



# Business Fact Find

Business Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Adviser Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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## Privacy Statement

### Private and Confidential

#### Important Notice

**B**efore we are able to provide any financial or credit service, your adviser must collect and hold personal information relevant to your personal and financial situation, your personal and financial needs and objectives, and the service to be provided. The information requested in this Fact Find will be used for this purpose.

This Fact Find will ideally be completed by you prior to our meeting. This will help us to understand your overall position and goals, and to focus on the things that are important to you during our meeting.

Failure to provide accurate, complete and up-to-date information may result in your adviser giving advice or providing a service that may be inappropriate and/or not in your best interest. As a consequence you may lose the right to seek compensation from your adviser and/or Infocus for any loss you may suffer.

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Our privacy policy sets out a range of information that allows you to understand the kinds of information we collect and hold; how that information is collected and held and the purpose for which we collect, hold, use and disclose that information including if that disclosure is made in a foreign country. The policy also sets out how you can access and correct the information we hold. It also includes information on how to make a complaint if things go wrong and how we will address your issues.

Our standard practice is to deliver a copy of our current privacy policy in every case before we provide a service and when this is updated. It is also available here <http://www.infocus.com.au/privacy-policy> Feel free to contact your adviser or our Privacy Officer if you have any questions.

#### Privacy Officer

Post PO Box 1856 Sunshine Plaza 4558

Phone **07 5458 9400**

Email **ProfessionalStandards@Infocus.com.au**

# Priority Rating of Business Protection Needs

## Priority Rating of Business Protection Needs:

Needs	Financial Problems	Who Requires the Funding?	Priority
Please insert numbers to indicate priority of your needs with 1 being your primary priority			
<b>Asset Protection</b>	Sufficient funds to preserve the business's asset base if a business owner dies or becomes disabled	The business	<input type="radio"/>
<b>Revenue Protection</b>	Sufficient funds to compensate the business for the loss of revenue and replacement costs if a business owner or key employee dies or becomes disabled	The business	<input type="radio"/>
<b>Ownership Protection</b>	Sufficient funds for transfer of a deceased or disabled owner's equity to continuing owners	You / Your nominee	<input type="radio"/>
<b>Business Expenses Protection</b>	Sufficient funds to reimburse normal operating expenses if a business owner is unable to work due to injury or sickness	The business	<input type="radio"/>

# Business Details

Business Name	<input type="text"/>		
Trading Name	<input type="text"/>		
ABN / ACN	<input type="text"/>		
Phone Number	<input type="text"/>		Fax Number
Email Address	<input type="text"/>		
Web Address	<input type="text" value="www."/>		
Address	<input type="text"/>		
Postal Address	<input type="text"/>		
City	State	Post Code	
No of Employees	<input type="text"/>		
Contact Person	<input type="text"/>		
Position	<input type="text"/>		
Preferred Method of contact	<input type="radio"/> Phone	<input type="radio"/> Mobile	<input type="radio"/> Email
Direct Phone Number	<input type="text"/>		Mobile Number
Direct Email Address	<input type="text"/>		

## Professional Advisers

Name	<input type="text"/>		
Firm Name	<input type="text"/>		
Phone Number	<input type="text"/>		
Fax Number	<input type="text"/>		
Email Address	<input type="text"/>		
Address	<input type="text"/>		
Postal Address	<input type="text"/>		
City	State	Post Code	
Name	<input type="text"/>		
Firm Name	<input type="text"/>		
Phone Number	<input type="text"/>		
Fax Number	<input type="text"/>		
Email Address	<input type="text"/>		
Address	<input type="text"/>		
Postal Address	<input type="text"/>		
City	State	Post Code	

# Business Insurance

## Primary Business Details

Structure Type  Sole Trader  Partnership  Family Trust  Unit Trust  
 Private Company  Public Company

Date commenced

Industry

Main activities

## Associated Entity Details

None

Not Disclosed

Entity name - Entity 1

Trading name

Structure Type  Sole Trader  Partnership  Family Trust  Unit Trust  
 Private Company  Public Company

Date commenced  ABN

Industry

Main activities

Relationship to primary business

Entity name - Entity 2

Trading name

Structure Type  Sole Trader  Partnership  Family Trust  Unit Trust  
 Private Company  Public Company

Date commenced  ABN

Industry

Main activities

Relationship to primary business

# Business Insurance (...cont)

	Client 1	Client 2
Name	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Date of Birth, Sex	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> Male <input type="radio"/> Female
Salary Package	\$ <input type="text"/> p/a	\$ <input type="text"/> p/a
Main Responsibilities /Qualifications	<input type="text"/>	<input type="text"/>
Health	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Poor	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Poor
Smoker?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Shareholder?	<input type="radio"/> Yes _____ % <input type="radio"/> No	<input type="radio"/> Yes _____ % <input type="radio"/> No

	Client 1	Client 2
Name	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Date of Birth, Sex	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> Male <input type="radio"/> Female
Salary Package	\$ <input type="text"/> p/a	\$ <input type="text"/> p/a
Main Responsibilities /Qualifications	<input type="text"/>	<input type="text"/>
Health	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Poor	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Poor
Smoker?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Shareholder?	<input type="radio"/> Yes _____ % <input type="radio"/> No	<input type="radio"/> Yes _____ % <input type="radio"/> No

# Business Structure

Please include a diagram of the business structure, proportion of the business owned by the different owners, roles and names of people performing key roles and related companies or businesses. Please attach additional pages if required.



# Existing Protection Insurance Details

## Business Protection - Client 1

 Yes (Provide Details)

 No

 See Attached

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Asset Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits	<input type="radio"/> Death	<input type="radio"/> TPD (Own)	<input type="radio"/> TPD (Any)	<input type="radio"/> CI
------------------	-----------------------------	---------------------------------	---------------------------------	--------------------------

Frequency	<input type="radio"/> Monthly	<input type="radio"/> Half Yearly	<input type="radio"/> Yearly
-----------	-------------------------------	-----------------------------------	------------------------------

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Revenue Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits	<input type="radio"/> Death	<input type="radio"/> TPD (Own)	<input type="radio"/> TPD (Any)	<input type="radio"/> CI
------------------	-----------------------------	---------------------------------	---------------------------------	--------------------------

Frequency	<input type="radio"/> Monthly	<input type="radio"/> Half Yearly	<input type="radio"/> Yearly
-----------	-------------------------------	-----------------------------------	------------------------------

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Ownership Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits	<input type="radio"/> Death	<input type="radio"/> TPD (Own)	<input type="radio"/> TPD (Any)	<input type="radio"/> CI
------------------	-----------------------------	---------------------------------	---------------------------------	--------------------------

Frequency	<input type="radio"/> Monthly	<input type="radio"/> Half Yearly	<input type="radio"/> Yearly
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### Business Expenses Protection

Policy Number	<input type="text"/>	Insurer	<input type="text"/>	Policy Owner	<input type="text"/>
---------------	----------------------	---------	----------------------	--------------	----------------------

Benefit Period	<input type="text"/>	Waiting Period	<input type="text"/>	Monthly Benefit (\$)	<input type="text"/>
----------------	----------------------	----------------	----------------------	----------------------	----------------------

Premium (\$)	<input type="text"/>	Frequency	<input type="radio"/> Monthly	<input type="radio"/> Half Yearly	<input type="radio"/> Yearly
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## Personal Protection - Client 1

 Yes (Provide Details)

 No

 See Attached

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Lifestyle Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits	<input type="radio"/> Death	<input type="radio"/> TPD (Own)	<input type="radio"/> TPD (Any)	<input type="radio"/> CI
------------------	-----------------------------	---------------------------------	---------------------------------	--------------------------

Frequency	<input type="radio"/> Monthly	<input type="radio"/> Half Yearly	<input type="radio"/> Yearly
-----------	-------------------------------	-----------------------------------	------------------------------

Nominated Beneficiaries	<input type="text"/>
-------------------------	----------------------

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Personal Super	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits	<input type="radio"/> Death	<input type="radio"/> TPD
------------------	-----------------------------	---------------------------

Frequency	<input type="radio"/> Monthly	<input type="radio"/> Half Yearly	<input type="radio"/> Yearly
-----------	-------------------------------	-----------------------------------	------------------------------

Nominated Beneficiaries	<input type="text"/>
-------------------------	----------------------

### Income Protection

Policy Number	<input type="text"/>	Insurer	<input type="text"/>	Policy Owner	<input type="text"/>
---------------	----------------------	---------	----------------------	--------------	----------------------

Benefit Period	<input type="text"/>	Waiting Period	<input type="text"/>	Monthly Benefit (\$)	<input type="text"/>
----------------	----------------------	----------------	----------------------	----------------------	----------------------

Premium (\$)	<input type="text"/>	Frequency	<input type="radio"/> Monthly	<input type="radio"/> Half Yearly	<input type="radio"/> Yearly
--------------	----------------------	-----------	-------------------------------	-----------------------------------	------------------------------

## Employer Sponsored Super - Client 1

 Yes (Provide Details)

 No

 See Attached

Insured Benefits	<input type="radio"/> Death	<input type="radio"/> TPD	<input type="radio"/> Salary Continuance
------------------	-----------------------------	---------------------------	--

Sum Insured (\$)	<input type="text"/>	Benefit Period	<input type="text"/>	Waiting Period	<input type="text"/>
------------------	----------------------	----------------	----------------------	----------------	----------------------

Nominated Beneficiaries	<input type="text"/>
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# Existing Protection Insurance Details

## Business Protection - Client 2

 Yes (Provide Details)

 No

 See Attached

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Asset Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits  Death  TPD (Own)  TPD (Any)  CI

Frequency  Monthly  Half Yearly  Yearly

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Revenue Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits  Death  TPD (Own)  TPD (Any)  CI

Frequency  Monthly  Half Yearly  Yearly

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Ownership Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits  Death  TPD (Own)  TPD (Any)  CI

Frequency  Monthly  Half Yearly  Yearly

### Business Expenses Protection

Policy Number  Insurer  Policy Owner

Benefit Period  Waiting Period  Monthly Benefit (\$)

Premium (\$)  Frequency  Monthly  Half Yearly  Yearly

## Personal Protection - Client 2

 Yes (Provide Details)

 No

 See Attached

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Lifestyle Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits  Death  TPD (Own)  TPD (Any)  CI

Frequency  Monthly  Half Yearly  Yearly

Nominated Beneficiaries

	Policy Number	Insurer	Policy Owner	Sum Insured \$	Total Premium (\$)
Personal Super	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured Benefits  Death  TPD

Frequency  Monthly  Half Yearly  Yearly

Nominated Beneficiaries

### Income Protection

Policy Number  Insurer  Policy Owner

Benefit Period  Waiting Period  Monthly Benefit (\$)

Premium (\$)  Frequency  Monthly  Half Yearly  Yearly

## Employer Sponsored Super - Client 2

 Yes (Provide Details)

 No

 See Attached

Insured Benefits  Death  TPD  Salary Continuance

Sum Insured (\$)  Benefit Period  Waiting Period

Nominated Beneficiaries

# Existing Protection Insurance Details

## Business Protection - Client 3

Yes (Provide Details)
  No
  See Attached

**Asset Protection**  
 Policy Number  Insurer  Policy Owner  Sum Insured \$  Total Premium (\$)

**Insured Benefits**  
 Death  TPD (Own)  TPD (Any)  CI

**Frequency**  
 Monthly  Half Yearly  Yearly

**Revenue Protection**  
 Policy Number  Insurer  Policy Owner  Sum Insured \$  Total Premium (\$)

**Insured Benefits**  
 Death  TPD (Own)  TPD (Any)  CI

**Frequency**  
 Monthly  Half Yearly  Yearly

**Ownership Protection**  
 Policy Number  Insurer  Policy Owner  Sum Insured \$  Total Premium (\$)

**Insured Benefits**  
 Death  TPD (Own)  TPD (Any)  CI

**Frequency**  
 Monthly  Half Yearly  Yearly

### Business Expenses Protection

Policy Number  Insurer  Policy Owner

Benefit Period  Waiting Period  Monthly Benefit (\$)

Premium (\$)  Frequency  Monthly  Half Yearly  Yearly

## Personal Protection - Client 3

Yes (Provide Details)
  No
  See Attached

**Lifestyle Protection**  
 Policy Number  Insurer  Policy Owner  Sum Insured \$  Total Premium (\$)

**Insured Benefits**  
 Death  TPD (Own)  TPD (Any)  CI

**Frequency**  
 Monthly  Half Yearly  Yearly

**Nominated Beneficiaries**

**Personal Super**  
 Policy Number  Insurer  Policy Owner  Sum Insured \$  Total Premium (\$)

**Insured Benefits**  
 Death  TPD

**Frequency**  
 Monthly  Half Yearly  Yearly

**Nominated Beneficiaries**

### Income Protection

Policy Number  Insurer  Policy Owner

Benefit Period  Waiting Period  Monthly Benefit (\$)

Premium (\$)  Frequency  Monthly  Half Yearly  Yearly

## Employer Sponsored Super - Client 3

Yes (Provide Details)
  No
  See Attached

**Insured Benefits**  
 Death  TPD  Salary Continuance

Sum Insured (\$)  Benefit Period  Waiting Period

**Nominated Beneficiaries**

# Existing Protection Insurance Details

## Business Protection - Client 4

Yes (Provide Details)  No  See Attached

**Asset Protection**    Policy Number     Insurer     Policy Owner     Sum Insured \$     Total Premium (\$)

**Insured Benefits**     Death     TPD (Own)     TPD (Any)     CI

**Frequency**     Monthly     Half Yearly     Yearly

**Revenue Protection**    Policy Number     Insurer     Policy Owner     Sum Insured \$     Total Premium (\$)

**Insured Benefits**     Death     TPD (Own)     TPD (Any)     CI

**Frequency**     Monthly     Half Yearly     Yearly

**Ownership Protection**    Policy Number     Insurer     Policy Owner     Sum Insured \$     Total Premium (\$)

**Insured Benefits**     Death     TPD (Own)     TPD (Any)     CI

**Frequency**     Monthly     Half Yearly     Yearly

### Business Expenses Protection

**Policy Number**     **Insurer**     **Policy Owner**

**Benefit Period**     **Waiting Period**     **Monthly Benefit (\$)**

**Premium (\$)**     **Frequency**     Monthly     Half Yearly     Yearly

## Personal Protection - Client 4

Yes (Provide Details)  No  See Attached

**Lifestyle Protection**    Policy Number     Insurer     Policy Owner     Sum Insured \$     Total Premium (\$)

**Insured Benefits**     Death     TPD (Own)     TPD (Any)     CI

**Frequency**     Monthly     Half Yearly     Yearly

**Nominated Beneficiaries**

**Personal Super**    Policy Number     Insurer     Policy Owner     Sum Insured \$     Total Premium (\$)

**Insured Benefits**     Death     TPD

**Frequency**     Monthly     Half Yearly     Yearly

**Nominated Beneficiaries**

### Income Protection

**Policy Number**     **Insurer**     **Policy Owner**

**Benefit Period**     **Waiting Period**     **Monthly Benefit (\$)**

**Premium (\$)**     **Frequency**     Monthly     Half Yearly     Yearly

## Employer Sponsored Super - Client 4

Yes (Provide Details)  No  See Attached

**Insured Benefits**     Death     TPD     Salary Continuance

**Sum Insured (\$)**     **Benefit Period**     **Waiting Period**

**Nominated Beneficiaries**

## SMSF Details

None

Not disclosed

### Fund Details

#### SMSF Client 1

#### SMSF Client 2

Member name

Name of fund

ABN

Trustee type

Individual trustees

Individual trustees

Corporate trustee

Corporate trustee

Name of trustee/s

Member balance

Trust deed sighted

Yes  No

Yes  No

Does the trust deed for the fund allow for insurance cover to be held?

Yes  No

Yes  No

### Fund Details

#### SMSF Client 3

#### SMSF Client 4

Member name

Name of fund

ABN

Trustee type

Individual trustees

Individual trustees

Corporate trustee

Corporate trustee

Name of trustee/s

Member balance

Trust deed sighted

Yes  No

Yes  No

Does the trust deed for the fund allow for insurance cover to be held?

Yes  No

Yes  No

## Business Financials

 None

 Not disclosed

### Business Valuation

Estimated value	\$	
Date business founded/purchased		
Value provided by:		
Valuation method		
Gross annual turnover	\$	p/a
Gross annual expenses	\$	p/a
Fixed expenditure - insurable	\$	p/a

### Financial Details

	Year 1	Year 2
Financial year	30 / 06 /	30 / 06 /
Turnover	\$	\$
Net profit or loss (before tax)	\$	\$
Total assets	\$	\$
Total liabilities	\$	\$
Shareholder equity	\$	\$

## Business Assets and Liabilities

 Not disclosed by client

 See attached balance sheet

Assets	Details	Owner	Current Value
Property 1			
Property 2			
Stock 1			
Stock 2			
Plant machinery & equipment			
Goodwill			
Cash			
Other			
Total			

Liabilities	Lender	Personal guarantees	Guarantor	Borrower	Balance
Bank debt		<input type="radio"/> Yes <input type="radio"/> No			
Overdraft		<input type="radio"/> Yes <input type="radio"/> No			
Other loans		<input type="radio"/> Yes <input type="radio"/> No			
Lease		<input type="radio"/> Yes <input type="radio"/> No			
HP		<input type="radio"/> Yes <input type="radio"/> No			
Recurring creditors		<input type="radio"/> Yes <input type="radio"/> No			
Loan account		<input type="radio"/> Yes <input type="radio"/> No			
Call loans		<input type="radio"/> Yes <input type="radio"/> No			
Other		<input type="radio"/> Yes <input type="radio"/> No			
Total					

# Key Person Insurance

## Revenue Purpose

	Client 1	Client 2	Client 3	Client 4
Key employee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lost income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Recruitment / advertising costs	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Inducements	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Temp staff for ____ weeks	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Training cost	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Annual revenue contributed by key person	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Time to restore revenue to full value	<input type="text"/> months	<input type="text"/> months	<input type="text"/> months	<input type="text"/> months
Other costs eg replacement costs	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total funding required	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Trigger events required	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma

## Capital Purpose

	Client 1	Client 2	Client 3	Client 4
Key employee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loans to be repaid to key person / estate	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Loss of goodwill	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Liabilities to be repaid	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Ex-gratia payments to key person	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other capital items	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total funding required	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Trigger events required	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma

# Business Succession Funding

## Ownership Details

	Client 1	Client 2	Client 3	Client 4
Business owners name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equity in primary business	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Associated entities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equity in associated entities	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Equity amount	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
CGT amount to fund	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total funding required	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Trigger events required	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Trauma

Existing business succession in place?  Yes  No  Yes  No  Yes  No  Yes  No

If yes, date of last review

In the event of premature death or disability of a principal, what would happen to their share of the business?

Is owner's spouse active in the business now and will remain active in the business after the death / TPD / Trauma of the owner?  Yes  No  Yes  No  Yes  No  Yes  No

Do you have a written agreement that gives you the right to buy at an agreed price?  Yes  No  Yes  No  Yes  No  Yes  No

Are all business owners being proposed for cover?  Yes  No

If no, please list names of those not being covered

Is the continuity of your business important?  Yes  No

If something happened to your partner, would you want to buy their share of the business?  Yes  No

# Business Expenses

Refer Profit & Loss Statement

## Rent and Lease Costs

Rent and Lease Costs	\$ <input type="text"/>	
Premises rent / lease payments	\$ <input type="text"/>	Subtotal
Lease costs of equipment and vehicles	\$ <input type="text"/>	\$ <input type="text"/>

## Insurance

Business insurance premiums	\$ <input type="text"/>	
General insurance premiums	\$ <input type="text"/>	Subtotal
Work cover insurance premiums	\$ <input type="text"/>	\$ <input type="text"/>

## Utilities

Telephone	\$ <input type="text"/>	
Electricity	\$ <input type="text"/>	
Gas	\$ <input type="text"/>	
Water	\$ <input type="text"/>	
Heating	\$ <input type="text"/>	Subtotal
Computers	\$ <input type="text"/>	\$ <input type="text"/>

## Non-Income Producing Staff

Salaries	\$ <input type="text"/>	
Superannuation Contributions	\$ <input type="text"/>	
Taxes and Interest	\$ <input type="text"/>	
Property rates and taxes	\$ <input type="text"/>	Subtotal
Mortgage interest payments	\$ <input type="text"/>	\$ <input type="text"/>

## Fees

Accounting / audit fees	\$ <input type="text"/>	
Book keeping fees	\$ <input type="text"/>	
Legal fees	\$ <input type="text"/>	
Professional fees	\$ <input type="text"/>	Subtotal
Subscriptions	\$ <input type="text"/>	\$ <input type="text"/>

## Maintenance and Depreciation

Cleaning	\$ <input type="text"/>	
Repairs	\$ <input type="text"/>	Subtotal
Depreciation of office equipment and premises the business owns	\$ <input type="text"/>	\$ <input type="text"/>

## Other

<input type="text"/>	\$ <input type="text"/>	
<input type="text"/>	\$ <input type="text"/>	Subtotal
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total Monthly Business Expenses \$



# Disclosures & Authority to Prepare Advice Document

1. The information provided in this Business Fact Find accurately documents my/our relevant personal circumstances and attitude to risk and return. I am/We are not aware of any other material information relevant to the provision of financial product or strategy advice and understand that this information is the basis on which my/our financial adviser and their associated Australian Financial Services Licensee (AFS Licensee) will provide advice.

Yes  No

2. I/We have received, read and understood my/our financial advisers and their associates AFS Licensee's Financial Services Guide (FSG) version ( ) , SFSG version ( ) and FSG Fee Insert version ( ) provided on ( / / ) .

Yes  No

3. Unless I/we have specifically requested otherwise, I/we confirm and consent to the collection, use and disclosure of my/our personal information in accordance with the procedures outlined in my financial adviser's Privacy Policy already received (additional copies are available on request). This Privacy Policy includes information as to which (if any) foreign countries we share information with. I/We acknowledge that we have received a copy of the Privacy Policy and agree to the collection of information in accordance with this.

Yes  No

Client 1 Privacy Consent: ( ) Client 2 Privacy Consent: ( )

4. I/We wish to be placed on the "No Contact/ No Call" register which entitles me/ us not to be contacted regarding any financial products without my/our express consent, unless I/we specifically request otherwise. Note, if you select YES, this means you are unable to be contacted by your financial adviser about alternative products and services that may benefit you.

Yes  No

## 5. Preparation of Advice document

I/We request that Infocus prepares an Advice document following my/our initial discussions and on confirming the subject matter of our advice to be;

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I/We agree that I/we will pay: \$ ( ) per hour OR \$ ( ) (set fee) for the preparation and presentation of the Advice document, payable on presentation of the Advice document.

Name	( )	Signature	( )	Date	( / / )
Name	( )	Signature	( )	Date	( / / )
Name	( )	Signature	( )	Date	( / / )
Name	( )	Signature	( )	Date	( / / )
Adviser Name	( )	Signature	( )	Date	( / / )

Adviser Use Only.

Personal Insurance Information - Risk Only Fact Find Attached

Yes  No







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*Infocus Securities Australia Pty Ltd ABN 47 097 797 049 AFSL No. 236523 trading as Infocus Money Management*

**Contacting Infocus Money Management:**

To update your information, remove your name from our mailing list, access your information, or if you have an enquiry or complaint, please contact Infocus Head Office on 07 5436 9400 or write to: Infocus Money Management, PO Box 1396, Buddina Qld 4575.