



The Salisbury Group Pty Ltd
Australian Financial Services Licence 225379
ABN 51 089 332 918

Fact Find

Client Name: _____

Date of Interview: _____

Financial Adviser: _____

Source: _____

IMPORTANT NOTICE TO CLIENTS

The Corporations Law requires that an advisor making investment recommendations must have reasonable grounds for making those recommendations. This means that an advisor must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the clients. The information requested in the 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.

PERSONAL DETAILS

Client 1

Title: _____
Given Names: _____
Preferred Name: _____
Surname: _____
Age: _____ DOB: _____
Sex: Male Female
Marital Status: _____

Home Telephone: _____
Work Telephone: _____
Mobile: _____
Fax: _____
Email: _____

Client 2

Title: _____
Given Names: _____
Preferred Name: _____
Surname: _____
Age: _____ DOB: _____
Sex: Male Female
Marital Status: _____

Home Telephone: _____
Work Telephone: _____
Mobile: _____
Fax: _____
Email: _____

Home Address: _____
Suburb/Town: _____ State: _____ Postcode: _____
Years at this address: _____
If less than 3 years – Previous Address: _____

Postal Address (if different): _____

Home Insurance:
Insurance Company: _____ Insured Amount: _____ Policy Number: _____

DEPENDANTS/CHILDREN

Name: _____ DOB: _____ Age: _____ Occupation/School _____
Name: _____ DOB: _____ Age: _____ Occupation/School _____
Name: _____ DOB: _____ Age: _____ Occupation/School _____
Name: _____ DOB: _____ Age: _____ Occupation/School _____

EMPLOYMENT DETAILS

Client 1

Position Title: _____
 Employer Name: _____
 Industry/Type of Bus: _____
 Employment Type:* _____
 Employment Status:* _____
 Work Address: _____

 Suburb/Town: _____
 State/Postcode: _____
 Contact Name: _____
 Contact Number: _____
 Start Date: _____

Client 2

Position Title: _____
 Employer Name: _____
 Industry/Type of Bus: _____
 Employment Type:* _____
 Employment Status:* _____
 Work Address: _____

 Suburb/Town: _____
 State/Postcode: _____
 Contact Name: _____
 Contact Number: _____
 Start Date: _____

* Employment Type = Self Employed, Employee, Pensioner, unemployed
 * Employment Status = Permanent, Part-time, Casual, Contractor, Other

INCOME

Client 1

Annual Income _____
 Tax _____

Client 2

Annual Income _____
 Tax _____

	Client 1	Client 2
At what age would you like to attain Financial Independence?	_____	_____
How much income per annum will you need? Net/Gross	\$_____	\$_____
Do you foresee any substantial changes to your income in the next five years?*	Yes/No	Yes/No
Are you contemplating leaving your current employer?*	Yes/No	Yes/No
On retirement do you intend to work on either a full or part time basis?*	Yes/No	Yes/No
(* If yes please provide details) _____		

BUSINESS ENTITIES

Company: _____

Trust: _____

Super Fund: _____

PROFESSIONAL ADVISERS

	Name	Address	Telephone
Accountant:	_____	_____	_____
Solicitor	_____	_____	_____
Financial Adviser:	_____	_____	_____
Other (eg Bank Mgr):	_____	_____	_____

Authority to Contact Accountant Solicitor Financial Adviser Other

ESTATE PLANNING

Do you have a will? Yes No Yes No

Do you have power of attorney? Yes No Yes No

Is it up to date? Yes No Yes No

When was it last reviewed? _____

FINANCIAL CONCERNS

YOUR CONCERNS

Mark each dotted line with a number:

Not concerned: 1 Slightly concerned: 2 Concerned: 3 Very concerned: 4

.....keep pace with inflation

.....legal, logical appropriate tax relief

.....Easy access to your cash

.....Income from your investment each year

.....Easy to manage in progress

.....Capital Growth

ASSETS AND LIABILITIES

Details	Owner	Date Acq. (approx)	Purchase Price	Current Market Value \$	Liabilities \$	Rent/Income per week
Home						
Other Property:						
Other Property:						
Other Property:						
Other Property:						
Other Property:						
Motor Vehicle						
Motor Vehicle						
Cash Savings/Deposits *						
Shares/Equity Trusts						
Superannuation Client 1						
Superannuation Client 2						
Household Contents						
Other Assets						
Business Loan						
Business Interest						
Insurance Cash Value						
Personal Loan						
Personal Loan						
Other Liabilities						
TOTALS						

BUDGET

\$

pw

LOAN/BORROWING DETAILS

Lender	Owner	Property used as security for loan	Lender product name	P&I or Int only	Year Started	Fixed or variable	Current Amount Outstanding	Loan Limit/ LOC	Current Interest Rate	Calendar Monthly Repayments

CREDIT CARD DETAILS

Card Type	Owner	Credit Limit	Balance Owing	Balance Paid Monthly

CURRENT INVESTMENTS

Description	Owner	Purchase Date	Purchase Cost	Maturity Date	Current Value	Annual Income

CASH SAVINGS/DEPOSIT DETAILS

Bank	Owner	Account Type	Amount

SUPERANNUATION DETAILS

Client 1	Main Fund	Other Fund
Fund Name		
Type of fund		
Earliest Service Date (ETP)		
Contributions		
Super. G'tee. Charge/Levy		
Other Employer Contributions		
Salary Sacrifice Contributions		
Personal (undeducted) Contributions		
Personal (deducted) Contributions		
Life Cover		
Current Value		
Transfer Value		
Policy Numbers		
Undeducted Amount		
Does Binding Nomination of Beneficiary Presently Apply?		

Client 2	Main Fund	Other Fund
Fund Name		
Type of fund		
Earliest Service Date (ETP)		
Contributions		
Super. G'tee. Charge/Levy		
Other Employer Contributions		
Salary Sacrifice Contributions		
Personal (undeducted) Contributions		
Personal (deducted) Contributions		
Life Cover		
Current Value		
Transfer Value		
Policy Numbers		
Undeducted Amount		
Does Binding Nomination of Beneficiary Presently Apply?		

EXISTING RISK INSURANCE COVER

Client 1 Type of Cover	Life	TDP	Trauma	Income Protection
Life Insured				
Policy Owner				
Sum Insured				
Name of Company				
Commencement Date				
Premium				
Premium Frequency				
Surrender Value				

EXISTING RISK INSURANCE COVER

Client 2 Type of Cover	Life	TDP	Trauma	Income Protection
Life Insured				
Policy Owner				
Sum Insured				
Name of Company				
Commencement Date				
Premium				
Premium Frequency				
Surrender Value				

RISK INSURANCE COVER

	Client 1	Client 2
1.a If you were unable to work for a long period of time due to illness or an accident, what percentage of your current income would your family require to meet everyday living expenses and ongoing medical expenses? (max 75%)	_____ %	_____ %
1.b How long should the income in 1a continue for? (eg 2yrs, 5 yrs, to age 60 or age 65)	___age/yrs	___age/yrs
1.c If you were unable to work due to accident or illness how long could you reasonably last without your income? (days)	___days	___days
2.a In the event of your untimely death, do you wish to fund all debts and education costs from insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.b In the event of your untimely death, how much income would you require for your family while children are still dependent, (assuming education costs and debt repayment have already been met)? (month/year)	\$ _____	\$ _____
2.c In the event of your untimely death, how much income would your spouse require once the children are no longer dependent. (Assuming debt repayment has already been met)? (month/year)	\$ _____	\$ _____
3. What capital sum do you consider adequate to meet emergency major medical expenses? (lump sum)	\$ _____	\$ _____

RISK INSURANCE BACKGROUND

Health Considerations

Describe Current Health

Client 1

- Excellent
 Good
 Poor

Client 2

- Excellent
 Good
 Poor

Do you smoke?

Yes No

Yes No

Do you have any health problems?

Yes No

Yes No

Does your family have any history of health problems? (Parents, Siblings).

Yes No

Yes No

Notes:

TAX FILE NUMBERS

I give permission for _____ who is an Authorised Representative with The Salisbury Group Pty Ltd to retain my tax file number on my personal client file, and to disclose this information as necessary to other Financial Institutions with which I choose to do business. I understand this is the only purpose for which my tax file number will be used.

Tax File Number: _____

Tax File Number: _____

Name: _____

Name: _____

Signature: _____

Signature: _____

CLIENT DECLARATION

Correct and Accurate Information

I/we have read and checked the information contained in this Fact Find document and confirm that it is accurate.

I/we acknowledge that if we have chosen not to disclose any information, or the information provided is incorrect, it could seriously affect the suitability of any recommendations provided,

The information set out in this form accurately represents my/our investment objectives, financial situation and particular needs.

I/we are not aware of any other information, which may be relevant to the preparation of my/our financial plan.

I/we understand that a financial plan/investment recommendation will be based solely on the information supplied in this fact find, and should be implemented within a period of one month.

I/we understand that if we do not proceed with the implementation of the financial plan within a month, that it will be necessary to review the information, which has been supplied before proceeding with the financial plan.

Financial Services Guide

I acknowledge that I have received a Financial Services Guide on Date: _____

Privacy

I acknowledge that I have received a Privacy Policy Statement.

Client 1: Name: _____ Signature _____ Date: _____

Client 2: Name: _____ Signature _____ Date: _____

ADVISOR'S DECLARATION

The information recorded in this document was provided during a discussion held on Date: ___/___/___

The client received a "Financial Services Guide" on _____ Date: _____

Advisor Name _____ Signature _____ Date: _____

Risk Profile Questionnaire

1. How do you rate your willingness to take financial risks?	<input type="checkbox"/> Average	<input type="checkbox"/> Less willing	<input type="checkbox"/> More willing
2. When you think of 'risk' in a financial context, which comes to mind first?	<input type="checkbox"/> Possible gains	<input type="checkbox"/> Could gain or lose	<input type="checkbox"/> Possible loss
3. How easily do you adapt when things go wrong financially?	<input type="checkbox"/> With ease	<input type="checkbox"/> Can adapt	<input type="checkbox"/> With difficulty
4. How much confidence do you have in your ability to make good financial decisions?	<input type="checkbox"/> I am not very confident about financial decisions	<input type="checkbox"/> I am very confident in my financial decisions	<input type="checkbox"/> I am reasonably confident in my financial decisions
5. If you had to choose between more job security with a small pay rise, or less job security and a big pay rise, which would you pick?	<input type="checkbox"/> I am not sure	<input type="checkbox"/> I'd take more job security & a small pay rise	<input type="checkbox"/> I'd take less job security & a big pay rise
6. When faced with a major financial decision, do you concentrate more on possible gains or possible losses?	<input type="checkbox"/> Usually, if not always, the gains	<input type="checkbox"/> Usually, if not always, the losses	<input type="checkbox"/> Usually the gains, but sometimes the losses.
7. Would you borrow money to make an investment?	<input type="checkbox"/> Possibly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. How much of your investment portfolio would you be willing to place in an investment that you thought had the potential for high returns but <i>also</i> had the potential for large losses?	<input type="checkbox"/> Less than 10%	<input type="checkbox"/> More than 50%	<input type="checkbox"/> 25% to 35%
9. How big a loss across all your investments would have to occur before you began to feel uncomfortable?	<input type="checkbox"/> I would be uncomfortable by the time my losses reached 10%	<input type="checkbox"/> I would get uncomfortable when my losses were between 10% to 20%	<input type="checkbox"/> It would take losses of at least 25% before I became uncomfortable

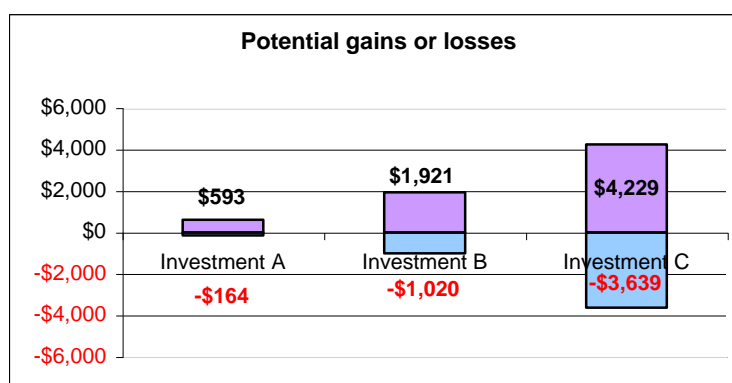
10. This chart below shows the highest one-year gain and the highest one-year loss on three different hypothetical investments of \$10,000.

Which one would you see as your preferred investment?

I would pick Investment A

I would pick Investment B

I would pick Investment C



Client Name: _____

Date completed: _____