BILLINGHAM
ADVISERS

PERSONAL FACT FIND & FINANCIAL NEEDS ANALYSIS

including SMSF Supplement*

PRIVATE & CONFIDENTIAL

VERSION DATE: 30.07.2021

Prepared for
CLIENT 1: _____
_____
_____

CLIENT 2: _____
_____
_____

Date completed: _____ /_____ /_____

Prepared by
ADVISER NAME: Glenn Allan Cameron

** Where the SMSF Supplement is used; please ensure all trustees sign and date the fact find.*

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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 Billingham Advisers 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 your 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 Billingham Advisers group. This enables Billingham Advisers 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 Billingham Advisers 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 Billingham Advisers *Privacy Policy* which can be found on our website.

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 your 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 / Current age		
Place of birth		
Australian resident Number of years in Australia	Yes / No _____ years	Yes / No _____ 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		
Notes:					

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)
Notes:		

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

THE ADVICE SCOPE: YOUR PERSONAL GOALS / OBJECTIVES

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.

SCOPE OF ADVICE

What you told us / Why you came to see us

- This is where we hear the **'client voice'**

  What are the clients concerns, goals, motivations & reasons for advice in their own words

What we have identified

- This is every area of advice discussed with the client **i.e. 'adviser voice'**

Agreed Scope of this advice

Superannuation	☐
▪ Full Review (Platform; Investments; Product Fees; Product Preferences; Contributions; Beneficiaries)	☐
▪ Platform and Investment Portfolio Review (New or Existing; Product Fees; Product Preferences)	☐
▪ Investment Portfolio Review (Investments; Fees; Product Preferences)	☐
▪ Contributions (Concessional; Non-Concessional)	☐
▪ Defined Benefit Accounts (Accumulation)	☐
▪ First Homeowners Scheme (Contributions; Withdrawal)	☐
▪ Beneficiary Death Nominations (BDN's)	☐
▪ Insurance Premium Funding	☐
▪ Other (please specify)	☐

Adviser Notes: *This is an opportunity to list the client's product or investment preferences.*

This can help demonstrate best interest when moving from one product to another.

Personal Insurance	☐
▪ Full review (Needs analysis; Product Review; Benefit Amounts; Policy Comparison)	☐
▪ Life Cover	☐
▪ Total & Permanent Disability (TPD) Cover	☐
▪ Trauma / Critical Illness Cover / Children's Cover	☐
▪ Income Protection / Salary Continuance Cover	☐
▪ Business Insurance (Keyperson; Business Succession)	☐
▪ Structure/Ownership	☐
▪ Premium Funding (Cashflow; Super)	☐
▪ Other (please specify)	☐
Adviser Notes: *This is an opportunity to list the client's product or policy features and preferences.* *This can help demonstrate best interest when moving from one product to another.*	
Budgeting and Cashflow Management	☐
▪ Develop a Budget	☐
▪ Surplus Cashflow Management	☐
▪ Establish / Maintain a Cash Reserve	☐
▪ Insurance Premium Funding	☐
▪ Salary Packaging	☐
▪ Other (please specify)	☐
Adviser Notes:	
Investment	☐
▪ Platform and Investment Portfolio Review (New or Existing)	☐
▪ Investment Portfolio Review (only)	☐
▪ Lump-sum investment (e.g., Sale Proceeds; Redundancy; Inheritance)	☐
▪ Taxation Implications (e.g., CGT; Dividends; Franking Credits)	☐
▪ Regular Savings Plan	☐
▪ Other (please specify)	☐
Adviser Notes: *This is an opportunity to list the client's product or investment preferences.* *This can help demonstrate best interest when moving from one product to another.*	

Gearing and Debt Management	☐
▪ Borrowing to Invest (Margin Loans; Instalment Gearing; Investment Property)	☐
▪ Debt Management (Clear your debt; Increase / Maintain / Reduce Loan Repayments)	☐
▪ Refinance / Restructure your loans (Non-Deductible; Deductible)	☐
▪ Review your Offset / Redraw Facility / Loan Accounts / Line of Credits	☐
▪ Reverse Mortgages	☐
▪ Other (please specify)	☐
Adviser Notes:	

Retirement Planning / Pension	☐
▪ Transition to retirement (Platform and Investment Portfolio Review; Pension Payments; Modelling)	☐
▪ Retirement Analysis – Determine income requirements and balance limitations (Transfer Balance Caps; Transfer Balance Accounts)	☐
▪ Income Stream – Establish New / Review Existing (Platform and Investment Portfolio Review; Pension Payments; Modelling)	☐
▪ Annuities / Capital Protected Products (Fixed term; Lifetime; Other)	☐
▪ Defined Benefit Pensions / DVA Pensions	☐
▪ Lump Sum Withdrawals	☐
▪ Binding Death Nomination (BDN) / Reversionary Beneficiary Nomination	☐
▪ Other (please specify)	☐
Adviser Notes: *This is an opportunity to list the client's product or investment preferences.* *This can help demonstrate best interest when moving from one product to another.*	

Centrelink	
▪ Aged Pension (Eligibility; Income / Asset Test Assessment; Maximising Entitlements; Health Care Card; Gifting)	
▪ Granny Flat Interests; Lifestyle Village / Home Considerations; Pension Loan Scheme	
▪ Assistance with Centrelink Payments / Centrelink Benefit Assessment (Disability Support / Carers / DVA Pension; Job Seeker / Keeper; Youth Allowance; Parenting Payment, Child Support, Family Tax Benefit; Other)	
▪ Other (please specify)	
Adviser Notes:	

Entity Structures	☐
▪ Company	☐
▪ Trust	☐
▪ Partnership	☐
▪ Self-Managed Superannuation (refer to below section)	
Adviser Notes:	

Self-Managed Superannuation Funds *(Also complete SMSF Supplement on pages 15-19)*	☐
▪ Full Review (Platform; Investments; Contributions; Beneficiaries)	☐
▪ Platform and Investment Portfolio Review (Existing or New investments; Asset Allocation; Investment Strategy)	☐
▪ Investment Portfolio Review (only)	☐
▪ Commence a Self-Managed Superannuation Fund (How to set up; initial / ongoing costs; Trustee Responsibilities; Trust Deed; Other)	☐
▪ Determine Trustee Structure (Corporate; Individual)	☐
▪ Appoint an SMSF Administrator	☐
▪ Contributions (Concessional; Non-Concessional; Super Splitting)	☐
▪ Insurance Considerations (Premium Funding; Ownership; Other)	☐
▪ Estate Planning Considerations (Beneficiary Death Nominations; Other)	☐
▪ Lump Sum Withdrawals / Super Splitting	☐
▪ Commence an Account Based Pension	☐
▪ Wind up a Self-Managed Super Fund	☐
▪ Other (please specify)	☐
Adviser Notes: *This is an opportunity to list the client's product or investment preferences. This can help demonstrate best interest when moving from one product to another.*	

Aged Care	☐
▪ Aged Care Assessment (Partial / Full RAD, DAP or other entitlements)	☐
▪ Centrelink Implications	☐
▪ Aged Care Rental Considerations / Home Care Assessment	☐
▪ Other (please specify)	☐
Adviser Notes:	

Estate Planning	☐
Estate Planning (General Advice) – Wills, Power of Attorneys, Guardianship Orders, Testamentary Trusts	☐
Estate Planning (General Advice) – Binding Death Nominations (Lapsing / Non-Lapsing; Binding / Non-Binding)	☐
Estate Planning (Personal Advice) – Binding Death Nomination (BDN) / Reversionary Beneficiary Nomination	☐
Referral to an Estate Planning Expert	☐

Adviser Notes:

Areas "Out of Scope" or not to be addressed in advice (and why)

- This is self-explanatory.

When we may address advice areas that were identified as "Out of Scope" (i.e. deferred areas and why)

- i.e., "At next annual review"

FINANCIAL OBJECTIVES (mutually agreed between client & adviser)

YOUR PERSONAL 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 (*excluding super*)	$	$	$
Commissions	$	$	$
Bonuses	$	$	$
Business income / profit	$	$	$
Superannuation pension	$	$	$
Annuity income	$	$	$
Investment income			
- Interest	$	$	$
- Dividends	$	$	$
- Rent	$	$	$
- Other (please provide details)	$	$	$
Other income			
- Dept. of Veterans Affairs	$	$	$
- Centrelink	$	$	$
- Other (please provide details)	$	$	$
TOTAL INCOME			**$**

Notes:

EXPENSES (annual)			
Estimated income tax	$	$	$
Long term debt (Mortgage, rent, loans)	$	$	$
Short term debt (Credit cards, loans, other)	$	$	$
Daily living expenses (utilities, car, food etc.)	$	$	$
Insurances (General, life, disability, income)	$	$	$
Health (GP, specialists, hospital, chemist, insurance)	$	$	$
Personal care (Clothing, hair dressing, cosmetics)	$	$	$
Entertainment (Memberships, travel, sport, hobbies)	$	$	$
Other (pet/s, school fees etc)	$	$	$
TOTAL EXPENSE	$	$	**$**

SURPLUS / DEFICIT (Income-Expense)	**$**

OR

☐ **Client spends all income**

OR

☐ **Client saves $_____ per week / month / annum (please circle)**

Cont'd…

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 CRN?	_____	_____
Notes	_____ _____ _____ _____	_____ _____ _____ _____
Other support (specify type)	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:

YOUR PERSONAL ASSETS AND LIABILITIES

This section asks about your personal and investment liabilities and asset
Do not use this for SMSF or Related Entities

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Lifestyle assets

ITEM	Purchase Date	Purchase price	Current Value	Amount owing	OWNER
Principal residence	/ /	$	$	$	C1 / C2 / J
Personal property / contents		$	$	$	C1 / C2 / J
Motor vehicle 1	/ /	$	$	$	C1 / C2 / J
Motor vehicle 2	/ /	$	$	$	C1 / C2 / J
Boat	/ /	$	$	$	C1 / C2 / J
Caravan	/ /	$	$	$	C1 / C2 / J
Collectables		$	$	$	C1 / C2 / J
Holiday home	/ /	$	$	$	C1 / C2 / J
Other (specify) _____	/ /	$	$	$	C1 / C2 / J
TOTAL			$	$	

Adviser Notes:

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Financial assets (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		$
	C1/C2/J	/ /	Yes / No		$
TOTAL					$
Cash and Savings	**Owner**	**Date of purchase**	**Financial Institution**	**Linked to debt?**	**Current asset value**
	C1/C2/J	/ /			$
	C1/C2/J	/ /			$
	C1/C2/J	/ /			$

TOTAL					$
Term Deposit	**Owner**	**Date of purchase**	**Financial Institution**	**Maturity date**	**Current asset value**
	C1/C2/J	/ /			$
	C1/C2/J	/ /			$
	C1/C2/J	/ /			$
TOTAL					$
Investment Property	**Owner**	**Date of purchase**	**Tax Deductable**	**Purchase $**	**Current asset value**
	C1/C2/J	/ /	Yes / No		$
	C1/C2/J	/ /	Yes / No		$
	C1/C2/J	/ /	Yes / No		$
TOTAL					**$**

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Superannuation assets (summary)

Superannuation Fund	Member No.	Tax free $	Current Value	OWNER
		$	$	C1 / C2 / J
		$	$	C1 / C2 / J
		$	$	C1 / C2 / J

Retirement Income Stream	Member No.	Tax free $	Pension $ / Frequency	Current Value	OWNER
		$	$	$	C1 / C2 / J
		$	$	$	C1 / C2 / J
		$	$	$	C1 / C2 / J
		$	$	$	C1 / C2 / J
TOTAL			$	$	

Note: Do not use this for Self-Managed Super Funds – refer to SMSF Supplement on page 18

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Liabilities

Loan type	Lender	Loan balance	Int. Type	Int. Rate	Repayments / frequency	OWNER
	$			%	$ per	C1 / C2 / J
	$			%	$ per	C1 / C2 / J
	$			%	$ per	C1 / C2 / J
	$			%	$ per	C1 / C2 / J
	$			%	$ per	C1 / C2 / J
TOTAL LIABILITIES		$			$ per annum	

Net assets

Total Assets	Total Liabilities	Net Asset Position (Assets - Liabilities)
		$

Adviser Notes:

Adviser Diagrams:

INDIVIDUAL TRUSTEE DETAILS (SMSF / Company / Trust)

Please provide documentation (i.e. Trust Deed(s), Tax Returns, Statements etc)

This section is not applicable ☐

Client/s chosen not to complete this section ☐

PERSONAL DETAILS	Trustee 1/Director 1		Trustee 2/Director 2	
Title				
Surname				
First name				
Preferred name				
Contact Information				
Date of birth / Current age				
Personal or Business Relationship to (any) another Trustee				

PERSONAL DETAILS	Trustee 3/Director 3		Trustee 4/Director 4	
Title				
Surname				
First name				
Preferred name				
Contact Information				
Date of birth / Current age				
Personal or Business Relationship to (any) another Trustee				

PERSONAL DETAILS	Non-Member Director		Alternate Director	
Title				
Surname				
First name				
Preferred name				
Contact Information				
Date of birth / Current age				
Personal or Business Relationship to (any) another Trustee				

Adviser Notes:

Self-Managed Super Fund Details

KEY FUND INFORMATION			
Fund Name			
ABN		Tax File Number	
Date of SMSF Registration		Registered for GST	Yes / No

CORPORATE TRUSTEE DETAILS			
Company Name			
ABN		Tax File Number	
Company Secretary			
Registered Address			

SECURITY / HOLDING TRUST DETAILS	
Company Name	
ACN	
Registered Address	
Directors	
Trust Name	

Other Key Information:

Limited Recourse Borrowing Arrangement(s)

Name of Lender	Current Loan balance	Int. Type (P&I / I)	Interest Rate	Repayments / frequency	Start Date of Loan / Refinance	Linked Security
			%	$ per		
			%	$ per		

Adviser Notes:

Estate Planning Considerations

Adviser Notes:

Trustee / Directors Requirements

Scope of Advice

What you told us/Why you came to see us ('client voice')

What we have identified to be your needs and/or objectives

Areas not to be addressed in advice (and why)

Investment Strategy Considerations

Adviser Notes: *This is an opportunity to list the client's product or investment preferences.*

This can help demonstrate best interest when moving from one product to another.

EXISTING ASSETS (SMSF / Company / Trust)

This section is not applicable ☐

Client/s chosen not to complete this section ☐

Financial assets (Shares / Managed funds / Term Deposits / Investment Properties)					
Shares / Managed Fund / Investment Property	**Owner (Entity / Trustee Name)**	**Date of purchase**	**Tax Deductible (Y / N)**	**Units / purchase $**	**Current asset value**
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
		/ /	Yes / No		$
TOTAL					$
Cash and Savings	**Owner (Entity / Trustee Name)**	**Date of purchase**	**Financial Institution**	**Linked to debt?**	**Current asset value**
		/ /			$
		/ /			$
		/ /			$
		/ /			$
		/ /			$
TOTAL					$
SMSF Specific (other): Art, Coins, Gold etc.	**Owner (Entity / Trustee Name)**	**Date of purchase**	**Financial Institution**	**Maturity date**	**Current asset value**
		/ /			$
		/ /			$
		/ /			$
TOTAL					$
GRAND TOTAL					**$**

EXISTING LIABILITIES (SMSF / Company / Trust)

Account Name	Owner (Entity / Trustee Name)	Date of purchase	Tax Deductible (Y / N)	Linked to LRBA? (Y / N)	Current asset value
		/ /			$
		/ /			$
		/ /			$
		/ /			$
		/ /			$
		/ /			$
		/ /			$
		/ /			$
		/ /			$
		/ /			$
		/ /			$
		/ /			$
TOTAL					$
GRAND TOTAL					**$**

NET POSITION	**$**

Adviser Notes:

YOUR PERSONAL 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 (i.e. Statements etc)

See statement/research form attached ☐
This section is not applicable ☐

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	☐ Accumulated ☐ Def. benefit	☐ Accumulated ☐ Defined benefit	☐ Accumulated ☐ Defined benefit	☐ Accumulated ☐ Defined benefit
Member number				
Beneficiary / type	☐ Non-Binding ☐ Binding ☐ Binding Non-lapsing	☐ Non-Binding ☐ Binding ☐ Binding Non-lapsing	☐ Non-Binding ☐ Binding ☐ Binding Non-lapsing	☐ Non-Binding ☐ Binding ☐ Binding Non-lapsing
Beneficiary name / %				
Investment type	☐ Cap. secure ☐ Balanced ☐ Cap. stable ☐ Growth ☐ Capital guaranteed	☐ Cap. secure ☐ Balanced ☐ Cap. stable ☐ Growth ☐ Capital guaranteed	☐ Cap. secure ☐ Balanced ☐ Cap. stable ☐ Growth ☐ Capital guaranteed	☐ Cap. secure ☐ Balanced ☐ Cap. stable ☐ Growth ☐ 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

See statement attached ☐
This section is not applicable ☐

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 $100,000 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 (Client 1):

Adviser Notes (Client 2):

See statement/research form attached ☐
This section is not applicable ☐

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				
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 deductable amount	$	$	$	$
Fees				
Exit fee	$ | %	$ | %	$ | %	$ | %
Management cost (per annum)	$ | %	$ | %	$ | %	$ | %
Administration costs	$ | %	$ | %	$ | %	$ | %
Other fees	$ | %	$ | %	$ | %	$ | %
Other fees (detail)				

Adviser Notes (Client 1):

Adviser Notes (Client 1):

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
Goals / large expenses in retirement (eg boat, car, holidays)	$	$
Are you expecting any lump sum payments	Yes $ / No	Yes $ / No
Would you consider downsizing your home to fund your retirement?	☐ 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?	Yes / No		Yes / No	

(if yes, please provide details)		

YOUR PERSONAL 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 (i.e. Policy schedules)

See statement / research form attached ☐

This section is not applicable ☐

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 sum insured	$	$	$	$
TPD cover sum insured	$	$	$	$
Trauma cover sum insured	$	$	$	$
Life cover	$ pm	$ pm	$ pm	$ pm
TPD cover	$ pm	$ pm	$ pm	$ pm
Trauma / critical Illness cover	$ pm	$ pm	$ pm	$ pm
Income protection benefit	$ 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 or 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

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:

Tax File Number Collection

- ☐ **I give permission for my/our related tax file number/s, as provided, to be held by our Adviser, an Authorised Representative of Billingham Advisers Pty Ltd, to be forwarded to Financial Institutions as requested or as necessary and/or to be retained on our file.**
- ☐ I acknowledge that I have received, read and fully understood Billingham Advisers Financial Services Guide & Adviser Profile.
- ☐ I acknowledge that I have received, read and fully understood Billingham Advisers Privacy Policy.
- ☐ 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 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:

☐ Superannuation
☐ Personal Insurance
☐ Budgeting and Cash flow management
☐ Borrowing to invest (Gearing)
☐ Financial Structures / Tax planning
☐ Retirement Planning
☐ Estate Planning
☐ Investment
☐ Debt Management
☐ Government Benefits (Centrelink)

☐ Other (specify) _____

- ☐ I/we confirm that the information contained in this document is to be used for the purpose of providing financial advice.

Adviser Note: Please complete and attach the relevant Initial Client Engagement / Letter of Engagement which sets out the agreed fees for the relevant advice.

Client 1	**Client 2**
Name _____	Name _____
_____	_____
In my capacity as:	In my capacity as:
_____	_____
_____	_____
Signature _____	Signature _____
Date _____	Date _____

BILLINGHAM
ADVISERS

Authority to Enquire

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 Adviser listed below, along with the following people who work within the below listed business:

The original of this authority is on file at the office of the planner and is available if required.

Planner / Financial Adviser Name:	**Practice name:**
Glenn Allan Cameron	Cameron Financial Planning Pty Ltd Authorised Rep 277326 Corporate Authorised Rep 277325

Address:

26 Remington Place Acton Park Tasmania 7170

Phone:	**Fax:**
0438 805 909	

Email:

cameronfinancialplanning@outlook.com

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:**