



Fact Find & Needs Analysis

Client Name: _____

Agenda – Understanding You and Your Requirements

- Getting to know you, your goals, and objectives
- Borrowing capacity and lender options
- Protecting lifestyle and assets
- Next Steps

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Rion Capital Investments Pty Ltd
ABN 76 641 258 040

The information you provide assists RION in recommending products that align to your requirements, objectives, and best interest. Please complete this form in full.

Personal Details

Client 1

Applying As:

☐ Borrower ☐ Guarantor

Title:

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First Name:

Middle Names:

Family Name:

DoB:

Sex:

☐ M ☐ F ☐ NA

Marital Status:

☐ Single ☐ Married ☐ De Facto ☐ Other

No. Dependents:

Age(s):

Mother's Maiden Name:

Client 2

Applying As:

☐ Borrower ☐ Guarantor

Title:

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First Name:

Middle Names:

Family Name:

DoB:

Sex:

☐ M ☐ F ☐ NA

Marital Status:

☐ Single ☐ Married ☐ De Facto ☐ Other

No. Dependents:

Age(s):

Mother's Maiden Name:

Contact Details

Emails Address:

Home No.:

Mobile No.:

Work No.:

Preferred Contact:

☐ Email ☐ Home ☐ Mobile ☐ Work

Current Residential Address

No. & Street:

Suburb:

State:

Postcode:

Date Moved in:

Years:

Status:

☐ Own ☐ Mortgage ☐ Rent ☐ Board ☐ Living With Family ☐ Other:

If <3 years, please provide previous Residential Address

No. & Street:

Suburb:

State:

Postcode:

Date Moved in:

Years:

Status:

☐ Own ☐ Mortgage ☐ Rent ☐ Board ☐ Living With Family ☐ Other:

Post Office Address (if applicable)

Line 1

Suburb:

State:

Postcode:

Emails Address:

Home Phone No.:

Mobile No.:

Work No.:

Preferred Contact:

☐ Email ☐ Home ☐ Mobile ☐ Work

Current Residential Address

No. & Street:

Suburb:

State:

Postcode:

Date Moved in:

Years:

Status:

☐ Own ☐ Mortgage ☐ Rent ☐ Board ☐ Living With Family ☐ Other:

If <3 years, please provide previous Residential Address

No. & Street:

Suburb:

State:

Postcode:

Date Moved in:

Years:

Status:

☐ Own ☐ Mortgage ☐ Rent ☐ Board ☐ Living With Family ☐ Other:

Post Office Address (if applicable)

No. & Street:

Suburb:

State:

Postcode:

Identification

Drivers Lic. No.:

Expiry Date:

Passport No.:

Expiry Date:

Medicare No.:

Expiry Date:

Country of Residence:

Permanent Australian Resident:

☐ Yes ☐ No

For Tax Purposes, are you a resident of any other country?

☐ Yes ☐ No

Country:

Drivers Lic. No.:

Expiry Date:

Passport No.:

Expiry Date:

Medicare No.:

Expiry Date:

Country of Residence:

Permanent Australian Resident:

☐ Yes ☐ No

For Tax Purposes, are you a resident of any other country?

☐ Yes ☐ No

Country:

Notes:

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Finance Needs & Objectives

Loan Requirements & Purpose

What is the reason for this application? (Example – Purchase Property)

	Purpose	Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

If purchasing a property, how long do you intend to own the property? _____ Years

Please provide any further information below:

Notes:

Credit History and Personal References

Have you ever had any financial judgments or legal proceedings recorded against you?

Client 1	Client 2
<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

Are any of your current financial commitments **NOT** up to date?

If you Answer 'Yes' to the above, please provide details:

Details of the nearest relative or friend not living with you (1)

Full Name: _____ Relationship: _____

Address: _____ Phone No.: _____

Details of the nearest relative or friend not living with you (2)

Full Name: _____ Relationship: _____

Address: _____ Phone No.: _____

Loan Preferences & Features

Do you have a preference for the type of lender you would like to deal with?

- ☐ Major ☐ Smaller ☐ Regional
☐ Credit Union ☐ Non-Bank ☐ Don't Mind
☐ Unsure ☐ Other

Are there any lenders you would prefer to use?

Are there any preferred lenders you would prefer **NOT** to use?Is branch access important to you? ☐ Yes ☐ No ☐ Unsure

Is any of the following important to you?

Fixed Rates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Variable Rates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Split Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Offset Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Redraw	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Line of Credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Principal and Interest Repayments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Interest Only Repayments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Interest in Advance Repayments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Ability to Make additional Repayments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Product Flexibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Employment Details

Client 1 – Primary Employment

Status: ☐ Full-Time ☐ Part-Time ☐ Casual
☐ Self-Employed ☐ Other

Employer Name: _____

Occupation: _____

Start Date: _____ Probation: ☐ Yes ☐ No

No. & Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact Name: _____

Phone No.: _____

Client 2 – Primary Employment

Status: ☐ Full-Time ☐ Part-Time ☐ Casual
☐ Self-Employed ☐ Other

Employer Name: _____

Occupation: _____

Start Date: _____ Probation: ☐ Yes ☐ No

No. & Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact Name: _____

Phone No.: _____

Client 1 – Secondary/Other Employment

Status: ☐ Full-Time ☐ Part-Time ☐ Casual
☐ Self-Employed ☐ Other

Employer Name: _____

Occupation: _____

Start Date: _____ Probation: ☐ Yes ☐ No

No. & Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact Name: _____

Phone No.: _____

Client 2 – Secondary/Other Employment

Status: ☐ Full-Time ☐ Part-Time ☐ Casual
☐ Self-Employed ☐ Other

Employer Name: _____

Occupation: _____

Start Date: _____ Probation: ☐ Yes ☐ No

No. & Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact Name: _____

Phone No.: _____

If Primary Employment is less than 3 years:

Client 1 – Previous Employment

Status: ☐ Full-Time ☐ Part-Time ☐ Casual
☐ Self-Employed ☐ Other

Employer Name: _____

Occupation: _____

Start Date: _____ Finish Date: _____

No. & Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact Name: _____

Phone No.: _____

If Primary Employment is less than 3 years:

Client 2 – Previous Employment

Status: ☐ Full-Time ☐ Part-Time ☐ Casual
☐ Self-Employed ☐ Other

Employer Name: _____

Occupation: _____

Start Date: _____ Finish Date: _____

No. & Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact Name: _____

Phone No.: _____

Income

Client 1	Gross Monthly	Gross Annual
Primary Salary	\$ _____	_____
Secondary Salary	\$ _____	_____
Overtime	\$ _____	_____
Commission/Bonus	\$ _____	_____
Allowance	\$ _____	_____
Rental Existing	\$ _____	_____
Rental Proposed	\$ _____	_____
Other Investments	\$ _____	_____
Other Income	\$ _____	_____
Total	\$ _____	_____

Client 2	Gross Monthly	Gross Annual
Primary Salary	\$ _____	_____
Secondary Salary	\$ _____	_____
Overtime	\$ _____	_____
Commission/Bonus	\$ _____	_____
Allowance	\$ _____	_____
Rental Existing	\$ _____	_____
Rental Proposed	\$ _____	_____
Other Investments	\$ _____	_____
Other Income	\$ _____	_____
Total	\$ _____	_____

Notes:

Fact Find & Needs Analysis

Expenses				
Monthly Living Expenses		Client 1		Client 2
Childcare – Including Nannies	\$		\$	
Child Support/Maintenance	\$		\$	
Clothing & Personal Care	\$		\$	
Education (Public) – Fees, Uniforms and Activities	\$		\$	
Education (Private) – Fees, Uniforms and Activities	\$		\$	
HECS/HELP	\$		\$	
Groceries – Supermarket, Meat, Fruit & Vegetables	\$		\$	
Insurance General – Home, Contents and Car	\$		\$	
Insurance (Other) – Life, Income Protection and Pet	\$		\$	
Investment Property – Utilities, Maintenance, Rates & Other Related Costs	\$		\$	
Medical & Health – Doctor, Dental, Optical and Pharmaceutical	\$		\$	
Owner Occupied Property – Utilities, Maintenance, Rates & Other Related Costs	\$		\$	
Recreation & Entertainment – Dining Out, Movies, Gifts, Memberships, Pet Care	\$		\$	
Phone & Internet – Home Phone, Mobiles, Internet, Cable TV and Streaming Services	\$		\$	
Transport – Public Transport, Car (Inc. Petrol, Registration, Insurance, Repairs and Tolls)	\$		\$	
Rent or Board	\$		\$	
Other	\$		\$	
Total		\$	\$	

Notes:

Assets									
Asset Details		Address / Description		Monthly Income		Est. Value	Ownership		
Primary Residence	1.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Sec. Residence	2.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Investment Property / Land	3.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	4.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	5.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	6.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	7.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	8.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	9.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	10.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	Shares / Other	11.			\$		\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other
		12.		Year			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other
Motor Vehicle / Boat / Leisure	13.		Year			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	14.		Year			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	15.		Year			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Bank Account	16.		Acc No.			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	17.		Acc No.			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	18.		Acc No.			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	19.		Acc No.			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Term Deposit	20.		Acc No.			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
	21.		Acc No.			\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Superannuation						\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
						\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
						\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Home & Contents						\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Other						\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Total				\$		\$			

Notes

Fact Find & Needs Analysis

Liabilities

Please complete the following as best you can.

Type of Liability	Lender	Fixed or Var. ¹	P&I or IO ²	Years Left (Term) ³	Interest Rate	Current Limit	Balance	Monthly Payment	Ownership	Clear Loan	Asset # ⁴
Home / Investment Loans	1.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	2.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	3.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	4.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	5.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	6.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	7.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	8.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	9.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	10.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
Car Loans / Leases / Personal Loans	1.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	2.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	3.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	4.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
Margin	1.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
Credit / Store Cards	1.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	2.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	3.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	4.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
Buy Now Pay Later Plans	1.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	2.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	3.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
HECS / HELP	1.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	2.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
ATO	1.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
Other (Specify)	1.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
	2.				\$	\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	<input type="checkbox"/>	
Total						\$	\$	\$			

- Terms:
1. Fixed or Var. – Refers to whether the loan to your knowledge is on a Fixed or Variable Term
 2. P&I or IO – Refers to whether your repayments are Principal & Interest or Interest Only
 3. Years Left (Term) – Refers to the remaining term left on the loan
 4. Asset # - If you know which asset is securing the loan, please note the Number allocated from the 'Asset' table above.

Notes:

Reducing Your Debt - Please outline your proposed plan to pay down any new loans:

Anticipated Changes to Current Circumstances

		Client 1	Client 2
Do you plan or anticipate any changes to your financial circumstances (including Self-Employed Income)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please provide an outline to those changes and how it might impact you:			
EXPENSES: Would you be willing to change your current spending habits, if it had an impact on your borrowing capacity?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
At What age are you planning to retire (years)?			
Notes:			

Fact Find & Needs Analysis

Protecting Your Lifestyle & Assets

	Client 1	Client 2
Do you have a CURRENT WILL in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have adequate Home, Contents and/or Landlord (for investments) insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Private Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Income Protection insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Total and Permanent Disability (TPD) and/or Death Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you Smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have adequate insurance for your Vehicles (inc. Cars/Boats/Caravan/Leisure)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Business & Key Person insurance (for Self-Employed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Advisors

Would you like to arrange a meeting to discuss your current and future insurance options?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to be referred to a Financial Planner to discuss protecting yourself/family and your broader planning objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide the for the following advisors (if available):

ACCOUNTANT	Name & Company:	Phone No.:
FINANCIAL ADVISOR	Name & Company:	Phone No.:
SOLICITOR/CONVEYANCER	Name & Company:	Phone No.:
REALTOR	Name & Company:	Phone No.:
INSURANCE BROKER	Name & Company:	Phone No.:
PROPERTY BUYERS AGENT	Name & Company:	Phone No.:
BUILDER	Name & Company:	Phone No.:

Risk Profile

How would you rate your current job security (on a scale of 1 to 10)?	
Are you concerned about rising interest rates (on a scale of 1 to 10)?	
Would you consider taking a fixed rate (either all fixed or a split portion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Interview & Key Notes (Requirements & Objectives – Customers' Preference and priorities)

Client Declaration

By signing below, I/we agree and acknowledge that:

- I/we have received and carefully read the Credit Guide and Privacy Statement provided;
- The information provided by me/us in this document is accurate and complete and is the basis on which credit assistance will be provided to me/us;
- If I/we have not provided full and/or accurate information, my broker will not be able to fully analyse my/our current financial situation, requirements and/or needs;
- In providing credit assistance, my broker has not provided any financial, taxation or legal advice or made any enquiries about the appropriateness of any such advice that I/we may have received.

Client 1 – Signature

Client 2 – Signature

Full Name

Date

Full Name

Date