

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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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:

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

	Client 1	Client 2
Have you ever had any financial judgments or legal proceedings recorded against you?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

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
	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
Investment Property / Land	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
	16.	Acc No.	\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other
Bank Account	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
			\$	<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
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:

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:		

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)? Yes No Yes 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 _____