits		
Annual Expenses	**Joint**	
Housing		
Personal		
Transport		
Entertainment		
Dependants		
Loans		
Insurance		
Tax deductible expenses		
Total Expenses		
Net Income		

Centrelink Payments - Yes / No

If Yes, provide details:

Benefit Type	Tax Status	Family	Client	Spouse

	Client 1	Client 2
Value of gifted assets in the last 5 years		
Veteran	☐ Yes ☐ No	☐ Yes ☐ No

Other / Irregular Income Currently Receiving or Expected

Income Item	Entity	Date	Frequency	Amount
☐ Inheritance ☐ Part-time retirement income ☐ House size ☐ Other________________	☐ Client ☐ Spouse ☐ Joint			

Other / Irregular Expense Currently Paying or Expected

Expense Item	Entity	Date	Frequency	Amount
☐ Boat purchase ☐ Car purchase ☐ Education ☐ Holiday ☐ Home renovations ☐ Other _______________	☐ Client ☐ Spouse ☐ Joint			

Loans

Lender	Amount	Owner	Purpose	Interest Rate	Repayment
Total					

Investment Assets (Shares, Property, Term Deposits, Managed Funds)

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

Investment Assets - Superannuation	Current Value	Owner	Contributions
Total			

Lifestyle Assets (Residence, Motor Vehicles, Boat, Caravan)

Lifestyle Asset	Current Value	Owner
Residence		
Total		

Insurance (Life, Total & Permanent Disability, Income Protection, Trauma)

Policy Type	Level of Cover	Insured	Premium

Annuities - Yes / No

If Yes, provide details and attach documents

Client Name	Product	Purchase Date

Termination Payments

Annual Leave Yes / No

Client Name	Description	ETP Date	Amount	Leave Type
				☐ Normal ☐ Special

Redundancy Yes / No

Client Name	Redundancy Type	ETP Date	Eligible Service Date	Amount
	☐ Redundancy ☐ Ex Gratia ☐ Golden Handshake ☐ Other			

Leave Entitlements Yes / No

Client Name	Long Service Leave	Sick Leave
	Days Owing	Days Owing
	Days Owing	Days Owing

AUTHORITY FOR PLAN PREPARATION

The information set out in this form accurately represents my/our investment objectives, financial situation and needs. I/We are not aware of any other information that we 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 Statement of Advice. I/We acknowledge that if I/we do not proceed with the recommendations in the advice, the fee is still payable.

Financial Services Guide Declaration

I/We acknowledge that we have been provided 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 DMG Financial Accounting Services

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

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. I/We grant permission for DMG 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