Fact Finder

Blackburn Financial Planning
Nicholas Grayson CFP, Dip FP
Authorised Representative for:
Novatax Pty Limited

Australian Financial Services Licence No. 227043

Working with you

STRICTLY PRIVATE
AND CONFIDENTIAL

CLIENT NAME____

DATE OF INTERVIEW______/______/______ TIME____________________________________

ADVISER____

REFERRAL____

FSG given to clients: Yes ☐ No ☐ Date FSG Given _____/_____/_____
Version Dated 1 / 1/ 2009

IMPORTANT NOTICE TO CLIENTS
The Corporations Law requires that an adviser making investment recommendations must have reasonable grounds for making those recommendations. This means that a planner must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the client. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

Blackburn Financial Planning
Nicholas Grayson CFP, Dip FP - Authorised Representative for:
Novatax Pty Limited AFSL No. 227043

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PO Box 699
THE JUNCTION NSW 2291

Phone (02) 4924 0000
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Privacy Policy

In this Document

'We', 'us' and 'our' refer to:	Novatax Pty Limited and its Authorised Representatives
'You' and 'your' refer to:	The individual whose information we collect and hold for our purposes.

Collection of personal information

We collect personal information (including customers' full name, address and contact details) so that we may administer our customer relationships and provide customers with the products and services they request.

Where it is necessary to do so, we also collect information on individuals such as company directors and officers (where the company is our customer), as well as customers' agents and persons dealing with us on a 'one-off' basis.

The law can also require us to collect personal information, eg. Commonwealth legislation requires us to identify persons who open or operate accounts.

YOU MUST PROVIDE US WITH ACCURATE AND RELEVANT INFORMATION

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.

OTHER DISCLOSURES

Personal information may be disclosed to:

- if you have life insurance arranged by us; the life insurance company and its officers who you are applying for cover with or already hold cover with.
- if you have superannuation or managed investments; external product providers into which you might direct some of your investment, other product providers to which your investment might be transferred.

In all circumstances where our advisers and staff may become aware of personal information, confidentiality arrangements apply. Personal information may only be used by our advisers and staff for purposes to do with servicing you.

We may be allowed or obliged to disclose information by law, eg. Under Court Orders of Statutory Notices pursuant to taxation or social security laws.

PERSONAL DETAILS

CLIENT 1.

TITLE________________SURNAME____

GIVEN NAMES____

DATE OF BIRTH______/_______/________ MARITAL STATUS ____

HOME ADDRESS ____

____

HOME PHONE NO___________________________HOME FAX NO___________________________________

MOBILE NO_________________________________EMAIL____

OCCUPATION/WORK STATUS____

EMPLOYER NAME____

WORK PHONE NO___________________________WORK FAX NO__________________________________

INCOME____

ESTIMATED RETIREMENT DATE/AGE____

CLIENT 2.

TITLE________________SURNAME____

GIVEN NAMES____

DATE OF BIRTH______/_______/________ MARITAL STATUS ____

MOBILE NO_________________________________EMAIL____

OCCUPATION/WORK STATUS____

EMPLOYER NAME____

WORK PHONE NO___________________________WORK FAX NO__________________________________

INCOME____

ESTIMATED RETIREMENT DATE/AGE____

PRIMARY CONTACT FOR INVESTMENT DECISIONS:____

METHOD: HOME PHONE / MOBILE PHONE / EMAIL

CHILDREN

NAME____ D.O.B: ___________________ Status: _____________

NAME____ D.O.B: ___________________ Status: _____________

NAME____ D.O.B: ___________________ Status: _____________

ASSET DETAILS	Asset Value	Liability	Owner
PRINCIPLE RESIDENCE			
INVESTMENT PROPERTY			
BANK/BUILDING SOCIETY/CREDIT UNION DEPOSITS AT CALL FIXED TERM			
MANAGED FUNDS			
SHARES			
SUPERANNUATION			
ALLOCATED PENSIONS			
ANNUITIES			
MOTOR VEHICLE(S)			
CARAVAN			
BOAT			
HOME CONTENTS			
ANTIQUES/ART			
OTHER ASSETS			
OTHER LIABILITIES Personal Loans Credit Cards Tax Liability			
TOTAL	$	$	

REGULAR EXPENSES

What is your current yearly expenditure? $__________________

If you are unsure, please use the below table as a guide:

	WEEKLY $	MONTHLY $	YEARLY $
HOUSING			
Rent			
Home Mortgage Repayments			
Council Rates			
Water Rates			
Gas/Oil			
Telephone			
House & Contents Insurance			
Household Repairs/Maintenance			
Furnishings			
TRANSPORT			
Running Costs/Petrol/Fuel			
Registration & Third Party			
Comprehensive Insurance			
Maintenance/Services/Repairs			
Licence Fees/Fines/Parking			
Public Transport/Taxi Fares			
Loan/Leave Repayments			
FOOD			
Groceries/Meat/Fruit & Vegetables			
Lunches			
Alcohol/Cigarettes			
HEALTH			
Health Benefits/Insurance			
Chemist/Medical/Dental/Optical			
EDUCATION			
School Fees/Excursions/Other			
Child Care			
Other			
PERSONAL			
Clothing/Footwear			
Sport/Recreation/Hobbies			
Gifts/Presents/Christmas			
Holidays			
Books/Magazines/Newspapers			
Subscriptions/Fees			
Life Insurance			
Disability Insurance			
OTHER			
Miscellaneous			
TOTAL	$	$	$

Do you expect any major ***one-off expenses*** in the next:

12 months ☐ 3 years ☐ 5 years ☐

____

____

____

____

INCOME **CLIENT 1** **CLIENT 2**

GROSS SALARY/WAGES		$
CENTRELINK/DVA BENEFITS		$
GROSS INTEREST/DIVIDENDS FROM INVESTMENTS		$
OTHER INCOME		$
TOTAL		$

Target Annual Income: ____

ESTATE PLANNING	CLIENT 1	CLIENT 2
DO YOU HAVE AN UP TO DATE WILL	☐ YES ☐ NO	☐ YES ☐ NO
POWER OF ATTORNEY	☐ YES ☐ NO	☐ YES ☐ NO
ENDURING POWER OF ATTORNEY	☐ YES ☐ NO	☐ YES ☐ NO

NEXT OF KIN:

NAME: ______________________________

RELATIONSHIP: ________________________

CONTACT DETAILS: _____________________

OTHER PROFESSIONALS

ACCOUNTANT____

COMPANY____

SOLICITOR____

COMPANY ____

INSURANCE BROKER____

COMPANY ____

Do we have your authority to contact other advisers for any additional information necessary for the preparation of your Statement of Advice? ☐ *YES* ☐ *NO*

INSURANCE DETAILS	CLIENT 1	CLIENT 2
DEATH	$____________________	$____________________
DEATH & TPD	$____________________	$____________________
TRAUMA	$____________________	$____________________
INCOME PROTECTION	$____________________	$____________________
HEALTH	$____________________	$____________________
SMOKER	☐ YES ☐ NO	☐ YES ☐ NO

HEALTH PROBLEMS____

FINANCIAL OBJECTIVES

Do you have any comments to make concerning your financial objectives?

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GENERAL NOTES

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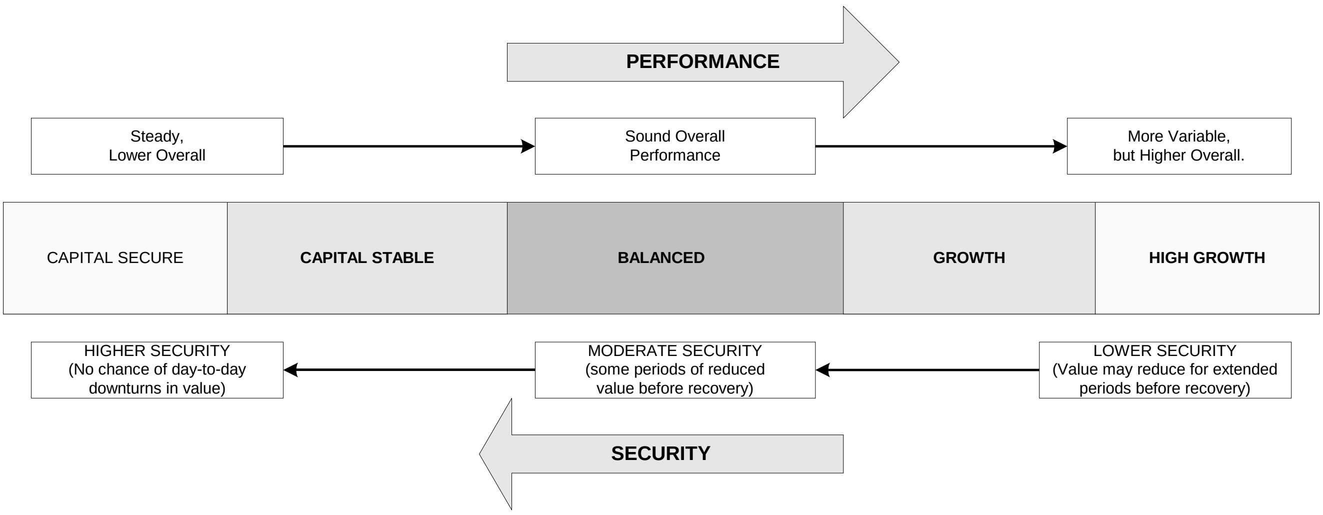
FINANCIAL CONCERNS / RISK PROFILE

A. How concerned are you about the following?

	Not Concerned	Slightly Concerned	Concerned	Very Concerned	Extremely Concerned
Inflation	☐	☐	☐	☐	☐
Tax Advantage	☐	☐	☐	☐	☐
Safety/Security	☐	☐	☐	☐	☐
Liquidity/Flexibility	☐	☐	☐	☐	☐
Current Income	☐	☐	☐	☐	☐
Ease of Management	☐	☐	☐	☐	☐
Estate	☐	☐	☐	☐	☐

B. It is generally accepted that over the longer term potential returns on shares and property are higher than on interest based investments, however these asset classes are also more subject to volatility. **Please indicate where you feel that you are positioned on the Risk/Return line below.**



C. What experience do you have with investment markets?

☐None ☐Very Little ☐Moderate ☐Quite Experienced ☐Extensive

Do you consider that you are an 'informed' investor? ______________________________

____

D. What would your reaction be if 12 months after placing your investments you discovered that, in line with what was happening in financial markets generally, your portfolio had decreased in value by 15%?

____

TAX FILE NUMBER AUTHORISATION FOR CLIENT FILE

EXPLANATION

When completing paperwork to assist you in dealing with the providers of investment and superannuation products we will record the said tax file number(s) where appropriate subject to your approval (signature on the relevant documents in most cases).

Note, it is not an offence if you choose not to provide your tax file number to organisations who you have or plan to have money invested with, but if you don't then they will be required to deduct tax from payments to you of income, capital gains or superannuation at the highest marginal tax rate applicable at the time.

AUTHORISATION

I/We give permission for my/our tax file number(s), to be retained in my/our file for use in relation to providing me/us with assistance in relation to the transacting of my/our investment or superannuation affairs.

Tax File Numbers

Client 1: ____________________ Client 2: ____________________ Trust/Super Fund: ____________________

Signed____Date______/______/______

Client 1. ______________________________________

Signed____Date______/______/______

Client 2. _____________________________________

CLIENT ACKNOWLEDGEMENT/AUTHORISATION

I/we acknowledge receipt of Nicholas Grayson's Financial Services Guide (FSG) dated 1 January 2009. Furthermore I/we have read and understood Blackburn Financial Planning Pty Limited's Privacy Policy found on the last page of the FSG.

Signed____Date______/______/______

Client 1. ______________________________________

Signed____Date______/______/______

Client 2. _____________________________________

SCOPE OF ADVICE

To provide comprehensive advice in respect of your all your objectives, financial situation and needs ('your personal circumstances') requires review and consideration of all issues related to your personal circumstances and we have spoken of the benefits of such a review.

☐ **You have instructed me to conduct a comprehensive analysis of all of your personal circumstances and provide appropriate advice based on that analysis.**

OR

☐ **At this time you have requested that I do not conduct a comprehensive review and you have instructed me that you only require advice specifically related to:**

____

____

____

I need to collect information about your personal circumstances to provide us with sufficient information to enable us to provide you with the advice that you seek. If you do not provide me with this information, I may not be able to provide you with a recommendation or advice that meets your specific needs and objectives.

If you provide me with information in respect of your personal circumstances that is incomplete and you do not complete or correct that information, I must warn you that;

- the advice is based on incomplete or inaccurate information relating to your personal circumstances; and
- because of that, you should, before acting on the advice, consider the appropriateness of the advice, having regard to your personal circumstances.

- I/we hereby declare that the information set out in this form is true and correct to the best of my/our knowledge.
- I/we are not aware of any other information I/we have not disclosed to the person to whom this form is given and any other information which would be relevant to the making of a recommendation by a financial service provider.
- I/we give permission for this information to be used for the preparation of my Statement of Advice and I/we understand that the investment recommendations will be based solely on the information supplied in this form.
- I/We authorise Blackburn Financial Planning Pty Limited. and its Representatives of Novatax Pty Limited to proceed in the preparation of a Statement of Advice for me/us as discussed.

Signature: ____________________________

Client Name: _________________________

Date: ___/___/______

Signature: ____________________________

Representative: ________________________

Date: ___/___/______

NAME: ____

ADDRESS: ____

____

____/____/______

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: MY PERSONAL & BUSINESS INVESTMENT INFORMATION

I wish to inform you that my Financial Adviser is Nicholas Grayson of Blackburn Financial Planning Pty Limited, The Junction (licensed through Novatax Pty Limited. AFSL No. 227043).

I authorise and direct you to give any information, documents or records that Nicholas Grayson or his associates may request from you on my behalf.

Yours faithfully,

________________________________ ________________________________