



# Client Fact Find

## Personal Details

Contact Details	
	Client 1
Title	
Surname	
Given name(s)	
Preferred name	
Date of birth	
Gender	
Marital status	
Australian resident	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, country of residence	
Residential Address	
Street	
Suburb	
State	
Postcode	
Phone, Fax and Email	
Mobile	
Email	
Preferred contact method	

## Children and/or Other Dependants

Full Name	Date of Birth	Gender	Relationship

## Employment Details

	Client 1
Income Amount	\$
Occupation/Title	
Job description/duties	
Employer name	
Tax File Number (TFN)	



Employment status	
Do you salary sacrifice?	
If No, are they interested in salary sacrificing if it is tax effective for you?	

### General Health Details

What is your current health?	<input type="checkbox"/> Perfect <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any health issues?	
Do You have any Life/ TPD / Income Protection insurance?	
Do you know who your insurance provider is?	
Do you feel like you have enough cover in place?	
Do you have a Will?	
Do you have a Power of Attorney?	

### Savings/Expenses

What are your Monthly/Fortnightly/ Weekly expenses	
Do you have any surplus each pay period	

### Assets:

Lifestyle Assets – Home, Cars, Boat etc.	Estimated Value	Owner
Savings Account		

### Investment properties

Address	Rent P.W	Value	Loan Value	% rate	Repayment \$ per mth

### Liabilities:

Liabilities – Loans, Credit Cards, Child Support	Current Value	Repayment s	Loan Type (P&I, LOC)	Int. Rate	Institution (CBA, NAB)	Owner