



FACT FIND & FINANCIAL NEEDS ANALYSIS

PRIVATE & CONFIDENTIAL

(VERSION DATE 29.01.14)

Prepared for

CLIENT 1:

CLIENT 2:

Date completed:

____ / ____ / ____

Prepared by

ADVISER NAME:

InterPrac Financial Planning Pty Ltd

ABN: 14 076 093 680 **AFSL No.** 246638

29-33 Palmerston Crescent, South Melbourne VIC 3205

Phone: 1800 700 666 or (03) 9209 9777 **Fax:** (03) 9209 9770

IMPORTANT

Date FSG provided: / /

FSG version #: _____

PRIVACY STATEMENT

The information contained within this document will be used by your adviser solely for the purpose of making recommendations and will be treated strictly **confidential**. The Corporations Act 2001 requires that an Adviser making financial recommendations must have reasonable grounds for making those recommendations. This document is designed to provide your InterPrac authorised representative with accurate detailed information as to your current personal and financial position. The more detailed information you provide your Financial Planner, the more effective we can be in assisting you to meet your financial goals.

The privacy of your personal information is important to us.

1. Why are we asking so many questions?

We collect your personal information to ensure that we are able to provide you with the products and services appropriate to your needs.

Financial Planning is the exercise of:

- a. gathering all the details of your financial position;
- b. understanding your financial goals;
- c. analysing all the issues and options which will form the basis of any recommendations;
- d. providing advice and recommendations, whilst also making all the required disclosures;
- e. agreeing with the advice to allow the adviser to implement the actions required to achieve your financial goals; and
- f. agreeing on the level of further review and action required to ensure the advice and recommendations continue to achieve all identified financial goals.

The process of providing financial advice may seem simple, but it is the result of carefully gathering the right information to be able to assess your financial goals. This can be achieved through the completion or updating of a previously completed fact find. A fact find will help identify what is relevant and also helps to prioritise any action required. We aim to ensure that the personal information that we retain about you, is accurate, complete and up to date.

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking.

The law also requires us to collect personal information eg The Corporations Act 2001 requires us to identify a person's needs, objectives and financial circumstances to be able to provide advice; and the Anti Money Laundering and Counter Terrorism Financing Act 2006 ("AML/CTF Act") (Commonwealth) requires us to identify all clients and to conduct identity verification checks.

2. Access to your personal information

Subject to permitted exceptions, you may access your information by contacting your adviser.

3. We may need to communicate personal information to:

- a) your adviser and external product providers;
- b) other members of InterPrac Financial Planning group. This enables InterPrac to have an integrated view of its customers and clients;
- c) organisations (who are bound by strict confidentiality) to whom we outsource certain functions i.e. our auditors. In these circumstances, information will only be used for our purposes;
- d) other professionals such as solicitors, and stockbrokers when a referral is required;
- e) third parties when required by law eg under Court Order; and
- f) Government departments or agencies such as ASIC or AUSTRAC.

4. Our Privacy Policy

As an Authorised Representative of InterPrac Financial Planning Pty Ltd, we have adopted the principles set out in the Privacy Act 1988 as part of our continuing commitment to client service and maintenance to client confidentiality. For further details please refer to the InterPrac Financial Planning *Privacy Policy* which can be found in the **Financial Services Guide**.

YOUR PERSONAL DETAILS

This section covers questions about your personal contact information, children and dependents, health and employment and estate planning and retirement details. The more detailed information you provide your Financial Planner, the more effective we can be in assisting you to meet your financial goals. Please enter as much detail as possible to the best of your ability and note down any sections you may need assistance completing and we will be happy to help.

PERSONAL DETAILS	Client 1	Client 2
Title		
Surname		
First name		
Preferred name		
Date of birth		
Place of birth		
Australian resident	Yes / No	Yes / No
Number of years in Australia	_____ years	_____ years
Age at (planned) retirement		
Marital status		
Tax file number		

CONTACT DETAILS						
Home address - Street						
Suburb						
State / Postcode	State	Postcode				
Postal address (if not as above)						
Suburb						
State / Postcode	State	Postcode				
	Client 1			Client 2		
Mobile phone						
Home phone						
Work phone						
Fax						
E-mail for correspondence						
Preferred method of contact						

REFERRED BY	
Company name	
Contact name	
Phone / Contact details	

This section is not applicable
 Client/s chosen not to complete this section

CHILDREN & DEPENDENTS					
Name	Relationship to client/s	D.O.B.	Financially dependent	Dependent to age	Future needs
		/ /	Yes / No		
		/ /	Yes / No		
		/ /	Yes / No		
		/ /	Yes / No		
		/ /	Yes / No		

This section is not applicable
 Client/s chosen not to complete this section

EMPLOYMENT	Client 1	Client 2
Occupation		
Work status	Employed / Self-employed / Retired / Unemployed	Employed / Self-employed / Retired / Unemployed
Employer		
Job title		
Hours worked per week		
Date started current employment		
Date of next salary review		
Employer contacts		
Address		
Phone		
Type/s of structures used	Trust / Company / SMSF / Other (please specify)	Trust / Company / SMSF / Other (please specify)

This section is not applicable
 Client/s chosen not to complete this section

HEALTH {RISKS}	Client 1	Client 2
Smoker status	Yes / No / Quit in previous 12 months	Yes / No / Quit in previous 12 months
Private health insurance	Yes / No	Yes / No
General health status	Excellent / Good / Average / Poor	Excellent / Good / Average / Poor
Detail any health issues		
Have you ever been rejected / refused an insurance application? If yes, please detail	Yes / No	Yes / No

YOUR GOALS

Financial planning is all about knowing what you need, developing strategies that are appropriate to you and then doing something about it and this will guarantee that you will increase the chances of making a financial difference. Therefore, it is important for us to understand what you are trying to achieve and what is important to you. This section asks details about your financial and lifestyle goals. In answering, please try to be as specific as possible as this will help us to develop a solution tailored to meet your specific needs.

In addition to understanding your goals, your financial adviser will also work with you to complete your Risk Profile, and attach this document to the Fact Find.

In the section below, please select the area/s of advice relating to your specific goals. For each area selected, please provide a detailed description of the specific goal/s and target/s you are aiming to achieve (eg retirement income, investment balance, level of insurance cover etc), the priority of these goals (1=highest importance to 5=lowest importance), and the timeframe in years (1-2 years short term, 3-5 years medium term, over 5 years long term).

This section is not applicable

Client/s chosen not to complete this section

GOALS		
Scope of Goals & Description	Priority	Timeframe
"Big picture" / Comprehensive financial planning <hr/> <hr/> <hr/> <hr/> <hr/>		
Savings & Budgeting / Cashflow management <hr/> <hr/> <hr/>		
Investment – shares / portfolio management <hr/> <hr/> <hr/>		
Investment – property / refinance <hr/> <hr/> <hr/>		
Investment – borrowing to invest (gearing) <hr/> <hr/> <hr/>		
Investment – lump sum eg redundancy / inheritance <hr/> <hr/> <hr/>		

Scope of Goals & Description	Priority	Timeframe
Retirement planning <hr/> <hr/> <hr/> <hr/>		
Estate planning <hr/> <hr/> <hr/> <hr/>		
Superannuation <hr/> <hr/> <hr/> <hr/>		
Insurance – Personal and/or business <hr/> <hr/> <hr/> <hr/>		
Financial structures / Tax planning <hr/> <hr/> <hr/> <hr/>		
Centrelink <hr/> <hr/> <hr/> <hr/>		
Other (please specify) _____ <hr/> <hr/> <hr/> <hr/> <hr/>		
Other (please specify) _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

Other objectives that may be important to you are listed in the table below. Please rank these in relation to their importance to YOU, with 1 = most important to 5 = not important (N.A. = not applicable), and in relation to how high a priority they are for you with 1 = your main priority.

This section is not applicable

Client/s chosen not to complete this section

OBJECTIVES	CLIENT 1		CLIENT 2	
	Importance	Priority	Importance	Priority
Key objectives				
Paying off your mortgage				
Protecting assets from the effects of inflation				
Developing an investment plan prior to retirement				
Planning for retirement				
Having a access to funds (cash on call)				
Providing funds for your children's education				
Providing funding for major future expense				
Protecting family/assets in the event of death				
Paying less tax				
Protecting current income in the event of sickness or accident				
Maximising your wealth				
Other (please specify)				
Other (please specify)				

What are your interests in life.

This section is not applicable

Client/s chosen not to complete this section

INTERESTS		
Interest	Client 1	Client 2
AFL / NRL / Rugby / Soccer _____	Yes / No	Yes / No
Arts / Theatre _____	Yes / No	Yes / No
Cricket	Yes / No	Yes / No
Golf	Yes / No	Yes / No
Gym	Yes / No	Yes / No
Movies	Yes / No	Yes / No
Music	Yes / No	Yes / No
Philanthropy	Yes / No	Yes / No
Property	Yes / No	Yes / No
Reading	Yes / No	Yes / No
Shopping	Yes / No	Yes / No
Technology	Yes / No	Yes / No
Tennis	Yes / No	Yes / No
Travel	Yes / No	Yes / No
Other _____	Yes / No	Yes / No

This section is not applicable
Client/s chosen not to complete this section

CLIENT 1

What are the three major events or people who have influenced your attitudes towards investing and why?

- 1. _____

- 2. _____

- 3. _____

What is it in your life that fulfils you most?

What are you prepared to give up to have this?

This section is not applicable
Client/s chosen not to complete this section

CLIENT 2

What are the three major events or people who have influenced your attitudes towards investing and why?

- 1. _____

- 2. _____

- 3. _____

What is it in your life that fulfils you most?

What are you prepared to give up to have this?

Adviser notes on goals / interests:

YOUR CASH FLOW

To assist in assessing your current financial position, this section asks about your annual income and expenses, and any major expected lump sum expenses, or changes in cash flow.

This section is not applicable

Client/s chosen not to complete this section

INCOME & EXPENSES			
INCOME (annual)	Client 1	Client 2	JOINT/TOTAL
Gross salary / wages	\$	\$	\$
Commissions	\$	\$	\$
Bonuses	\$	\$	\$
Business income / profit	\$	\$	\$
Superannuation pension	\$	\$	\$
Annuity income	\$	\$	\$
Royalties	\$	\$	\$
Investment income			
- Interest	\$	\$	\$
- Dividends	\$	\$	\$
- Rent	\$	\$	\$
- Other (please provide details)	\$	\$	\$
Other income			
- Dept. of Veterans Affairs	\$	\$	\$
- Centrelink	\$	\$	\$
- Other (please provide details)	\$	\$	\$
TOTAL INCOME			\$
EXPENSES (annual)			
Estimated income tax	\$	\$	\$
Long term debt (Mortgage, rent, loans)	\$	\$	\$
Short term debt (Credit cards, loans, other)	\$	\$	\$
Housing (Council rates, maintenance, insurance)	\$	\$	\$
Utilities (Gas, electricity, water, phone, mobile, TV)	\$	\$	\$
Car (Petrol, repair/maintain, rego, insurance)	\$	\$	\$
Food (Groceries, dining out, takeaway)	\$	\$	\$
Personal insurance (Life, disability, income)	\$	\$	\$
Health (GP, specialists, hospital, chemist, insurance)	\$	\$	\$
Personal care (Clothing, hair dressing, cosmetics)	\$	\$	\$
Entertainment (Memberships, holidays, sports, hobbies)	\$	\$	\$
Other (pet/s, school fees etc)	\$	\$	\$
TOTAL EXPENSE	\$	\$	\$
SURPLUS / DEFICIT (Income-Expense)			\$

cont...

PLANNED FUTURE EXPENSES (Next 5 years)	Amount	Financial / Calendar year of expense
Holidays / Travel	\$	
Education	\$	
New car or upgrade	\$	
Home improvement / renovation	\$	
Debt repayment	\$	
Other (eg. wedding, baby)	\$	
Other	\$	
FUTURE INCOME	Client 1	Client 2
Is your income likely to change in the next 5 years. If Yes or Maybe, please state how	Yes / No / Maybe _____ _____ _____	Yes / No / Maybe _____ _____ _____

This section is not applicable
Client/s chosen not to complete this section

GOVERNMENT INCOME SUPPORT	Client 1	Client 2
Do you currently receive Govt. benefit? If yes, please detail	Yes / No _____	Yes / No _____
If yes, what is your relationship number?	_____	_____
Notes	_____ _____ _____	_____ _____ _____
Are you registered for the Pension Bonus Scheme?	Yes / No	Yes / No
Have you gifted assets in the past 5 years? If yes, please detail	Yes / No _____	Yes / No _____
Are you registered for the Commonwealth Seniors Card?	Yes / No	Yes / No

Adviser notes on income and expenses / cash flow:

YOUR ASSETS AND LIABILITIES

This section asks about your personal and investment liabilities and assets.

This section is not applicable

Client/s chosen not to complete this section

ASSETS & LIABILITIES									
ITEM	Purchase Date	Purchase price	Current Value	Amount owing	Lender	Int. Type	Int. Rate	Repay (annual)	OWNER
Principal residence	/ /	\$	\$	\$			%	\$ pa	C1/C2/J
Personal property / contents		\$	\$	\$			%	\$ pa	C1/C2/J
Motor vehicle 1	/ /	\$	\$	\$			%	\$ pa	C1/C2/J
Motor vehicle 2	/ /	\$	\$	\$			%	\$ pa	C1/C2/J
Boat	/ /	\$	\$	\$			%	\$ pa	C1/C2/J
Caravan	/ /	\$	\$	\$			%	\$ pa	C1/C2/J
Credit card / s				\$			%	\$ pa	C1/C2/J
Credit card / s				\$			%	\$ pa	C1/C2/J
Collectables		\$	\$	\$			%	\$ pa	C1/C2/J
Holiday home	/ /	\$	\$	\$			%	\$ pa	C1/C2/J
Investment property *	/ /	\$	\$	\$			%	\$ pa	C1/C2/J
Investments *		\$	\$	\$			%	\$ pa	C1/C2/J
Cash / term dep. *			\$				%		C1/C2/J
Other	/ /	\$	\$	\$			%	\$ pa	C1/C2/J
Other	/ /	\$	\$	\$			%	\$ pa	C1/C2/J
TOTAL ASSETS			\$						
TOTAL LIABILITIES				\$				\$ pa	

This section is not applicable

Client/s chosen not to complete this section

* INVESTMENTS (Shares / Managed funds / Term Deposits / Investment Properties)					
Shares / Managed Fund Name	Owner	Date of purchase	Tax Deductable	Units / purchase \$	Current asset value
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
	C1/C2/J	/ /	Yes / No		\$
TOTAL					\$

YOUR SUPERANNUATION & PENSION

This section asks about your superannuation and pension account details. Information can be located in your member/investor statement. If you are having difficulties in locating the correct information, please highlight the fields and we will be able to assist you in locating the appropriate information from your statement. **Please provide documentation if possible (ie Statements etc)**

This section is not applicable

Client/s chosen not to complete this section

SUPERANNUATION FUND/S				
	FUND 1	FUND 2	FUND 3	FUND 4
Investor / Member	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Current balance	\$	\$	\$	\$
Product name / provider				
Benefit type	<input type="checkbox"/> Accumulated <input type="checkbox"/> Def. benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit	<input type="checkbox"/> Accumulated <input type="checkbox"/> Defined benefit
Member number				
Beneficiary				
Type of nomination				
Investment type	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed	<input type="checkbox"/> Cap. secure <input type="checkbox"/> Balanced <input type="checkbox"/> Cap. stable <input type="checkbox"/> Growth <input type="checkbox"/> Capital guaranteed
Asset allocation (indicate %)	International Domestic Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%	International Domestic Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%	International Domestic Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%	International Domestic Cash _____% _____% Fix. Int. _____% _____% Property _____% _____% Equity _____% _____%
Components				
Eligible service period	/ /	/ /	/ /	/ /
Total taxed element	\$	\$	\$	\$
Total untaxed element	\$	\$	\$	\$
Tax free	\$	\$	\$	\$
Preserved amount	\$	\$	\$	\$
Restricted non-preserved	\$	\$	\$	\$
Unrestricted non-preserved	\$	\$	\$	\$
Insurance Cover				
Life cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Salary continuance	\$	\$	\$	\$
Other benefits (detail)				
Fees				
Exit fee	\$ %	\$ %	\$ %	\$ %
Management cost (per year)	\$ %	\$ %	\$ %	\$ %
Premiums (if applicable)	\$ pa	\$ pa	\$ pa	\$ pa
Administration costs	\$ pa	\$ pa	\$ pa	\$ pa
Other fees	\$	\$	\$	\$
Super. guarantee deposit	Yes / No	Yes / No	Yes / No	Yes / No

This section is not applicable
 Client/s chosen not to complete this section

SUPERANNUATION CONTRIBUTION/S		
Superannuation contributions	Client 1	Client 2
Non-concessional contributions	Client 1 / Client 2	Client 1 / Client 2
Total AFTER tax contributions in the last 3 years	\$	\$
Have you contributed over \$150,000 in any one financial year? If YES, specify financial year.	Yes / No / Financial Year	Yes / No / Financial Year
Concessional contributions (before tax income i.e. salary sacrifice and/or employer SGC amounts)		
Employer super contributions this financial year	\$	\$
Other before tax super contributions this financial year	\$	\$
Total before tax super contributions this financial year	\$	\$
Other contributions (i.e. proceeds from business sale, redundancy payments, transfer from foreign super funds, personal injury)		
Contributions (please detail)	\$	\$

Adviser Notes on Superannuation – Client 1

Adviser Notes on Superannuation – Client 2

This section is not applicable
 Client/s chosen not to complete this section

PENSION AND/OR ANNUITY FUND/S				
	FUND 1	FUND 2	FUND 3	FUND 4
Investor / Owner	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Type				
Product name / provider				
Member number				
Beneficiary				
Type of nomination				
Inception date	/ /	/ /	/ /	/ /
Current value	\$	\$	\$	\$
Purchase price	\$	\$	\$	\$
Tax free amount	%	%	%	%
Term at purchase	year	year	year	Year
Payment	\$ pa	\$ pa	\$ pa	\$ pa
Payment frequency				
Payment indexation	\$ %	\$ %	\$ %	\$ %
Centrelink / DVA deductible amount	\$	\$	\$	\$
Fees				
Exit fee	\$ %	\$ %	\$ %	\$ %
Management cost (per annum)	\$ %	\$ %	\$ %	\$ %
Administration costs	\$ %	\$ %	\$ %	\$ %
Other fees	\$ %	\$ %	\$ %	\$ %
Other fees (detail)				

Adviser Notes on Other Pension and/or Annuities – Client 1

Adviser Notes on Other Pension and/or Annuities – Client 2

YOUR RETIREMENT & ESTATE

This section asks about your retirement and your estate.

This section is not applicable

Client/s chosen not to complete this section

RETIREMENT PLANNING	Client 1	Client 2
Years until retirement (Planned retirement date)	years / /	years / /
What is your anticipated retirement income required	\$ per year	\$ per year
How confident are you that you will have enough money to live comfortably at retirement?	Not confident / confident / very confident	Not confident / confident / very confident
Large expenses in retirement (eg boat, car, holidays)	\$	\$
Are you expecting any lump sum payments	Yes \$ / No	Yes \$ / No

This section is not applicable

Client/s chosen not to complete this section

ESTATE PLANNING	Client 1	Client 2
WILL		
Do you have a will	Yes / No	Yes / No
Date of will	/ /	/ /
Does it reflect your current wishes	Yes / No	Yes / No
Does the will incorp. a Testamentary Trust	Yes / No	Yes / No
Who is/are the Executor(s) of the will		
Where is your will located		
POWER OF ATTORNEY		
Do you have a Power of Attorney	Yes / No	Yes / No
Which type of Power of Attorney	Enduring / Medical / General / Limited / Other	Enduring / Medical / General / Limited / Other
Power of Attorney Expiry and last review	Expiry date / / Last review date / /	Expiry date / / Last review date / /
Power of Attorney granted to Surname: First Name: Relationship:		
Power/s of Attorney (location)		
FUNERAL		
Do you have a funeral plan (if yes, what is the plan name and maturity)	Yes / No	Yes / No
Funeral plan pay out amount		
OTHER ESTATE PLANNING		
Do you have any specific estate planning requirements / needs? (if yes, please provide details)	Yes / No	Yes / No

YOUR INSURANCE

This section asks about your existing personal, business and other insurance policies. Additional information can be located in your policy schedule/s. **Please provide documentation if possible (ie Policy schedules)**

This section is not applicable

Client/s chosen not to complete this section

PERSONAL AND BUSINESS INSURANCE				
	FUND 1	FUND 2	FUND 3	FUND 4
Life insured	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2	Client 1 / Client 2
Policy owner				
Policy number				
Life cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Income protection benefit	\$ pm	\$ pm	\$ pm	\$ pm
Trauma / critical illness cover	\$ pm	\$ pm	\$ pm	\$ pm
Business expense	\$ pm	\$ pm	\$ pm	\$ pm
Total premium	\$	\$	\$	\$
Insurance provider				
Premium frequency				
Is the policy through Super fund?	Yes / No	Yes / No	Yes / No	Yes / No
Is the benefit indexed?	Yes / No	Yes / No	Yes / No	Yes / No
Premium structure?	Level / Stepped	Level / Stepped	Level / Stepped	Level / Stepped
Complete the following for TPD only				
'Any' or 'Own' occupation	Any / Own	Any / Own	Any / Own	Any / Own
Complete the following for income protection only				
Agreed / Indemnity	Agreed / Indemnity	Agreed / Indemnity	Agreed / Indemnity	Agreed / Indemnity
Benefit period				
Waiting period				
Increasing claims options	Yes / No	Yes / No	Yes / No	Yes / No
Super continuance	Yes / No	Yes / No	Yes / No	Yes / No

The following assets are important to all of us, please rank them in order of importance to you

GENERAL INSURANCE						
Asset	Importance (1=most 5=least)	Insured	Insurer	Policy type	Sum insured	Premium
House		Yes / No			\$	\$ p/a
Contents		Yes / No			\$	\$ p/a
Car		Yes / No			\$	\$ p/a
Health		Yes / No			\$	\$ p/a
Investment property		Yes / No			\$	\$ p/a
Other _____		Yes / No			\$	\$ p/a

YOUR PROFESSIONAL NETWORK

This section asks about other professional specialists you access.

This section is not applicable

Client/s chosen not to complete this section

OTHER PROFESSIONAL ADVISERS

ACCOUNTANT

Name	
Address	
Telephone	
Fax	

SOLICITOR

Name	
Address	
Telephone	
Fax	

BANKER / MORTGAGE BROKER

Name	
Address	
Telephone	
Fax	

OTHER

Name	
Address	
Telephone	
Fax	

OTHER

Name	
Address	
Telephone	
Fax	

CLIENT ACKNOWLEDGEMENT

Please tick as appropriate:

- I acknowledge that I have received, read and fully understood InterPrac Financial Planning Pty Ltd's Financial Services Guide & Adviser Profile.
- I acknowledge that I have received, read and fully understood InterPrac Financial Planning Pty Ltd's Privacy Policy.
- I give permission for my/our related tax file number/s, as provided, to be held by our Adviser, an Authorised Representative of InterPrac Financial Planning Pty Ltd, to be forwarded to Financial Institutions as requested or as necessary and/or to be retained on our file.
- I give permission for my/our personal financial information being forwarded to and/or obtained from our accountant/tax agent, solicitor, Centrelink and/or Department of Veterans Affairs as requested from time to time.
- I hereby declare that the information set out in this form is true and correct to the best of my knowledge.
- I understand that the items marked not applicable or not disclosed are not to be considered in the advice provided.
- I/we understand that if I/we have chosen not to disclose full information about my/our financial details, circumstances and objectives, my/our Adviser may not be able to fully assess our financial needs, circumstances and objectives and therefore the subsequent advice may not be appropriate for my/our needs.
- I/we agree to the preparation of a Statement of Advice covering the following areas:

<input type="checkbox"/> "Big Picture" Comprehensive Plan	<input type="checkbox"/> Retirement planning
<input type="checkbox"/> Investment – Shares / portfolio management	<input type="checkbox"/> Estate planning
<input type="checkbox"/> Investment – Property / refinance	<input type="checkbox"/> Superannuation
<input type="checkbox"/> Investment - Borrowing to invest (Gearing)	<input type="checkbox"/> Financial structures / Tax planning
<input type="checkbox"/> Investment – Lump sum (redundancy / inheritance)	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Insurance - Personal and/or business	<input type="checkbox"/> Other (specify) _____
- I/we confirm that the information contained in this document is to be used for the purpose of providing financial advice.

Client 1	Client 2
Name _____ _____	Name _____ _____
Signature _____	Signature _____
Date _____	Date _____



My authority to access my information

To whom it may concern

This letter gives you authority to release any relevant information or documentation on my/our investments, insurances, superannuation, bank accounts or other financial information to the planner or staff of the practice listed below. The original of this authority is on file at the office of the planner and is available if required.

Planner name:

Practice name:

--	--

Address:

--

Phone:

Fax:

--	--

Email:

--

Policy / Account / Fund name:

Policy / Account number:

--	--

This authority remains in force until withdrawn in writing by me / us.

Client name:	Date of birth:
Current Postal address:	
Previous Postal Address:	
✕	Date:

Client name:	Date of birth:
Current Postal address:	
Previous Postal Address:	
✕	Date: