

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

Cameron Finlayson

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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				Client 2			
Applying As:	E	Borrower □ Gua	rantor	Applying As:		Borrower □ Gua	rantor
Title:	□ Mr □ Mrs	☐ Ms ☐ Miss	□ Other	Title:	□ Mr □ Mrs	□ Ms □ Miss	□ Other
First Name:				First Name:			
Middle Names:				Middle Names:			
Family Name:				Family Name:			
DoB:	Se	ex: □ M	□ F □ NA	DoB:		Sex: □ M	□ F □ NA
Marital Status:	 ☐ Single ☐ Marı	ried □ De Facto	☐ Other	Marital Status:	□ Single □ Ma	arried □ De Facto	☐ Other
No. Dependents:	Age	e(s):		No. Dependents:	Ag	e(s):	
Mother's Maiden N	ame:			Mother's Maiden Na	ıme:		
Contact Details							
Emails Address:				Emails Address:			
Home No.:				Home Phone No.:			
Mobile No.:				Mobile No.:			
Work No.:				Work No.:			
Preferred Contact:	□Email	□Home □Mobile	e □Work	Preferred Contact:	□Email	□Home □Mobile	e □Work
Current Residential A	ddress			Current Residential Add	ress		
No. & Street:				No. & Street:			
Suburb:				Suburb:			
State:		Postcode:		State:		Postcode:	
Date Moved in:		Years:		Date Moved in:		Years:	
Status:	□ Own	□ Mortgage	☐ Rent	Status:	□ Own	☐ Mortgage	□ Rent
	□ Board	☐ Living With Fa	mily		□ Board	☐ Living With Far	nily
	☐ Other:				☐ Other:		
If <3 years, please pro	ovide previous Resid	lential Address		If <3 years, please prov	ride previous Resid	dential Address	
No. & Street:				No. & Street:			
Suburb:				Suburb:			
State:		Postcode:		State:		Postcode:	
Date Moved in:		Years:		Date Moved in:		Years:	
Status:	□ Own	□ Mortgage	☐ Rent	Status:	□ Own	☐ Mortgage	□ Rent
	□ Board	☐ Living With Fa	mily		□ Board	☐ Living With Far	nily
	☐ Other:			_	☐ Other:		
Post Office Address (i	f applicable)			Post Office Address (if	applicable)		
Line 1				No. & Street:			
Suburb:				Suburb:			
State:		Postcode:		State:		Postcode:	
Identification							
Drivers Lic. No.:		Expiry Date:		Drivers Lic. No.:		Expiry Date:	
Passport No.:		Expiry Date:		Passport No.:		Expiry Date:	
Medicare No.:		Expiry Date:		Medicare No.:		Expiry Date:	
Country of Resider	nce:	_		Country of Resider	ice:		
Permanent Austral	Permanent Australian Resident:		No	Permanent Austral	an Resident:	□ Yes □ N	0
For Tax Purposes,	are you a resident	□ Yes □ N	No	For Tax Purposes,		□ Yes □ N	0
of any other count	ry?			resident of any oth	er country?		-
Country:				Country:			
Notes:							

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Finance Needs & Objectives			
Loan Requirements & Purpose			
What is the reason for this application? (Example – Purchase Property)	Purpose	Amo	ount
1	\$		
2	\$ __		
3.	\$		
4	\$		
If purchasing a property, how long do you to intend to own the property? Please provide any further information below:	-		Years
Notes:			
Credit History and Personal References			
		Oli - mt 4	Olis and O
Have you ever had any financial judgments or legal proceedings recorded again	ainst vou?	Client 1 ☐ Yes ☐ No	Client 2 ☐ Yes ☐ No
Are any of your current financial commitments NOT up to date?	amst you:	□ Yes □ No	☐ Yes ☐ No
 ;		2 100 2 110	2 100 2 110
If you Answer 'Yes' to the above, please provide details:			
Details of the nearest relative or friend not living with you (1)			
Full Name:	Relationsh		
Address:	Phone No.		
Details of the nearest relative or friend not living with you (2)			
Full Name:	Relationsh	ip:	
Address:	Phone No.	·	
Loan Preferences & Features			
Do you have a preference for the type of lender you would like to deal with?	-	☐ Smaller	☐ Regional
	☐ Credit Unio		☐ Don't Mind
Are there any landara vary would profee to use?	☐ 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?	2.100	_ 110	_ chould
Fixed Rates	☐ Yes	□ No	☐ Unsure
Variable Rates	□ Yes	□ No	☐ Unsure
Split Loan	□ Yes	□ No	☐ Unsure
Offset Account	□ Yes	□ No	☐ Unsure
Redraw	□ Yes	□ No	☐ Unsure
Line of Credit	□ Yes	□ No	☐ Unsure
Principal and Interest Repayments	□ Yes	□ No	☐ Unsure
Interest Only Repayments	□ Yes	□ No	☐ Unsure
Interest in Advance Repayments	☐ Yes	□ No	☐ Unsure
Ability to Make additional Repayments	□ Yes	□ No	□ Unsure
Product Flexibility	□ Yes	□ No	☐ Unsure

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Employment Details	;					
Client 1 – Primary E	mployment		Client 2 – Primary	Employmen	t	
Status:	□ Full-Time □ Part-Tim □ Self-Employed □ Othe		Status:		ne □ Part-Time iployed □ Other	□ Casual
Employer Name:			Employer Name:			
Occupation:			Occupation:			
Start Date:	Probation:	☐ Yes ☐ No	Start Date:		Probation:	☐ Yes ☐ No
No. & Street:			No. & Street:			
Suburb:			Suburb:			
State:	Postcode:		State:		Postcode:	
Contact Name:			Contact Name:			
Phone No.:			Phone No.:			
Client 1 – Secondar	y/Other Employment		Client 2 – Seconda	ry/Other Em	ıployment	
Status:	☐ Full-Time ☐ Part-Tim	e □ Casual	Status:	□ Full-Tim	ne □ Part-Time	□ Casual
	☐ Self-Employed ☐ Othe	er		□ Self-Em	ployed □ Other	
Employer Name:			Employer Name:			
Occupation:			Occupation:			
Start Date:	Probation:	☐ Yes ☐ No	Start Date:		Probation:	☐ Yes ☐ No
No. & Street:			No. & Street:		_	
Suburb:			Suburb:			
State:	Postcode:		State:		Postcode:	
Contact Name:			Contact Name:			
Phone No.:			Phone No.:			
If Primary Employment is	less than 3 years:		If Primary Employment is	less than 3 ve	ears.	
				-		
Client 1 – Previous Status:	□ Full-Time □ Part-Tim	o. □ Coouel	Client 2 – Previous Status:		ne □ Part-Time	□ Casual
Status.	☐ Self-Employed ☐ Othe		Status.		ne ⊔ Paπ-Time nployed □ Other	⊔ Casuai
Employer Name:	- Con-Employed - Cun	51	Employer Name:		ipioyed 🗆 Other	
Occupation:			Occupation:			
Start Date:	Finish Date:		Start Date:		Finish Date:	
No. & Street:	Timon Bato.		No. & Street:			
Suburb:			Suburb:			
State:	Postcode:		State:		Postcode:	
Contact Name:	1 0310000		Contact Name:		1 ostoode.	
Phone No.:			Phone No.:			
_						
Income						
Client 1	Gross Monthly	Gross Annual	Client 2		Gross Monthly	Gross Annual
Primary Salary	\$		Primary Salary	\$		
Secondary Salary	\$		Secondary Salary	\$		
Overtime	\$		Overtime	\$		
Commission/Bonus	\$		Commission/Bonus	\$		
Allowance	\$		Allowance	\$		
Rental Existing	\$		Rental Existing	\$		
Rental Proposed	\$		Rental Proposed	\$		
Other Investments	\$		Other Investments	\$		
Other Income	\$		Other Income	\$		
Т	otal \$			Total \$		
Notes:						

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Primary Residence 1. Sec. Residence 2. 3. 4. 5. Investment Property / 6. Land 7. 8. 9. 10. Shares / Other 11. Motor Vehicle / Boat / 13.	Activities es Car and Pet noe, Rates & Other Related Costs and Pharmaceutical Maintenance, Rates & Other Related Costs ng Out, Movies, Gifts, Memberships, Pet Care nternet, Cable TV and Streaming Services		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Client	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Client 2
Childcare - Including Nannies Child Support/Maintenance Clothing & Personal Care Education (Public) - Fees, Uniforms and Education (Private) - Fees, Uniforms and Education (Private) - Fees, Uniforms and HECS/HELP Groceries - Supermarket, Meat, Fruit & Vegetal Insurance General - Home, Contents an Insurance (Other) - Life, Income Protectic Investment Property - Utilities, Mainten Medical & Health - Doctor, Dental, Optical Owner Occupied Property - Utilities Recreation & Entertainment - Din Phone & Internet - Home Phone, Mobiles, Transport - Public Transport, Car (Inc. Petrol, R Rent or Board Other Other Assets Assets Asset Details Primary Residence 1. Sec. Residence 2. Investment Property / Each Investment Property / Each Investment Property / Each Education	Activities es Car and Pet nce, Rates & Other Related Costs and Pharmaceutical Maintenance, Rates & Other Related Costs ng Out, Movies, Gifts, Memberships, Pet Care nternet, Cable TV and Streaming Services gistration, Insurance, Repairs and Tolls)		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
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15.		Year		\$		□1 □2 □ Ot
16.		Acc No.		\$		1201
17.		Acc No.				□1□2□01
ank Account ———		Acc No.				
18.						
19.		Acc No.		\$		□ 1 □ 2 □ Ot
erm Deposit 20.		,		\$		□ 1 □ 2 □ Ot
erni Deposit 21.		Acc No.		_		1 □ 2 □ Ot
		Acc No. Acc No.		\$		
						□ 1 □ 2 □ Otl
uperannuation				\$ \$		□ 1 □ 2 □ Otl

Notes

Total \$

\$

\$

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Date: 10 May 2022

Home & Contents

Other

□ 1 □ 2 □ Other

□ 1 □ 2 □ Other



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
	1.						\$ \$	\$		□ 1 □ 2 □ Other		
	2.						\$ \$	\$		□ 1 □ 2 □ Other		
	3.						\$ \$	\$		□ 1 □ 2 □ Other		
	4.						\$ \$	\$		□ 1 □ 2 □ Other		
Home /	5.						\$ \$	\$		□ 1 □ 2 □ Other		
Investment Loans	6.						\$ \$	\$		□ 1 □ 2 □ Other		
	7.						\$ \$	\$		□ 1 □ 2 □ Other		
	8.						\$ \$	\$		□ 1 □ 2 □ Other		
	9.						\$ \$	\$		□ 1 □ 2 □ Other		
	10.						\$ \$	\$		□ 1 □ 2 □ Other		
	1.						\$ \$	\$		□ 1 □ 2 □ Other		
Car Loans / Leases /	2.						\$ \$	\$		□ 1 □ 2 □ Other		
Personal Loans	3.						\$ \$	\$		□ 1 □ 2 □ Other		
Lound	4.						\$ \$	\$		□ 1 □ 2 □ Other		
Margin	1.						\$ \$	\$		□ 1 □ 2 □ Other		
	1.						\$ \$	\$		□ 1 □ 2 □ Other		
Credit /	2.						\$ \$	\$		□ 1 □ 2 □ Other		
Store Cards	3.						\$ \$	\$		□ 1 □ 2 □ Other		
	4.						\$ \$	\$		□ 1 □ 2 □ Other		
D N	1.						\$ \$	\$		□ 1 □ 2 □ Other		
Buy Now Pay Later	2.						\$ \$	\$		□ 1 □ 2 □ Other		
Plans	3.						\$ \$	\$		□ 1 □ 2 □ Other		
HECS /	1.						\$ \$	\$		□ 1 □ 2 □ Other		
HELP	2.						\$ \$	\$		□ 1 □ 2 □ Other		
ATO	1.						\$ \$	\$		□ 1 □ 2 □ Other		
Other	1.						\$ \$	\$		□ 1 □ 2 □ Other		
(Specify)	2.						\$ \$	\$		□ 1 □ 2 □ Other		
						Total	\$ \$	\$		'		

Terms:

- Fixed or Var. Refers to whether the loan to your knowledge is on a Fixed or Variable Term P&I or IO Refers to whether your repayments are Principal & Interest or Interest Only Years Left (Term) Refers to the remaining term left on the loan
- 2.

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
		1
Do you plan or anticipate any changes to your financial circumstances (including Self-Employed Income)?	□Vaa □Na	□Vaa □Na
Do you plan or anticipate any changes to your financial circumstances (including Self-Employed Income)? If 'Yes', please provide an outline to those changes and how it might impact you:	□Yes □No	□Yes □No
	□Yes □No	□Yes □No
	□Yes □No	□Yes □No
If 'Yes', please provide an outline to those changes and how it might impact you:	□Yes □No	□Yes □No
If 'Yes', please provide an outline to those changes and how it might impact you:	□Yes □No	□Yes □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?	□Yes □No	□Yes □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? At What age are you planning to retire (years)?	□Yes □No	□Yes □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? At What age are you planning to retire (years)?	□Yes □No	□Yes □No

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Protecting Your Lifestyle & A	Assets						
			Client 1	Client 2			
Do you have a CURRENT WILL in	place?		□Yes □No	□Yes □No			
Do you have adequate Home, Con	tents and/or Landlord (for investme	ents) insurance?	□Yes □No	□Yes □No			
Do you have Private Health Insurar	nce?		□Yes □No	□Yes □No			
Do you have Income Protection ins	surance?		□Yes □No	□Yes □No			
Do you have Total and Permanent	Disability (TPD) and/or Death Insu	rance?	□Yes □No	□Yes □No			
Do you Smoke?			□Yes □No	□Yes □No			
Do you have adequate insurance for	or your Vehicles (inc. Cars/Boats/C	aravan/Leisure)?	□Yes □No	□Yes □No			
Do you have Business & Key Perso	•		□Yes □No	□Yes □No			
Professional Advisors							
Would you like to arrange a meetin	g to discuss your current and futur	e insurance options?	□Yes □No	□Yes □No			
Would you like to be referred to a F objectives?	Financial Planner to discuss protec	ing yourself/family and your broader planning	□Yes □No	□Yes □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					
INSURANCE BROKER	Name & Company:	Phone					
PROPERTY BUYERS AGENT	Name & Company:	Phone					
BUILDER	Name & Company:	Phone	No.:				
Risk Profile							
Are you concerned about rising into Would you consider taking a fixed r Interview & Key Notes (Requ	rate (either all fixed or a split portio	n)? stomers' Preference and priorities)	□Yes □No	□Yes □No			
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				

Document Name: Fact Find & Needs Analysis (v1.02)