

Client Data Collection Form

Client 1 Name _____

Client 2 Name _____

Adviser Name _____

Date _____

SCOPE

What are the main reasons for seeking advice?

CONCERNS

	Client 1		Client 2		Notes
	Yes	No	Yes	No	
Total Insurance Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provision of Retirement Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Review of Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wealth Creation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other required (ie Centrelink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERSONAL DETAILS

	Client 1	Client 2
Preferred Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Given Name/s	_____	_____
Preferred Name	_____	_____
Surname	_____	_____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	_____	_____
Resident of Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number (TFN)	_____	_____
Authority to retain TFN on file	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced
Do you have a current will?	<input type="checkbox"/> Yes, I believe is adequate <input type="checkbox"/> No, need advice <input type="checkbox"/> No, will seek my own legal advice	
Do you have a current Power Of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> General <input type="checkbox"/> Restricted <input type="checkbox"/> Enduring <input type="checkbox"/> Guardianship <input type="checkbox"/> Medical <input type="checkbox"/> No <input type="checkbox"/> I will seek my own advice	

CONTACT INFORMATION

Type	Details
Home Address	_____
Postal Address	_____
Business Address	_____
Address for Correspondence	<input type="checkbox"/> Street <input type="checkbox"/> Business <input type="checkbox"/> Postal
Home Phone No.	_____
Work Phone No.	_____
Mobile	_____
Fax	_____
Email	_____
Preferred Method of contact	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Postal <input type="checkbox"/> Email <input type="checkbox"/> Business <input type="checkbox"/> Fax

DEPENDENTS

Are there any dependents? Yes No

Name	Relationship	Date of Birth	Sex	Financial Dependent	Dependent until age

HEALTH & PASTIMES

Health	Client 1	Client 2
Current Health	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never Smoked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never Smoked
If No, when given up?	Date _____	Date _____
Are you or have you ever been on medication in the past 5 yrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any injuries eg: Joint, Back, Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pastimes	Client 1	Client 2
What are your interests, hobbies or sports?	_____	_____
	_____	_____
	_____	_____

EMPLOYMENT

	Client 1	Client 2
Occupation / Profession	_____	_____
Job Title	_____	_____
Industry	_____	_____
Employer	_____	_____
Employment status	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contract Arrangements <input type="checkbox"/> Passive Income Earner <input type="checkbox"/> Gov. Allowances Recipient <input type="checkbox"/> Home Duties	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed <input type="checkbox"/> Contract Arrangements <input type="checkbox"/> Passive Income Earner <input type="checkbox"/> Gov. Allowances Recipient <input type="checkbox"/> Home Duties
Income	Before Tax \$ _____ After Tax \$ _____	Before Tax \$ _____ After Tax \$ _____
Primary duties	_____	_____
	_____	_____
	_____	_____
% manual tasks	_____	_____
Qualifications	<input type="checkbox"/> Tertiary <input type="checkbox"/> Trade <input type="checkbox"/> Other	<input type="checkbox"/> Tertiary <input type="checkbox"/> Trade <input type="checkbox"/> Other
Are any changes planned?	_____	_____
	_____	_____
	_____	_____

LIABILITIES

Do you have any liabilities? Yes (please complete below) No

Asset held as security	Value	Lender	Amount Owed	Repayment
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

INVESTMENT ASSETS

Investments	Purchase Date	Current Value	Cost	Monthly Payments	Owner
Investment Property/ Holiday Home		\$	\$	\$	
Bank Account		\$	\$	\$	
Bank Account		\$	\$	\$	
Shares		\$	\$	\$	
Managed Funds		\$	\$	\$	
Other		\$	\$	\$	
Other		\$	\$	\$	

Where possible please attach details of each item above (photocopy is ideal)

SELF MANAGED SUPER FUND

Do you have a Self Managed Super Fund? Yes No

Name of the Fund _____

Name/s of the Trustee _____

Who are the members _____

Total Value of the Fund Assets \$ _____

Please attach a copy of the last financial report for the fund, current investment strategy and trust deed.

INSURANCE POLICIES

Do you hold any risk insurance? Yes No
 (life insurance, TPD, Trauma, Traditional, Whole of life, Endowment, including cover in super)
 If yes complete details below.

Do you wish to review your existing insurances? Yes No

	Policy 1	Policy 2	Policy 3	Policy 4
Policy type	_____	_____	_____	_____
Life Company	_____	_____	_____	_____
Life assured	_____	_____	_____	_____
Sum assured				
Death	\$ _____	\$ _____	\$ _____	\$ _____
TPD	\$ _____	\$ _____	\$ _____	\$ _____
Trauma	\$ _____	\$ _____	\$ _____	\$ _____
Income Protection	\$ _____	\$ _____	\$ _____	\$ _____
Business Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Policy Owner	_____	_____	_____	_____
Purpose	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Beneficiaries	_____	_____	_____	_____
Annual Premium				
Amount p.a.	\$ _____	\$ _____	\$ _____	\$ _____
Frequency paid				
Who paid by	\$ _____	\$ _____	\$ _____	\$ _____
Waiting period	_____	_____	_____	_____
Benefit period	_____	_____	_____	_____
Any exclusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any known loadings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME

Do you wish to provide Income details? Yes No
If no why not?

Source	Amount	Frequency	Owner
Salary	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Salary	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Business Income	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Rental Income	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Dividends	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Other	\$ _____	W / F / M / Q / Y	C1 / C2 / J
Other	\$ _____	W / F / M / Q / Y	C1 / C2 / J

EXPENDITURE

Do you wish us to provide a 'budget' worksheet? Yes No

Do you have a figure in mind that you expect to need to maintain your lifestyle expenditure? You can provide this amount either on a weekly, fortnightly, monthly or per annum basis. The amount should be net of tax, ie the amount that you need to spend.

Lifestyle expenditure is estimated to total \$_____ per W/F/M/Y

LIFESTYLE ASSETS

Description	Owner	Market Value	Realisable at death?
House	_____	\$ _____	_____
Contents	_____	\$ _____	_____
Collectables	_____	\$ _____	_____
Motor Vehicle	_____	\$ _____	_____
Motor Vehicle	_____	\$ _____	_____
Caravan/Boat	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
Total	_____	\$ _____	_____

SUPERANNUATION

Do you wish to provide detailed information on your super? Yes No

If no, why not? _____

	Fund 1	Fund 2
Members	_____	_____
Type of Fund –	<input type="checkbox"/> Employer <input type="checkbox"/> Personal <input type="checkbox"/> Industry <input type="checkbox"/> SMSF	<input type="checkbox"/> Employer <input type="checkbox"/> Personal <input type="checkbox"/> Industry <input type="checkbox"/> SMSF
Date of joining Employer	_____	_____
Date of joining Fund	_____	_____
Type	Accumulation / Defined Benefit	Accumulation / Defined Benefit
Balance	\$ _____	\$ _____
Current contribution levels		
Employer % of salary	_____	_____
Personal contribution % salary	Pre _____ Post _____	Pre _____ Post _____

#Please attach a copy of your most recent fund report.

PLANNED CAPITAL EXPENDITURE

Do you have current plans for one off significant expenses? Yes No

If yes please provide basic details.

Planned Expense	Amount	Source of funds	Definite
Renovation	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Car	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Caravan	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holiday	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

FUTURE OBJECTIVES

Have you considered your future financial and lifestyle objectives?

Yes No

If no, why not? _____

Short Term

Brief Outline

Up to 2 years

Medium Term

Brief Outline

2 to 5 years

Longer Term

Brief Outline

Greater than 5 years

Adviser Notes

DECLARATIONS

While the legislation requires that the adviser must “Know the Client” there is provision that in some circumstances an adviser may give limited advice. If you want limited advice of a certain nature you must make this known at the time of interview and you should recognise that the recommendations will only relate to the advice sought.

I / We acknowledge that the information provided is a true and accurate record of the discussion held and that along with any applicable additional information provided by me / us, it will be used to prepare advice on my /our agreed needs and objectives.

I / We confirm that I / we have received a copy of the Financial Services Guide I/we accept that my adviser may send me/us information about its services from time to time. I/ we understand that I/we may notify you of my/our decision not to receive further information by contacting you directly

I / We give permission for our Tax File Number to be retained on file and/or issued to product providers.

I / We understand that Advocate Advisory Pty Ltd needs to collect personal information, including sensitive and health information if applicable, in accordance with their Privacy Statement to provide financial services advice. I/ We understand that all information collected will be kept private and confidential in accordance with the Advocate Advisory Privacy Statement. That information will not be disclosed to any outside party organization, unless it is providing products or services. I / We understand that we may request a copy of the policy at any time.

Incomplete and or inaccurate information

It is important you understand that appropriate personal advice may not be given without a complete analysis of your personal and financial situation. Prior to proceeding with any personal advice, you should assess and review the recommendations and ensure they are appropriate to you in light of your particular circumstances, needs and objectives.

Client 1 name (print)

Signature

Date

___ / ___ / ___

Client 2 name (print)

Signature

Date

___ / ___ / ___

Adviser name (print)

Signature

Date

___ / ___ / ___