Comprehensive Fact Find

Client Name: ____________________

Adviser Name: ____________________

Date Completed: ____________________

infocus

Contents

Privacy Statement

Private and Confidential

Important Notice

Before 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.

To provide the best possible service to you we will, from time to time use personal information provided by you to inform you of products and services which may be of interest to you unless you tell us not to.

Your Privacy

Your adviser and Infocus are committed to maintaining the privacy of your personal information at all times. We collect and hold personal information for the purpose of providing the services you have requested from us and to allow us to meet our obligations under the law. Your adviser, Infocus and our associated entities adhere to the Australian Privacy Principles.

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**

Personal Details

	Client One		Client Two	
Title				
Surname				
Given Name(s)				
Preferred Name				
Maiden Name				
Date of Birth				
Town & Country of Birth				
Marital Status				
Anniversary Date				
Residency Status	○ Permanent Resident		○ Permanent Resident	
	○ Foreign Resident		○ Foreign Resident	
	○ Employment Passport		○ Employment Passport	
Tax Residency Status	○ Resident	○ Non Resident	○ Resident	○ Non Resident
Visa Status	○ Not Applicable		○ Not Applicable	
	○ Temporary Visa		○ Temporary Visa	
	○ Permanent Visa		○ Permanent Visa	
Tax Residency Date	/ /		/ /	
Centrelink Reference No				
Do you have Private Health Cover?	○ Yes	○ No	○ Yes	○ No
Provider Name				
Member Number				
Type of Health Cover	○ None	○ Full Hospital	○ None	○ Full Hospital
	○ Partial Hospital	○ Extras	○ Partial Hospital	○ Extras
	○ Hospital Plus Extras		○ Hospital Plus Extras	
Have you ever been declared bankrupt?	○ Yes	○ No	○ Yes	○ No
How is your Health?	○ Excellent ○ Good ○ Fair ○ Poor		○ Excellent ○ Good ○ Fair ○ Poor	
Are you a Smoker or have you smoked in the last 12 months?	○ Yes	○ No	○ Yes	○ No
Do you both agree to grant each other access to your information?	○ Yes	○ No	○ Yes	○ No
Client Referred By				

Financial Dependants

Name	Date of Birth	Client Relationship	Partner Relationship	Dependant Until *(date)*
	/ /			/ /
	/ /			/ /
	/ /			/ /

Contact Details

	Client One	Client Two
Residential Address		
No & Street		
Suburb		
State		
Postcode		
Postal Address		
No & Street or PO Box		
Suburb		
State		
Postcode		
Work Address		
No & Street or PO Box		
Suburb		
State		
Postcode		
Email		
Home Email		
Work Email		
Phone Contact		
Home Phone		
Mobile		
Work Phone		
Work Fax		

Nominate preferred contact information by ticking the appropriate circles.

Employment

	Client One	Client Two
Status	Unemployed Part Time / Casual Full Time Self Employed Retired Student Contractor Permanent Part Time	Unemployed Part Time / Casual Full Time Self Employed Retired Student Contractor Permanent Part Time
Employer Name		
Occupation		
Industry		
Hours per Week		
Employee Start Date	/ /	/ /
Employee End Date	/ /	/ /
Accumulated Annual Leave	Days	Days
Accumulated Long Service Leave	Days	Days

Professional Advisers

Business Name	Address	Contact Name Relationship	Permission To Contact
		Contact Name *Relationship*	Yes No
		Contact Name *Relationship*	Yes No
		Contact Name *Relationship*	Yes No

Goals & Objectives

Please list your reasons for seeking financial advice below and number the priority of your goals from number 1 being the most important to you.

What is your past investment experience?

Should your adviser take into account any environmental, social or ethical considerations when providing a recommendation? Yes No

Details:

Are there any specific issues that have been raised?

What are your expectations of Infocus?

Goals	When	Amount ($)	Notes
Funding for Children's Education		$	
Debt Reduction / Pay off Mortgage		$	
Travel / Holiday		$	
Buying / Selling your home		$	
Car / Boat / Caravan		$	
Home Renovations		$	
		$	
		$	

What does financial hardship mean to you?

Retirement Objectives

	Client One	Client Two
Planned Retirement Age		
Planned Retirement Date		
Minimum Income Required		
Ideal Income Desired		
Additional Retirement Lump Sum		
Retirement Income to Last		
Centrelink on Retirement?	Yes No *(Please Tick)*	Yes No *(Please Tick)*

Salary Sacrificing & Packaging

	Client One	Client Two
Salary Sacrifice to Super?	Not available Available but not using Currently sacrificing	Not available Available but not using Currently sacrificing
Amount and Frequency	$ Per	$ Per
Salary Packaging?	Not available Available but not using Using	Not available Available but not using Using
Other Packaged Salary Items		
Income to Vary		
Substantial Income Change		
Employment to Change		

Cashflow (Income & Expenses)

Personal Income	Client One	Client Two
Gross Salary		
Plus Other Income		
Investment Income		
Rental Income		
Interest Income		
Shares/Equity Income		
Centrelink/Pension		
Other		
Total Income	$	$
Less Deductions		
Superannuation Sacrifice		
Fringe Benefits		
Investment Expenses		
Income Protection Insurance		
Accountancy Fee		
Other		
Taxable Income	$	$
Less		
Income Tax		
Fringe Benefits Tax		
Medicare Levy		
After Tax Income	$	$
Plus		
Expected Tax Rebate		
Non Taxable Centrelink		
Investment Rebate		
Shares Franking Credits		
Depreciation Allowances		
Other		
Disposable Income	$	$
Joint Disposable Income	$	

Personal Expenses	Client One	Client Two
Food		
Entertainment		
Papers / Magazines		
Child Care		
Child Maintenance		
Education Expenses		
Dry Cleaning		
Alcohol		
Cigarettes		
Personal Needs		
Tools / Books / Hobbies		
Furnishings		
Rates		
Electricity		
Telephone		
Gas		
Work / Union Fees		
Holidays		
Clothing		
Presents		
Donations / Gifts		
Registration & Insurance		
Health Insurance		
Life / Trauma Insurance		
House Repairs/Maintenance		
Medical & Dental		
Rent		
Primary Residence Loan		
Investment Property Loan		
Other		
Personal Expenses	$	$
Joint Personal Expenses	$	

Joint Disposable Income - Joint Personal Expenses = $ **Cash Flow Surplus / Deficit**

Assets

Do You Own:

Bank Accounts: ◯ Yes (Provide Details) ◯ No ◯ See Attached

Owner		Current Value	$
Vendor / Product		Account Number	
Interest Rate	%		

Cash Management Trusts: ◯ Yes (Provide Details) ◯ No ◯ See Attached

Owner		Current Value	$
Vendor / Product		Account Number	
Interest Rate	%		

Term Deposits: ◯ Yes (Provide Details) ◯ No ◯ See Attached

Owner		Current Value	$
Vendor / Product		Account Number	
Interest Rate	%	Maturity Date	

Properties: ◯ Yes (Provide Details) ◯ No ◯ See Attached

Owner		Address	
Property Type	◯ Residential ◯ Business		
	◯ Investment	Current Value	$
Purchased	/ /		

Owner		Address	
Property Type	◯ Residential ◯ Business		
	◯ Investment	Current Value	$
Purchased	/ /		

Home Contents: ◯ Yes (Provide Details) ◯ No ◯ See Attached

Owner		Current Value	$

Vehicles: Yes (Provide Details) No See Attached

Owner		Current Value	$
Vehicle Type			
Owner		Current Value	$
Vehicle Type			

Managed Investments: Yes (Provide Details) No See Attached

Owner		Current Value	$
Vendor / Product		Account Number	
Purchased	/ /		

Direct Equities: Yes (Provide Details) No See Attached

Owner		Current Value	$
ASX Code		Share Holder Number	
Account Name:		Purchased	/ /
Owner		Current Value	$
ASX Code		Share Holder Number	
Account Name:		Purchased	/ /

Other Investments: Yes (Provide Details) No See Attached

Owner		Investment Type	
Balance		Purchased	/ /
Other Information			
Owner		Investment Type	
Balance		Purchased	/ /
Other Information			
Owner		Investment Type	
Balance		Purchased	/ /
Other Information			

Liabilities

Do You Have A:

Loan (Secured by Property): ○ Yes (Provide Details) ○ No ○ See Attached

Security		Vendor Product	
Account Number		Balance	
Interest Rate	%	Minimum Repayment	
Actual Repayment	$	Credit Limit	$
Interest Type	○ Fixed ○ Variable	Purpose	○ Personal ○ Investment
Loan Type	○ Standard ○ Line of Credit ○ Offset ○ Other		

Security		Vendor Product	
Account Number		Balance	
Interest Rate	%	Minimum Repayment	
Actual Repayment	$	Credit Limit	$
Interest Type	○ Fixed ○ Variable	Purpose	○ Personal ○ Investment
Loan Type	○ Standard ○ Line of Credit ○ Offset ○ Other		

Business Loan: ○ Yes (Provide Details) ○ No ○ See Attached

Security		Vendor Product	
Account Number		Balance	
Interest Rate	%	Minimum Repayment	
Actual Repayment	$	Credit Limit	$
Interest Type	○ Fixed ○ Variable	Purpose	○ Personal ○ Investment
Loan Type	○ Standard ○ Line of Credit ○ Offset ○ Other		

Credit Card: ○ Yes (Provide Details) ○ No ○ See Attached

Owner		Vendor Product	
Account Number		Balance	
Interest Rate	%	Minimum Repayment	
Actual Repayment	$	Credit Limit	$

Personal Loan: Yes (Provide Details) No See Attached

Owner		Vendor / Product	
Account Number		Balance	$
Interest Rate	%	Minimum Repayment	$
Actual Repayment	$	Credit Limit	$

Margin Loan: Yes (Provide Details) No See Attached

Owner		Vendor / Product	
Account Number		Balance	$
Interest Rate	%	Minimum Repayment	$
Actual Repayment	$	Credit Limit	$
Base LVR		Margin Call LVR	
Current LVR			

Superannuation

Accumulation Accounts: Yes (Provide Details) No See Attached

Owner		Vendor Product	
Current Value	$	Account Number	
Eligible Service Date (ESD)	/ /	Undeducted	$
Taxable Component	$	Pre July 1983	$
Tax-free Component	$	Crystallised Segment	$
Preserved Amount	$		

Insurance Attached Yes (Provide details in insurance section) No

Owner		Vendor Product	
Current Value	$	Account Number	
Eligible Service Date (ESD)	/ /	Undeducted	$
Taxable Component	$	Pre July 1983	$
Tax-free Component	$	Crystallised Segment	$
Preserved Amount	$		

Insurance Attached Yes (Provide details in insurance section) No

Defined Benefit Accounts: ○ Yes (Provide Details) ○ No ○ See Attached

Owner		Vendor Product	
Account Number		Current Value	$
Retirement Benefit	$ at age	Current Multiple	
Eligible Service Date (ESD)	/ /	Undeducted	$
Taxable Component	$	Pre July 1983	$
Tax-free Component	$	Crystallised Segment	$
Preserved Amount	$		

Insurance Attached ○ Yes (Provide details in insurance section) ○ No

Owner		Vendor Product	
Account Number		Current Value	$
Retirement Benefit	$ at age	Current Multiple	
Eligible Service Date (ESD)	/ /	Undeducted	$
Taxable Component	$	Pre July 1983	$
Tax-Free Component	$	Crystallised Segment	$
Preserved Amount	$		

Insurance Attached ○ Yes (Provide details in insurance section) ○ No

Allocated Pensions, Annuities & Super Pensions

Accounts: ○ Yes (Provide Details) ○ No ○ See Attached

Owner		Vendor Product	
Current Value	$	Account Number	
Commencement Date	/ /	Current Pension	$ per
Deductible Amount	$ per annum	Eligible Service Date (ESD)	/ /
Undeducted	$	Taxable Component	$
Pre July 1983	$	Tax-Free Component	$
Crystallised Segment	$	Preserved Amount	$

Pension Type ○ Allocated Pension ○ Term Allocated Pension ○ Super Pension ○ Lifetime Annuity ○ Term Certain Annuity Maturing

Owner		Vendor Product	
Current Value	$	Account Number	
Commencement Date	/ /	Current Pension	$ per
Deductible Amount	$ per annum	Eligible Service Date (ESD)	/ /
Undeducted	$	Taxable Component	$
Pre July 1983	$	Tax-Free Component	$
Crystallised Segment	$	Preserved Amount	$

Pension Type ○ Allocated Pension ○ Term Allocated Pension ○ Super Pension ○ Lifetime Annuity ○ Term Certain Annuity Maturing

Personal Insurance

Life Insurance:

	CLIENT ONE	CLIENT TWO
Life Insurance:	Yes (Provide Details)	No / See Attached
Insurance Company		
Policy Type		
Policy Number		
Commencement Date	/ /	/ /
Sum Insured (Death)	$	$
Sum Insured (TPD)	$	$
Owner		
Buy Back	Yes No	Yes No
Premium	$	$
Annual Notice Date	/ /	/ /
Benefits / Exclusions / Notes:		

Trauma Insurance:

	CLIENT ONE	CLIENT TWO
Trauma Insurance:	Yes (Provide Details)	No / See Attached
Insurance Company		
Policy Type		
Policy Number		
Commencement Date	/ /	/ /
Sum Insured (Trauma)	$	$
Sum Insured (TPD)	$	$
Sum Insured (Death)	$	$
Owner		
Buy Back	Yes No	Yes No
Premium	$	$
Annual Notice Date	/ /	/ /
Benefits / Exclusions / Notes:		

Income Protection:

	CLIENT ONE	CLIENT TWO
Income Protection:	Yes (Provide Details)	No / See Attached
Insurance Company		
Policy Type		
Policy Number		
Commencement Date	/ /	/ /
Sum Insured	$	$
Agreed / Indemnity Value	Agreed Indemnity	Agreed Indemnity
Stepped / Level	Agreed Indemnity	Agreed Indemnity
Waiting Period		
Annual Notice Date	/ /	/ /
Benefit Period		
Benefits / Exclusions / Notes:		

Insurance Planning	Client One	Client Two
Percentage of Liabilities to be Cleared on Death	%	%
Income Required by Surviving Spouse in the Event of Death	$ per annum	$ per annum
Number of Years Income is Required	years	years
Percentage of Liabilities to be Cleared on Disability	%	%
Income Required to Maintain Current Lifestyle on Disability	$	$
Estimated Funeral Expenses	$	$
Do You Have a Funeral Plan?	$	$
Emergency and Medical Funding	$	$
Do You Have Children Under 18?	Yes No	Yes No
Do You Wish to Leave Your Children an Inheritance?	Yes No	Yes No

Notes:

General Insurance

Would you like to be referred to a General Insurance Broker? ◯ Yes ◯ No

Home / Building Insurance: ◯ Yes (Provide Details) ◯ No ◯ See Attached

Account Number		Paid Up?	◯ Yes ◯ No
Vendor/Product Name			
Owner/s		Premium	$ per
Commenced Date	/ /	Renewal Date	/ /
Current Policy Value	$	Bonus Value	
Excess	$		

Contents Insurance: ◯ Yes (Provide Details) ◯ No ◯ See Attached

Account Number		Paid Up?	◯ Yes ◯ No
Vendor/Product Name			
Owner/s		Premium	$ per
Commenced Date	/ /	Renewal Date	/ /
Current Policy Value	$	Bonus Value	
Excess	$		

Motor Vehicle Insurance: ◯ Yes (Provide Details) ◯ No ◯ See Attached

Account Number		Paid Up?	◯ Yes ◯ No
Vendor/Product Name			
Owner/s		Premium	$ per
Commenced Date	/ /	Renewal Date	/ /
Current Policy Value	$	Bonus Value	
Excess	$		

Estate Planning	Client One	Client Two
Do You Have a Current Will?	Yes No	Yes No
Does Your Will Reflect Your Current Wishes?	Yes No	Yes No
When Was Your Will Last Reviewed?	/ /	/ /
Executor's Name?		
Executor Relationship?		
Does Your Executor Know Your Current Situation?	Yes No	Yes No
Where Is Your Will Located?		
Do You Have a Power Of Attorney (POA?)	Yes No	Yes No
Name Of Your POA:		
Type Of POA:	General Enduring Enduring Medical Cascading Mutual Limited	General Enduring Enduring Medical Cascading Mutual Limited
Do You Have An Advanced Health Directive In Place?	Yes No	Yes No
Do You Have A Testamentary Trust?	Yes No	Yes No
Do You Have A Binding Nomination In Place For Superannuation?	Yes No	Yes No
Do You Have A Binding Nomination In Place For Pension?	Yes No	Yes No
Date This Nomination Was Last Reviewed:	/ /	/ /
Binding Nomination Details:		
Do You Have Any Bequests?	Yes No	Yes No
Recipient Name:		
Specific Bequest:	Yes No	Yes No
Amount		

Notes:

How important is?

Please rank in order of priority

	No Preference	Not Important	Important	Very Important	Priority*
Control					
Simplicity					
Flexibility					
Generating a regular income					
Capital growth					
Inflation protection					
Centrelink (maximising your entitlements)					
Taxation benefits					
The ability to access your adviser on a regular basis					
Being debt free					
Borrowing to invest					
Planning for / funding your retirement					
Having a sum insured that does not automatically reduce as you age					
Funding insurance compared to retirement savings					
Security of your capital i.e. investing in cash compared to a fund that changes value					
Daily unit pricing and valuation					
Access to fund valuation and reporting 24 hours					
Online access to portfolio information					
Consolidated reporting – only one administration service					
Active portfolio management					
Ability to have diversification across management styles as well as asset classes					
Investments that take advantage of current market and other economic conditions even if this means an additional cost					
Saving costs on funds management by using index funds (track market performance)					
Being actively involved in all portfolio decisions					

***The setting of priority is an internal value set by the Adviser should they wish to set up the order in which they are going to address the client's needs. A lower number has a higher priority.**

Disclosures & Authority to Prepare Advice Document

	Client One	Client Two
1. The information provided in this 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	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	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 AFS Licensee's Privacy Policy (which is available to me/us on request or by logging on to their website). I/We acknowledge and accept the Privacy Statement on Page 2 of this Confidential Fact Find.	Yes No	Yes No
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	Yes No
5. I/We wish to receive relevant Product Disclosure Statements, Financial Services Guides, Privacy Policies and Statements of Advice by either Paper Copy or Electronically via Email	Yes No	Yes No

6. Tax File Number Authority

I/We agree to the collection and retention of my/our Tax File Number/s ('TFN/s') by my/our financial adviser and their associated Australian Financial Services Licensee (AFS Licensee).

I/We understand that it will be used in connection with providing financial product and strategy advice and only in accordance with the legislative requirements (e.g. relevant taxation and superannuation laws). I/We understand that my/our financial planner and their associated AFS Licensee may provide my/our TFN/s to relevant financial institutions (e.g. life insurance companies and fund managers) and Government bodies (e.g. Australian Taxation Office and Centrelink) as required and only in accordance with the law, unless I/we specifically request otherwise in writing.

I/We understand that I/we do not have to supply my/our TFN/s and that it is not an offence not to do so. I/We further understand that if I/we choose not to supply my/our TFN/s, I/we may be taxed at a higher marginal rate than if I/we had supplied my/our TFN/s.

I/We understand that my/our TFN/s will be stored and treated as confidential and that my/our financial planner and their associated AFS Licensee will take all reasonable steps to prevent the loss, disclosure and/or misuse of my/our TFN/s by third parties.

Client 1 Tax File Number: ______ Client 2 Tax File Number: ______

6. 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;

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.

Client 1 Name		Signature		Date	/ /
Client 2 Name		Signature		Date	/ /
Adviser Name		Signature		Date	/ /

Notification and Authorisation

In Respect Of:

Client 1 Name:

Client 1 DOB:

No & Street or PO Box Number:

Suburb / Town:

State & Postcode:

Client 2 Name:

Client 2 DOB:

No & Street or PO Box Number:

Suburb / Town:

State & Postcode:

To whom it may concern,

I request that all relevant information on our investments, insurances, superannuation, bank accounts or other financial, family, business, trust or estate information be released by platform, product provider or other provider / professional to staff of Infocus Money Management (ABN 47 097 797 049), on request.

The Adviser's address and contact number are as follows:

Office:

Address:

Phone: Fax: Email:

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at the above mentioned office. This authority shall remain in force for 365 days unless otherwise revoked.

Client 1 Name Signature Date / /

Client 2 Name Signature Date / /

Notes

Infocus Wealth Management
Group Head Office

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MAROOCHYDORE QLD 4558

Call 07 5458 9400

www.infocus.com.au

Infocus Securities Australia Pty Ltd ABN 47 097 797 049 AFSL and Australian Credit Licence No. 236523 trading as Infocus Wealth Management

Contacting Infocus Wealth 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 5458 9400 or write to: Infocus Wealth Management, PO Box 1856, SUNSHINE PLAZA QLD 4558.