

Client Data Collection Form

Client 1 Name _____

Client 2 Name _____

Adviser Name _____

PURPOSE

Why are you seeking advice?

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. Last reviewed ___ / ___ / _____ <input type="checkbox"/> No, need advice <input type="checkbox"/> No, will seek my own legal advice	
Do you have a current Enduring Power Of Attorney?	<input type="checkbox"/> Yes, I believe it is adequate. Last reviewed ___ / ___ / _____ <input type="checkbox"/> No, I need advice <input type="checkbox"/> No, I will seek my own advice	
Do you have a current Advance Care Directive?	<input type="checkbox"/> Yes, I believe it is adequate. Last reviewed ___ / ___ / _____ <input type="checkbox"/> No, I need advice <input type="checkbox"/> No, I will seek my own advice	
Do you have Health Insurance?	<input type="checkbox"/> Yes: Name of Insurer _____ <input type="checkbox"/> Hospital <input type="checkbox"/> Extras <input type="checkbox"/> No	

CONTACT INFORMATION

Client 1 Client 2 Both

Type	Details
Home Address	_____
Postal Address	_____
Business Address	_____
Address for Correspondence	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Postal
Home Phone No.	_____
Work Phone No.	_____
Mobile	_____
Email 1	_____
Email 2	_____
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"/> SMS

DEPENDENTS

Relevant to Advice? Yes No

Are there any dependents? Yes No

Name	Relationship	Date of Birth	Sex	Financial Dependent	Dependent until age

Client declined to provide

HEALTH & PASTIMES

Relevant to Advice? Yes No

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 _____
Height	_____	_____
Weight	_____	_____
Are you or have you ever been on medication in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any recent major health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How would you describe your family health history?	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Pastimes	Client 1	Client 2
What are your interests, hobbies or sports?	_____ _____ _____	_____ _____ _____

Client declined to provide

BUSINESS STRUCTURE

Relevant to Advice? Yes No

is your employment conducted through a business that you at least partially own?
 Yes No

If you answered 'Yes' to the above, please ask your adviser to provide you with our Business Ownership Appendix.

Client declined to provide

EMPLOYMENT

Relevant to Advice? Yes No

	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
Detail qualifications	_____	_____
	_____	_____
	_____	_____
Are any changes planned?	_____	_____
Client declined to provide	<input type="checkbox"/>	

RETIREMENT PLANNING

Relevant to Advice? Yes No

When do you plan to retire? _____ years or age _____ & age _____

What do you expect your retirement income needs to be? \$ _____ w / f / m

Are you likely to inherit? Yes No

Can you estimate a potential value? \$ _____

estimate of timing _____ years

Client declined to provide

INCOME & EXPENDITURE

Relevant to Advice?

Yes No

Please provide Income details.

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

Do you wish us to provide a 'budget' worksheet?

Yes No

Do you have a figure in mind that you expect to need so as to maintain your current 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

Client declined to provide

LIFESTYLE ASSETS

Relevant to Advice?

Yes No

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

Client declined to provide

INVESTMENT ASSETS

Relevant to Advice?

Yes No

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

Client declined to provide

LIABILITIES

Relevant to Advice?

Yes No

Do you have any liabilities?

Yes (please complete below) No

Personal Liabilities

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

Investment Liabilities

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

Client declined to provide

* Where possible please attach a copy of your share holding statement or managed fund valuation.

SELF MANAGED SUPER FUND

Relevant to Advice? Yes No

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 \$ _____

Do you have a Current Investment Strategy document? Yes. (Attach copy)
 No, I need advice
 No, I will seek my own advice

Please attach a copy of the last financial report for the fund.

Client declined to provide

INSURANCE POLICIES

Relevant to Advice? Yes No

Do you hold any risk insurance? (life insurance, TPD, Trauma, Income Protection, including cover in super) Yes No
 If yes complete details below or attach copy of recent renewal.

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	_____	_____	_____	_____
Annual Premium	\$ _____	\$ _____	\$ _____	\$ _____
Loadings	\$ _____	\$ _____	\$ _____	\$ _____
Exclusions	\$ _____	\$ _____	\$ _____	\$ _____

Client declined to provide

SUPERANNUATION (Other than Self-Managed Super Funds)

Relevant to Advice? Yes No

Please complete details below or attach copy of fund report.

	Fund 1	Fund 2
Name of Fund	_____	_____
Member Name	_____	_____
Type of Fund –	<input type="checkbox"/> Employer <input type="checkbox"/> Personal <input type="checkbox"/> Industry <input type="checkbox"/> Other	<input type="checkbox"/> Employer <input type="checkbox"/> Personal <input type="checkbox"/> Industry <input type="checkbox"/> Other
Date of joining Employer	_____	_____
Date of joining Fund	_____	_____
Fund Type	Accumulation / Defined Benefit	Accumulation / Defined Benefit
Balance	\$ _____	\$ _____
Current contribution levels	<input type="checkbox"/> Employer SGC <input type="checkbox"/> Salary Sacrifice \$ _____ p.a. <input type="checkbox"/> Personal \$ _____ p.a. <input type="checkbox"/> Other \$ _____ p.a.	<input type="checkbox"/> Employer SGC <input type="checkbox"/> Salary Sacrifice \$ _____ p.a. <input type="checkbox"/> Personal \$ _____ p.a. <input type="checkbox"/> Other \$ _____ p.a.

Client declined to provide

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

PLANNED CAPITAL EXPENDITURE

Relevant to Advice? Yes No

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

Client declined to provide

Purpose for seeking Advice

(To be completed in consultation with your adviser)

In order to provide advice that is appropriate for you, we need to understand your financial and lifestyle goals so that we can provide recommendations to achieve these.

Your 'objectives' are the things that you want to achieve both now and in the future. It is best if you can be as specific as possible when writing these down. For example, if you need to do some renovations, when do you need to do them? How much will you need? Is this a priority for you or is preparing for retirement a more pressing goal?

Work with your adviser to determine and document your goals and needs below.

What are your financial and lifestyle goals and needs?	How important is this to you? (High/Medium/ Low)	What is your timeframe for this goal/need? E.g. Immediate,2-5 years, 5-10 years, Retirement.

Client/s Declaration

Confirmation of true and accurate record

I / We acknowledge that the information provided within this Client Data Collection Form, inclusive of any relevant Appendices completed, is a true, complete and accurate record of information collected by my adviser relating to my/our needs, circumstances and objectives, as relevant to the advice that I/We are seeking.

I/We understand that our adviser will use this information on which to provide us with advice that is appropriate to us, and in our best interests.

Incomplete and/or inaccurate information warning

I/We understand that if I do not provide my adviser with complete and accurate information, that this may affect the appropriateness of the advice that they can provide.

Accordingly, prior to proceeding with any personal advice based on incomplete or inaccurate information, I/We confirm that we will assess and review the recommendations in light of our particular circumstances, needs and objectives.

Consent to Maintaining Records

I/We consent to our Adviser maintaining records relevant to the advice provided to me, in accordance with the relevant privacy, regulatory and confidentiality requirements, as detailed within the Advocate Advisory Privacy Disclosure Statement, contained within the Financial Services Guide.

Tax File Number Authorisation

I/We authorise our Adviser to hold my/our Tax File Number(s) ("TFN's) in a secure location and disclose it only to fund managers and life companies for the following purposes:

- Matters for superannuation investment purposes as required by the Superannuation Laws; such as inclusion on application forms
- Matters for non-superannuation investment purposes as required by the Taxation Laws; such as inclusion on application forms

I/We confirm that we understand that we do not have to disclose our TFN to our adviser, but understand that if we do not disclose it that we may be taxed at a higher marginal tax rate.

I/We confirm that the manner of obtaining the TFN was not unreasonably intrusive.

Consent to Electronic disclosure

I/We acknowledge that the adviser may provide some disclosure documents such as Product Disclosure Statements, Financial Services Guide or Statements of Advice, via electronic means such as email or hyperlink. I/We understand that we may opt out of receiving disclosure documents via electronic means at any time by contacting our adviser.

Client 1 name (print)

Signature

Date

___ / ___ / ___

Client 2 name (print)

Signature

Date

___ / ___ / ___

Adviser Declaration

Conduct of Reasonable Inquires

As your adviser, I confirm that I have made all reasonable inquiries to ascertain relevant information from you pertaining to the subject matter of your advice. This includes information on your needs, circumstances and objectives – both current and (possible) future.

Client Declined to provide

I have sought to obtain complete and accurate information from you in relation to your circumstances, needs and objectives.

Where you have declined to provide information this has been indicated via a tick in a “Client Declined to provide” box within this document.

I confirm that where you have declined to provide information within this Client Data Collection Form, I have done the following:

- Made all reasonable attempts to obtain this information where it was relevant to the subject matter of the advice (as indicated by a tick in the “Relevant to Advice” box);
- Advised you of the consequences of non-disclosure, including any limitations to advice that I can provide;
- Provided an incomplete/inaccurate information warning; and
- Advised you that I may need to defer or scope out advice matters to ensure that I can provide advice that is appropriate and in your best interests.

Adviser name (print)

Signature

Date

___ / ___ / ___

Documentation Checklist

This document forms part of the Advocate Advisory Client Data Collection form.

Supporting Documentation

In addition to the information collected within the body of the Client Data Collection form, we may also require you to provide additional supporting documentation.

We have included a list of supporting documentation required below. Where we require this from you we have placed a tick in that box. You only need to provide information where we have indicated.

ADVISER USE ONLY

Client 1 Tick(✓) if required	Client 2 Tick (✓) if required	Required document	Obtained
<input type="checkbox"/>	<input type="checkbox"/>	Drivers licence(s), Passports or other relevant ID	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Superannuation Statements	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Bank statements	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Investment Statements	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	List (and number) of shares held	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Power of Attorney	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Details of type of Centrelink/ DVA pension	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Other:	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Other:	Date: ___ / ___ / ___
Aged Care Advice Only			
<input type="checkbox"/>	<input type="checkbox"/>	Details of nursing facility being considered including details of RAD	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Details of ACAT assessment	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Details of home care provider	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Copy of any Aged Care assessment of assets & income	Date: ___ / ___ / ___
Self Managed Super Fund (SMSF) Advice only			
<input type="checkbox"/>	<input type="checkbox"/>	SMSF Trust Deed	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	SMSF Investment Strategy	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	List of Assets of the SMSF	Date: ___ / ___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	Copy of last available financials for the SMSF	Date: ___ / ___ / ___

Appendices

The nature of your advice inquiry may also require us to collect some additional specific information that is not contained in the body of the Client Data Collection form. We have indicated below which Appendices that we will require you to complete.

ADVISER USE ONLY

Tick if required	Appendix	Obtained
<input type="checkbox"/>	Business Ownership	Date: ___ / ___ / ___
<input type="checkbox"/>	Estate Planning	Date: ___ / ___ / ___
<input type="checkbox"/>	Investment Objectives for SMSF	Date: ___ / ___ / ___
<input type="checkbox"/>	Other:	Date: ___ / ___ / ___

Client Engagement Agreement

Once we have collected all required information from you, we can then consider the type of advice services that will be appropriate for you and in your best interests.

We will then prepare a Client Engagement Agreement that will detail the scope and type of advice that we can provide to you to meet your advice needs and objectives. This will include the costs associated with the preparation of a Statement of Advice, as well as give an indication of ongoing advice services and costs (as applicable).

We will ask you to review the Client Engagement Agreement carefully, before signing the Agreement to confirm your free and informed consent to proceed with advice services.