

## Client Questionnaire (Fact Finder)

Please take the time to complete this document as thoroughly as possible. We use this information to develop our advice to you. If any part of the questionnaire is not relevant, please write “N/R” in the space provided. Please also feel free to attach any extra documents that you feel are relevant.

Completed forms can be sent to us via the following media:

Email: [info@partnerfinancialgroup.com.au](mailto:info@partnerfinancialgroup.com.au)

Post: 13 Diana Drive, BLACKBURN NORTH, VIC 3130

Alternatively, you can bring the questionnaire to your first meeting with your Adviser.

### YOUR KEY OBJECTIVES & THE SCOPE OF THIS ADVICE

Legislation requires that the advisor must **know the client** before making any recommendations. However, there is a provision that in certain circumstances an advisor may supply limited advice. If you are seeking **limited advice** of a particular nature you must make this known at the time of the interview and you should recognize that the recommendations will only relate to that limited advice being sought. Indicate your required areas of advice below:

- A full and comprehensive analysis of our financial concerns, needs and objectives

✓ **OR**

- Limited advice addressing the following priorities:

**Investment & Wealth Accumulation:**

- Develop a savings and investment plan
- Reduce the amount of taxation you pay
- Providing funds for our children’s education
- Review personal risk profile & Investment spread

**Insurance:**

- Personal risk review – Death cover
- Personal risk review – Income protection cover
- Personal risk review – Serious illness or trauma
- Personal risk review – Permanent disability

**Superannuation and Retirement:**

- Retirement funding & super contributions
- Consolidate your superannuation funds
- Advice on redundancy payment
- Retirement income strategies
- Centrelink pension & benefits
- Self-Managed Super Funds (SMSF)

**Loans & Debt:**

- Consolidate/ reduce debts
- Borrowing to invest

**Other:**

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## PERSONAL DETAILS

<b>Client 1</b>			<b>Client 2</b>		
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:			Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
Given Name			Given Name		
Preferred Name			Preferred Name		
Surname			Surname		
Date of Birth			Date of Birth		
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Marital Status    Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:					
Residential Address			Postal Address		
Address Line 1			Address Line 1		
Address Line 2			Address Line 2		
Suburb			Suburb		
State		Postcode	State		Postcode
<b>Contact Details</b>					
Home Phone			Fax		
Mobile			Mobile		
Email			Email		

## DEPENDENTS

Name	Sex	Date of Birth	Eligible for Austudy?
	M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

## TAX STATUS

Personal  Company  Trust  Super Fund  Other: \_\_\_\_\_





## PERSONAL ASSETS

Asset Name / Type	Owner C1/C2/J Other	Current Value (\$)	Loan Amount (\$)	Retain? Yes/No
Principal Residence				
Contents/Personal Property				
Motor Vehicles				
Holiday Home/s				
Caravan				

## INVESTMENT ASSETS

Investment Name / Type	Owner C1/C2/J	Current Value (\$)	Loan Amount (\$)	Retain? Yes/No
Bank Dep. 1				
Bank Dep. 2				
Bank Dep. 3				
Bank Dep. 4				
Bank Dep. 5				
Share Code [            ] Units [            ]				
Share Code [            ] Units [            ]				
Share Code [            ] Units [            ]				
Share Code [            ] Units [            ]				
Share Code [            ] Units [            ]				
Share Code [            ] Units [            ]				
Rental Property				
Other				
Other				
Business Interests/Farm				
Life Insurance (Cash Value)				
Life Insurance (Cash Value)				

Please bring copies of your share holdings to your initial meeting

**SUPERANNUATION ASSETS**

Fund Name	Owner	Fund Balance (\$)	Investment Mix (e.g "Balanced")	Insurance in Super	Insurance Details
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please bring copies of your superannuation statements to your initial meeting if available.

Do you have a Self-Managed Super Fund (SMSF)? Yes  No

Are you considering the establishment of a Self-Managed Super Fund (SMSF)? Yes  No

Are there issues or concerns you have with your current superannuation arrangements?

\_\_\_\_\_

\_\_\_\_\_

Are you on track to achieving your retirement funding target? Yes  No

When do you intend to retire from full time work? \_\_\_\_\_

Would you consider working part time in retirement, if so for how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PENSION ( RETIREMENT INCOME STREAM) ASSETS**

Fund Name	Owner	Fund Balance (\$)	Investment Mix (e.g "Balanced")	Pension being drawn (\$pa)
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>			

	Client 1 <input type="checkbox"/>			
	Client 2 <input type="checkbox"/>			
	Client 1 <input type="checkbox"/>			
	Client 2 <input type="checkbox"/>			
	Client 1 <input type="checkbox"/>			
	Client 2 <input type="checkbox"/>			

Please bring copies of your pension statements to your initial meeting if available.

## LOANS & LIABILITIES

Loan Details	Owner	Loan Balance (\$)	Repayments \$	Interest Rate %pa	Tax Deductible
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>				
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>				
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>				
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>				

## INCOME & REMUNERATION

### Client 1

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Leave entitlements? Yes  No  Details: \_\_\_\_\_

### Client 2

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Leave entitlements? Yes  No  Details: \_\_\_\_\_

Source of Income	Client 1 (\$pa)	Client 2 (\$pa)
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Taxable Salary/Wages		
Non-Taxable Salary/Wages		
Employer SG Super Contributions		
Salary Sacrifice Super Contributions		
Super Pension – Defined Benefit		
Super Pension – Allocated Pension		
Foreign Pension/s		
Centrelink / DVA (Aust) – Pension/Allowance		
Rental Income		
Other (please specify)		
Other (please specify)		
<b>Total Income</b>	<b>\$</b>	<b>\$</b>

### LIVING EXPENSES & FUTURE LUMP SUM COSTS

Regular Living Expenses – Details	Owner	(\$pa)
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	
Future Lump sum Costs – Details (How much & when?)	Owner	(\$)
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	

### INSURANCE POLICY - DETAILS

#### Client 1

Details of Insurance (e.g Death, trauma, salary, disab etc)	Level of Cover \$	Annual Premium \$	Insurer



**Client 2**

Details of Insurance <i>(e.g Death, trauma, salary, disab etc)</i>	Level of Cover \$	Annual Premium \$	Insurer

Are there any issues or concerns you have in connection with your current insurance?

\_\_\_\_\_

**ESTATE PLANNING DETAILS (WILLS, POWERS OF ATTORNEY ETC)**

**Client 1**

Do you have a current Will? Yes  No  Last reviewed: \_\_/\_\_/\_\_

Do you have any Powers of Attorney in place? Yes  No  Last reviewed: \_\_/\_\_/\_\_

Details: *(eg where are they kept?)* \_\_\_\_\_

Have you written down your instructions & preferences concerning your funeral services? Yes  No

Have you invested in a Funeral Plan? Yes  No

If yes, name of plan and value \_\_\_\_\_ \$ \_\_\_\_\_

**Client 2**

Do you have a current Will? Yes  No  Last reviewed: \_\_/\_\_/\_\_

Do you have any Powers of Attorney in place? Yes  No  Last reviewed: \_\_/\_\_/\_\_

Details: *(e.g where are they kept?)* \_\_\_\_\_

Have you written down your instructions & preferences concerning your funeral services? Yes  No

Have you invested in a Funeral Plan? Yes  No

If yes, name of plan and value \_\_\_\_\_ \$ \_\_\_\_\_

Estate Planning Objectives & Notes: *(e.g Names of beneficiaries, executors, guardians etc)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Would you like to review your estate plans at this time?

Yes  No

Name of Solicitor:

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Name of Accountant:

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Would you like a referral to a solicitor or accountant?

Yes  No

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## OTHER DETAILS

Do any of your beneficiaries need particular protection in your will?

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Do you expect to inherit any major amounts in the future?

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## HEALTH & HOBBIES

### Client 1

Health: Poor  Good  Excellent

Smoker: Yes  No

Private Health Cover: Yes  No

### Client 2

Health: Poor  Good  Excellent

Smoker: Yes  No

Private Health Cover: Yes  No



Do you or any member of your family suffer from any physical disability or health condition that may affect current or future financial planning considerations?

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Are there any medical reasons why you might not be able to increase or change your cover? Have your parents or any siblings suffered from a major trauma?

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What are your hobbies and pastimes?

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**INVESTMENT PROFILE**

Please rate how comfortable you would feel investing in the following types of assets:

1 = very uncomfortable

3 = reasonably comfortable

5 = very comfortable



	1	2	3	4	5
Residential Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Australian Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct International Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed Equity Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed Property Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Managed Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Rate Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speculative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Investment Time Frame**

Time Frame	< 10%	10-20%	20-60%	60-80%	80-100%
< 1 Year					
1-5 Years					
> 5 Years					

**Retirement Plans**

	Retired	< 5 Years	5-10 Years	10-20 Years	> 20 Years
Client 1					
Client 2					

## COMMENTS

How would you describe yourself as an investor?

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How comfortable are you with debt?

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What are the main reasons for you to invest?

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## REGULAR EXPENSES – DETAILED (OPTIONAL)

	Weekly (\$)	Fortnightly (\$)	Monthly (\$)	Yearly (\$)
<b>Housing</b>				
Rent				
Home Mortgage Repayments				
Council / Shire Rates				
Water Rates				
Electricity				
Gas / Oil				
Telephone				
House & Contents Insurance				
Household Repairs /Maintenance				
<b>Transport</b>				
Running Costs / Petrol / Fuel				
Registration & Third Party Comprehensive Insurance				
Maintenance / Services / Repairs				
License Fees /Fines / Parking				
Public Transport / Taxi Fares				
Loan / Lease Repayments				
<b>Food</b>				
Groceries				
Lunches				
Alcohol / Cigarettes				
<b>Health</b>				
Health Benefits / Insurance				
Chemist				
Medical / Dental / Optical				

<b>Education</b>			
School Fees			
Child Care			
Other			
<b>Personal</b>			
Clothing / Footwear / Haircuts			
Entertainment / Dining Out			
Sport / Recreation / Hobbies			
Gifts / Presents / Christmas			
Vacations / Holidays			
Books / Magazines / Newspapers			
Subscriptions /Fees			
Life Insurance			
Disability Insurance			
<b>Other</b>			
Child Support / Maintenance			
Pets / Vet Fees			
Charities / Donations			
Miscellaneous			
<b>Total \$</b>			

**FEE FOR SERVICE – ACCEPTANCE & AUTHORITY TO PROCEED**

*This section is to be completed by your adviser following your initial meeting.*

Your Adviser will be paid the following amounts for providing financial advice:

Fee for preparing Statement of Advice \$ \_\_\_\_\_ (Inclusive of GST).

Please note that the fee for preparing the **Statement of Advice** is payable upon delivery of the advice. This fee will be payable regardless of whether the advice is implemented. Fees for subsequently implementing the advice will be disclosed in the Statement of Advice.

**Fees Paid by a Third Party (Commissions)**

These fees will be communicated to you in your Statement of Advice. These fees will not be payable if you do not accept the advice.

**Acceptances of Fee Arrangements**

We accept the fees outlined above and authorize our adviser to proceed with preparing a written Statement of Advice. We undertake to pay the fee for the preparation of advice.

**Client 1**  
Signature: \_\_\_\_\_

**Date:**     /     /  
\_\_\_\_\_

**Client 2**  
Signature: \_\_\_\_\_

**Date:**     /     /  
\_\_\_\_\_

**CLIENT CONFIRMATION AND ACCEPTANCE**

Please email the completed fact finder to me at [info@partnerfinancialgroup.com.au](mailto:info@partnerfinancialgroup.com.au) with the following acknowledgement and declaration:

- *I/We confirm the contents of the fact finder represent a true and accurate reflection of my financial circumstances and I/We understand the information provided in this fact finder will be used for the purposes of providing financial and investment advice to me. My/Our information will not be used for any other purpose unless directed by me.*
- *I /WE confirm that I have received a Financial Services Guide from Partner Financial Group. I also give permission for my tax number to be retained on file and forwarded to financial institutions as requested or as necessary, and store it in a secure format by my adviser in accordance with legislative requirements.*
- *I/WE also accept the fees outlined in the above section and authorize you, as my adviser, to proceed with preparing a written statement of advice. I/We undertake to pay the fee for the preparation of advice and I/We understand that fees for implementing the advice will not be charged until I/We accept the written statement of advice and agree to its implementation.*

OR

If you are returning a hard copy of the fact finder, please sign below to confirm the declaration above.

**Client 1** **Date:**     /     /  
**Signature:** \_\_\_\_\_

**Client 2** **Date:**     /     /  
**Signature:** \_\_\_\_\_

**Adviser Declaration**

I will only use this information as authorised in the Privacy Policy. The Data Collection Form is an accurate and complete record of the information obtained from the client.

**Adviser** **Date:**     /     /  
**Signature:** \_\_\_\_\_

**INVESTMENT RISK PROFILE**

**1. For how long would you expect most of your money to be invested before you would need to access it?**

- |  | Score |
|--|-------|
| <input type="checkbox"/> Less than 12 months   | 10    |
| <input type="checkbox"/> Between 1 and 3 years | 20    |
| <input type="checkbox"/> Between 3 and 5 years | 30    |
| <input type="checkbox"/> Between 5 and 7 years | 40    |
| <input type="checkbox"/> Longer than 7 years   | 50    |

**2. If you consider current interest rates, what overall level of return (after inflation) do you reasonably expect to achieve from your investments over the period you wish to invest for?**

- |   |    |
|---|----|
| <input type="checkbox"/> A reasonable return without losing any capital | 10 |
| <input type="checkbox"/> 1-3%   | 20 |
| <input type="checkbox"/> 4-6%   | 30 |
| <input type="checkbox"/> 7-9%   | 40 |
| <input type="checkbox"/> Over 9%  | 50 |

**3. Assuming you had no need for capital, how long would you allow a poorly performing investment to continue before cashing it in (assuming the poor performance was mainly due to market influences)?**

- |  |    |
|--|----|
| <input type="checkbox"/> You would cash it in if there was any loss in value | 0  |
| <input type="checkbox"/> Less than 1 year                                    | 10 |
| <input type="checkbox"/> Up to 3 years                                       | 20 |
| <input type="checkbox"/> Up to 5 years                                       | 30 |
| <input type="checkbox"/> Up to 7 years                                       | 40 |
| <input type="checkbox"/> Up to 10 years                                      | 50 |

**4. How familiar are you with investment markets?**

- |  |    |
|--|----|
| <input type="checkbox"/> Very little understanding or interest   | 10 |
| <input type="checkbox"/> Not very familiar   | 20 |
| <input type="checkbox"/> Have had enough experience to understand the importance of diversification  | 30 |
| <input type="checkbox"/> I understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics | 40 |
| <input type="checkbox"/> I am experienced with all investment classes and understand the various factors that may influence performance                        | 50 |

**5. There is generally greater tax efficiency when investing in more volatile investments. With this in mind, which of the following would you be more comfortable with?**

- |  |    |
|--|----|
| <input type="checkbox"/> Preferably guaranteed returns, ahead of tax savings                       | 10 |
| <input type="checkbox"/> Stable , reliable returns with minimal tax savings                        | 20 |
| <input type="checkbox"/> Some variability in returns, some tax savings                             | 30 |
| <input type="checkbox"/> Moderate variability in returns, reasonable tax savings                   | 40 |
| <input type="checkbox"/> Higher variability but potentially higher returns, maximising tax savings | 50 |

**6. What would your reaction be if six months after placing your investments, you discovered that due mainly to market conditions your portfolio had decreased in value by 20%?**

- |   |    |
|---|----|
| <input type="checkbox"/> Horror – Security of your capital is critical and you do not intend to take risks                    | 10 |
| <input type="checkbox"/> You would cut your losses and transfer your funds to more secure investment sectors                  | 20 |
| <input type="checkbox"/> You would be concerned, but would wait to see if the investments improve                             | 30 |
| <input type="checkbox"/> This was a risk you understood – you would leave your investments in place                           | 40 |
| <input type="checkbox"/> You would invest more funds to take advantage of the lower unit/share prices expecting future growth | 50 |

**7. Which of the following best describes your purpose for investing?**

- You have an investment time frame of over 5 years. You understand investment markets and are mainly investing for growth to accumulate long-term wealth, or are prepared to use aggressive investments to provide income 50
- You are not nearing retirement, have surplus funds to invest and are aiming to accumulate long term wealth from a balanced portfolio 40
- You have a lump sum (e.g. inheritance or a superannuation rollover payment from your employer) and you are uncertain about what sort of investment alternatives are available 30
- You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement 20
- You have some specific objectives within the next 5 years for which you want to accumulate sufficient funds 20
- You want to provide a regular income and/or totally protect the value of your investment capital 10

**Total Score**

*Refer following page for further analysis*

## COMMENTS

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## INVESTMENT PROFILE & ASSET ALLOCATION

Points	Investor Profile	Benchmark Asset Mix
0-140	<p><b>Ultra Conservative</b></p> <p>As an Ultra Conservative investor, your risk tolerance is extremely low and you have a short time-frame for investment. Your portfolio should be low risk and have a strong preference for cash-based investment such as bank accounts, cash management trusts and term deposits.</p>	100% Cash/Fixed Interest
141-170	<p><b>Conservative</b></p> <p>As a Conservative investor, you are not in favour of risk and find it difficult to cope with losses. You feel more comfortable maintaining what you already have. You are more contented to accept lower returns rather than taking up too much risk for higher returns. Based on your risk profile, your preferred investment mix would generally be in defensive assets, such as bonds, cash, term deposits and fixed interests funds, and a small portion in growth assets, such as shares and property investments.</p>	65% Defensive 35% Growth
171-200	<p><b>Moderately Conservative</b></p> <p>As a Moderately Conservative investor, your risk tolerance is low and/or your timeframe for investments is no longer than the medium term. You prefer not to have large fluctuations in short term performance and generally prefer an equal mix of defensive assets, such as bonds, cash, term deposits and fixed interests funds, and growth assets, such as shares and property investments.</p>	44% Defensive 56% Growth
201-250	<p><b>Balanced</b></p> <p>As a Balanced investor, you are prepared to accept some risk to pursue investment returns but at the same time aim to protect the wealth you already have. That requires you to use approximately 77% of your wealth to invest in growth assets, where there is some risk that you may lose capital, while also maintaining approximately 23% of your wealth in cash-based investments where the risk of lost capital is low. You understand that you will experience short term fluctuations in performance to potentially gain higher returns over the long term and you are comfortable to invest more towards growth assets such as shares and property.</p>	23% Defensive 77% Growth
251-300	<p><b>Growth</b></p> <p>As a Growth investor, you seek for a high return for a greater growth potential. You are prepared to accept high levels of volatility in your portfolio to create substantial returns for extra wealth over the longer term. Based on your risk profile, you are comfortable to invest most of your assets into growth investments, such as shares and property, and a small percentage towards defensive assets, such as bonds, cash, term deposits and fixed interests funds.</p>	12% Defensive 88% Growth
301-350	<p><b>High Growth</b></p> <p>As a High Growth investor, your risk tolerance is high and/or you have a long timeframe for investment. You are looking for wealth creation and are prepared to trade-off portfolio balance in pursuit of potential long term gains. You are comfortable with a portfolio that includes a substantial proportion of high risk investments and are prepared to accept short term fluctuations in performance.</p>	100% Growth