FINANCIAL FACT FINDER
(Confidential)

Client: ____

Adviser: _________________________________

Interview held on: _____ / _____ / ______

IMPORTANT NOTICE TO CLIENTS

The law requires Your Adviser to have reasonable grounds for making an investment or insurance recommendation. Before making such a recommendation the Adviser must ask you about your investment objectives, financial position and your particular needs. The information requested in this form will only be used for this purpose.

WARNING

You may decline to provide the information. However, we are required to inform you that The Adviser could give inappropriate advice if you do not fully and accurately complete this form.

Remunerator Financial Services Pty Ltd
ABN 76 075 357 274
AFSL No. 236658
Life Insurance Broker

AMKS Financial Services Pty Ltd
ABN 52 088 635 518
Authorised Representative of
Remunerator Financial Services Pty Ltd

PRIVACY STATEMENT

Remunerator Financial Services Pty Ltd is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us. We have therefore adopted the National Privacy Principles and the Privacy Act 1988 (Cth).

Information we collect

All the information that we ask for is required for us to effectively manage the financial arrangements you ask us to make.

Information may be disclosed only to organisations that require it to effect these financial arrangements.

It may also be used to suggest other opportunities to you that may enhance your financial position.

Right of access

You have the right to access any such information held by Remunerator Financial Services that relates to you, and to correct any information that is inaccurate.

If you object to us using the information as described you can advise us at any time by writing to the Privacy Officer, Remunerator Financial Services, PO BOX 1247, Camberwell, Vic., 3124 to that effect.

Privacy Policy

If you wish to read Remunerator Financial Services' Privacy Policy, please contact the Privacy Officer as above.

AMKS Financial Services Pty Ltd upholds the same privacy policy as Remunerator Financial Services Pty Ltd.

Financial Fact Finder

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Financial Fact Finder

Personal Details

	Client		Spouse/Partner
Title	Mr/Mrs/Ms/Miss/Dr/Prof		Mr/Mrs/Ms/Miss/Dr/Prof
Surname			
Given Names			
Preferred Name			
DOB			
Marital Status			
Occupation			
Employment Status			
Employer			
Est. Retirement Age			
Tax File No and Authority to Hold	YES / NO		YES /NO
Australian Resident	YES / NO		YES / NO
Smoker	YES / NO		YES / NO
Private Health Insurance	YES/NO	Name of Provider	
Referral Source			
Interests			

Contact Details

Address			
Home Phone:		Home Fax:	
Client Work Phone		Partner Work Phone	
Client Mobile:		Partner Mobile:	
Client E-mail:		Partner Email:	

Children/Dependants

Name	DOB	Dependant to Age	Cost p.a. (1)

Please attach summary of projected total costs for each year where the cost is additional to amount shown for cost of living expenses.

Lifestyle Assets

Asset Description	Owner	Market Value
Principal Residence		
Home Contents		
Motor Vehicle 1		
Motor Vehicle 2		

Investments

Bank Accounts	Current Value	Owner (C,P or J)	Comments

Direct Shares	ASX Code	Date Acquired	Owner (C,P or J)	Dividend Reinvested (Yes/No)	Initial Investment amount	Number of Shares	Current Value

Managed Funds	APIR Code	Date Acquired	Owner (C,P or J)	Distribution Reinvested (Yes/No)	Initial Investment amount	Number of Units	Current Value

Direct Property	Owner (C,P or J)	Date Acquired	Initial Investment amount	Current Value

Superannuation Details

Current Employer Fund

	Client	Spouse/Partner	Comments / Details
Name of Superannuation Fund			
Super Fund Account Number			
Tax-Free Benefit			
Taxable Benefit			
Preserved Benefit			
Unrestricted Non-Preserved Benefit			
Superannuation Salary			
Superannuation Guarantee Contributions (SGC) %			
Superannuation Guarantee Contributions (SGC) $			
Member Post Tax (U/C) Contributions (%)			
Member Sal Sacrifice Contribution			

Attach investment details. If invested in a Defined Benefit scheme, attached the most recent benefit statement received.

Non Concessional (After-Tax) Superannuation Contributions for last 3 years

Financial Year	Superannuation Fund	$Amount (Client)	$Amount (Partner)
Current			
Last			
Previous			

Superannuation Rollover Benefit

Rollover Fund	Owner C,P or J	Current Value	Undeducted Contribution	Preserved Portion	Comments

Provide details of investments held in each rollover fund.

Superannuation Pension/Annuity Details

Provider	Owner C,P or J	Current Value	Annual Payment	ETP Rebate %	Comments

Provide details of investments held in each pension/annuity.

Other Entities

Private Superannuation Fund

Superfund Name	TFN	ABN	ISC File Number
Corporate Trustee ABN	Trustee 1	Trustee 2	Corporate Trustee
Name of Member Account	Member Status	Current Balance	As at Date

Please provide statement showing investments held in the Private Superannuation Fund.

Family Company

Company Name	Principal Contact	TFN	ABN

Family Trust

Trust Name	TFN	ABN	Trustee 1
Trustee 2	Corporate Trustee	Corporate Trustee ABN	Testamentary
			Yes / No
Name of Beneficiary	DOB (if minor)	Account Balance	As at Date

Please provide statement showing investments held by the Trust/s.

Other (eg. Private Business)

"Other" Name	Principal Contact	ABN	Notes

Employment and Income Details

Employment Income	Client	Spouse/Partner
Cessation Date		
PAYG Salary / Wages (Gross minus packaged items)		
Package Item – Car		
Package Item – Super		
Package Item – Other		
Package Item - Share Plan		
Bonus (estimate)		
Total Employment Income (Before Tax)		
Business / Other Income		
Cessation Date		
Business Income		
Other Income		
Total Business/Other Income (Before Tax)		
Pension/Centrelink Income		
Cessation Date		
Aged/Disability Pension		
NewStart Allowance		
Superannuation Pension		
Overseas Pension		
Total Pension Income		
Other Income Description		
Cessation Date		
Amount (Annual)		
Total Other Income (Before Tax)		
Other Income Notes		
Overall Income (Before Tax)		

Anticipated Inheritances

Client	Spouse/Partner

Loans/Debts

Type	Lender	$Amount Owing	Interest Rate %	Owner C, P or J	P & I or Int. Only	Repayments
Mortgage						
Credit Card						
Personal Loan						
Investment Loan						

Estate Planning Considerations

Estate Planning Details	Client	Spouse/Partner
Current Will		
Date of Will		
Date Last Reviewed		
Will Location:		
Executor Names:		
Executor Phone		
Testamentary Trust/s		
Guardian Name:		
Guardian Phone Number		
Financial Power of Attorney:		
Medical Power of Attorney		
Enduring Power of Attorney		
Attorney Name:		
Attorney Phone		
Funeral Plan		
Funeral Director		
Amount Paid		

Financial Objectives & Expenditure Scheduling

Financial Objectives/Anticipated Expenditure	Date or F/Y	$Cost Estimate	C, P , or J
Short Term (up to 2 years)			
Medium Term (2 to 5 years)			
Long Term (more than 5 years)			

Income Required

	Client	Spouse/Partner	Total
Now			
At Retirement			

Expenditure

Expense Item	Client (p.a.)	Spouse/Partner (p.a.)	Total (p.a.)
Cost of Living – General **(worksheet below may assist your calculation)**			
Superannuation – Personal After-Tax Contribution			
Home Mortgage Loan Repayments			
Other (Non-Deductible) Loans			
Investment Loans (Deductible Expense)			
Life & TPD Insurance			
Income Protection Insurance			
Trauma (Critical Illness) Insurance			
Total			

You may find the following table useful in estimating your general cost of living expenditure

Cost of Living - General	Client (p.a.)	Spouse/Partner (p.a.)	Total (p.a.)
Household Expenses			
Food/Groceries			
Rent			
Rates			
Electricity, Gas and Telephone			
Home and Contents Insurance			
Other			
Transport			
Cap Repayments			
Public Transport/Taxis			
Petrol/oil/maintenance			
Registration and Insurance			
Other			
Health			
Medical Fund			
Doctor/Dentist/Chemist			
Other			
Education			
School Fees/Books			
Child Care			
Other			
Personal			
Clothing			
Entertainment/Dining Out			
Holidays			
Other			
Total			

Insurance

Personal

Type of Cover		Company/Policy No	Cover $Amount	$Annual Premium
Client	Life			
	TPD			
	Income Protection			
	Trauma/Critical Illness			
Partner	Life			
	TPD			
	Income Protection			
	Trauma/Critical Illness			

Property

	Company/Policy No	Cover $Amount	$Annual Premium
Principal Residence			
Home Contents			

Current Health

Are you aware of any health conditions, which may impact investment decisions or time frames? If yes please provide details below

Social Security matters

Please advise of any current or future government benefits to which you are or may become entitled (eg. Overseas pensions, disability benefits, family allowances, veteran pensions not noted elsewhere in this Financial Fact Finder)

Termination Payments

Entitlement	Client	Spouse/Partner
Long Service Leave (net)		
Annual Leave (net)		
Redundancy / Early Retirement ETP		
Redundancy / Early Retirement Tax Free		
Post 1994 Invalidity Payment		
Ex Gratia / Golden Handshake		
Other		
Total – Company Payment		

Asset Allocation – risk/return profile

To what extent are you concerned about the following? (Tick appropriate box)

	Not Concerned	Slightly Concerned	Concerned	Very Concerned	Extremely Concerned
Keeping Ahead of Inflation					
Maximising Tax Advantages					
Safety and Security of Capital					
Liquidity & Flexibility of Funds					
Provision of Current Income					
Easy Access to Cash					
Ease of Management of Funds					
Wealth Creation					
Investment Returns					

Risk v’s Return

How would you describe yourselves as investors?

1		Conservative	Long term and secure income stream. Minimal growth on the capital invested. Preservation of capital invested.
2		Moderately Conservative	Stable income stream. Modest growth on capital invested. Medium to long term capital security.
3		Balanced	Moderate growth on capital invested. Moderate income stream. Moderate level of capital volatility.
4		Moderately Aggressive	High level of growth on capital invested. Modest level income stream. High volatility of the capital invested.
5		Aggressive	High level of growth on the capital invested. Income incidental. High level volatility

What degree of risk to investment capital is acceptable to you, when compared to the potential for return?
Place C (Client) and where applicable, P (Spouse/Partner) along the following risk/return scale at the point where you would be comfortable with the level of investment risk taken.

1 2 3 4 5

Low Risk/Low Return High Risk/High Return

In investment planning, are there any investments you wish to avoid? Yes No

If so – details:

In investment planning, are there any investments you would prefer? Yes No

If so – details:

Other Notes

Future Reviews

How often do you wish to review your financial plans? (may be subject to additional fees)

Quarterly Half Yearly Yearly

Client Acknowledgement

(Please tick the appropriate boxes)

- ☐ The information provided in this form is complete and accurate to the best of my knowledge.
- ☐ I have chosen to only disclose the limited information shown in this form.
- ☐ I give permission for Remunerator Financial Services Pty Ltd to hold my tax file number if necessary for the completion of investments as recommended and as required by applicable financial institutions.
- ☐ Financial Services Guide provided.

I understand and acknowledge that by not fully completing this fact find/needs analysis, advice may not be appropriate for my needs and objectives. I also acknowledge that personal circumstances can change, and will contact the Financial Planner when/if this occurs. I have read and understood Remunerator's Privacy Statement and consent to the uses and disclosures set out therein.

		Date
Client Signature		
Spouse/Partner Signature		
Advisor Signature		