



# FACT FIND

## INSURANCE

### Private and Confidential

Matrix Planning Solutions Limited

ABN: 45 087 470 200

Australian Financial Services and Credit  
Licence No: 238256

**Client 1**

**Client 2**

### Important notice regarding provision of personal information and privacy

In order for an Adviser to make a sound financial recommendation, the Adviser must conduct an appropriate investigation of your particular needs and financial situation. The information requested in this form is necessary to enable a recommendation to be made that is considered to be in your best interests. **WARNING:** If you do not provide complete and accurate information that is relevant to financial needs as requested in this form, the Adviser may not be able to give you an appropriate recommendation.

All Matrix Planning Solutions Advisers will adhere to the Privacy Act 1988 including the Australian Privacy Principles when collecting, using, storing and disclosing the information contained in this form and will not unlawfully disclose this information.

You are entitled to gain access to this information and should you wish to do so, you can contact us on 1300 663 334 or write to us at PO Box Q1493, QVB, NSW, 1230 or Level 14, 20 Bond Street, Sydney, NSW, 2000. Alternatively, you can contact your Matrix Planning Solutions Adviser.

## Goals and Objectives

We want to help you achieve your lifestyle and financial goals. To do so, we need a general understanding of your situation and how you think we could help you.

### Why are you seeking our advice?

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What are your goals and objectives for the future? Where possible please include an amount and time frame. Please also include any planned expenditure e.g. renovations, holiday. Please use client's own words where possible.

Goal	Amount	Time Frame and Importance
		Short/ Medium/Long Term

Note: Any adviser identified goals can be noted later in the Fact Find.

### Cash Reserve

How much money do you require as a Cash Reserve?

### Retirement

	Client 1	Client 2
Planned Retirement Date		
What amount of after tax income do you want in retirement?		

Notes / Comments:

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## Personal Details

To ensure that we fully understand your situation and provide you with the best possible financial planning advice, we need to collect details about your personal and financial situation.

Personal Details	Client 1	Client 2
Title		
Surname		
Given Names		
Preferred Name		
Date of Birth		
Marital Status		
Resident Status		
Permission to discuss matters with Client 1/ Client 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Details		
Residential Address <input type="checkbox"/> (Pref)		
Suburb / Town		
State	Postcode	
Postal Address <input type="checkbox"/> (Pref)		
Suburb / Town		
State	Postcode	
Work Address <input type="checkbox"/> (Pref)		
Suburb / Town		
State	Postcode	
Home Phone <input type="checkbox"/> (Pref)	Fax	
Work Phone (Client 1) <input type="checkbox"/> (Pref)	Work Phone (Client 2) <input type="checkbox"/> (Pref)	
Mobile Phone (Client 1) <input type="checkbox"/> (Pref)	Mobile Phone (Client 2) <input type="checkbox"/> (Pref)	
Email	(Client 1) <input type="checkbox"/> (Pref)	(Client 2) <input type="checkbox"/> (Pref)

### Children, Dependants and Other Family Details

Nil dependants  Client(s) declined to complete this section

Are you planning on growing your family?  Yes  No

Name	Relationship	Date of Birth	Male/ Female	Dependant until when?

Are your parents still living / independent?

Client 1	Client 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employment

Not applicable     Client(s) declined to complete this section

Current Employment	Client 1	Client 2
Current occupation		
Status (fulltime, self-employed)		
Employer name		
Date commenced (MM/YY)		
Sick Leave entitlements (Approx days)		
Annual Leave / Long Service Leave (Approx days)	/	/

Have you received / been offered a redundancy payment?

Client 1	Client 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach any relevant financial statements (e.g. payslip)

## Health

Not applicable     Client(s) declined to complete this section

	Client 1	Client 2
Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Within Last 12 mths	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Within Last 12 mths
Private Health Fund Provider		
Do you take any regular medications?		
Do you have any health issues?		

Notes / Comments:

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## Taxation Details

Not applicable     Client(s) declined to complete this section

Current Employment	Client 1	Client 2
Are you an Australian for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number		
Have you bought or sold any assets in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax payments e.g. capital gains?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any tax losses that could be carried forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details:

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What other tax structures are applicable?     Company     Trust     SMSF     Other: \_\_\_\_\_

Company Details	
Name	
Tax File Number	ABN: _____
Directors	
Is this a corporate trustee only?	<input type="checkbox"/> Yes <input type="checkbox"/> No    It is as Trustee for _____

Trust Details	Please provide a copy of trust deed	
Name		
Trustee type	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate	
Tax File Number	ABN: _____	
Trustees		
Beneficiaries		

SMSF Details	Please provide a copy of trust deed and investment strategy	
Name		
Trustee type	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate If corporate please include details on Directors, Shareholders, ABN	
Tax File Number	ABN: _____	
Investment Strategy	<input type="checkbox"/> Yes (please provide) <input type="checkbox"/> No	
Members/trustees	Name: _____	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension
	Name: _____	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension
	Name: _____	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension
	Name: _____	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension

**Details:**

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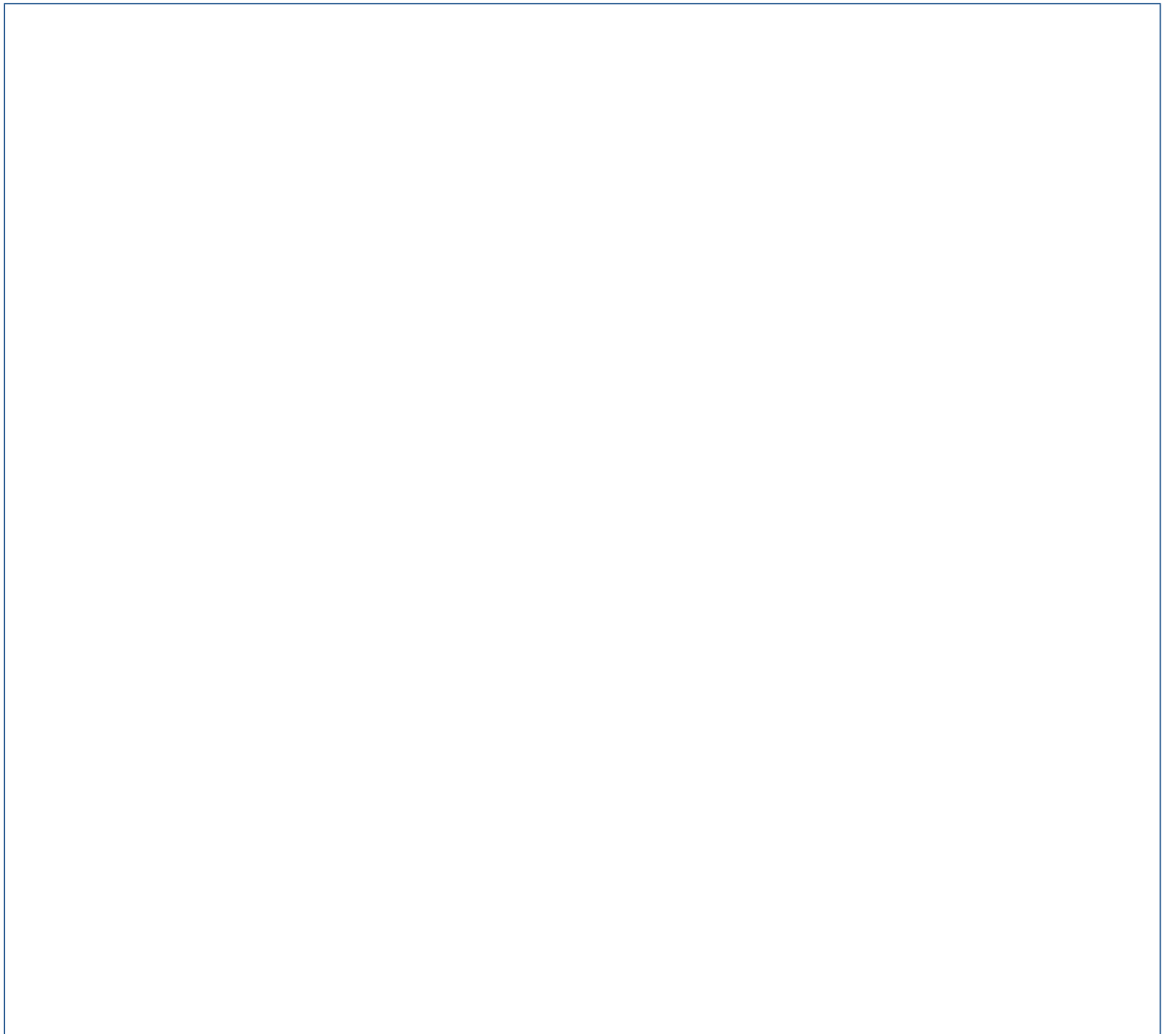
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**Entity structure diagram or other information**



## Income and Expenses

Not applicable     Client(s) declined to complete this section

### Income

Income type (p.a.)	Client 1	Client 2
Base salary or wage (gross excl SGC)		
Superannuation Guarantee Contributions (SGC)		
Bonuses or commissions		
Packaged items (e.g. car, laptop)		
Centrelink or Veterans' Affairs Pension (amount & frequency)		
Investments (annual income)		
Business (annual income)		
Account Based Pension income		
Annuity Income		
Fringe Benefits (Additional)		
Income received from overseas investments or pensions		
Income from family trust/s		
Other (specify)		
Other (specify)		
Other (specify)		
<b>TOTAL INCOME</b>		

### Expenses

Personal Expenditure (p.a.)	Client 1	Client 2
General Living expenses		
Tax		
Mortgage Repayments		
Rent		
Child Care		
Personal Insurance (Life, Income protection etc)		
General Insurance (Home, Car etc)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
<b>TOTAL EXPENDITURE</b>		

What amount would you estimate is your savings capacity on a yearly basis?

\$

How much from your cash flow are you able to set aside for insurance?

\$

Do you expect any income and/or expenditure changes in the next 12 months?

Yes  No

Please provide details below

Do you currently spend more or less than you earn?

More  Less

Please provide details below

Do you think you have an opportunity to save additional money?

Yes  No

Please provide details below

**Details:**

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## Assets and Liabilities

Not applicable       Client(s) declined to complete this section

### Lifestyle Assets

Item	Owner/s		Description	Current Value	Centrelink Value	
	C1	C2			Yes	No
Principal residence (home)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household contents	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Car 1	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Car 2	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>TOTAL LIFESTYLE ASSETS</b>					<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Cash / Term Deposits / Fixed Interest

Description	Bank / Institution	Owner/s		Interest Rate	Maturity Date	Current Value	Income Reinvested	
		C1	C2				Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Managed Investments/ Shares/ Trusts/ Overseas Investments

Description	Date Acquired	Owner/s		Initial Amount Invested	No. of Units	Current Value	Income Reinvested	
		C1	C2				Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Investment Property

Description	Owner/s		Date Acquired	Associated Debt	Original Cost	Income Received	Market Value
	C1	C2					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

### Liabilities

Please provide the following information so that we can calculate how much you have to invest and your current net wealth. (e.g. Mortgages, Personal loans, Credit Cards etc.)

Description	Lender	Owner/s		Term of loan	Interest rate %	Original Amount borrowed	Repayment amount/ Frequency	Credit Limit	Current amount owing
		C1	C2						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
<b>TOTAL LIABILITIES</b>									

Are any borrowings for investment purposes charged an asset based fee?

Yes  No

Are you unhappy with any of your investments?

Yes  No

Please provide details below

Details:

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## Superannuation and Pensions

Not applicable     Client(s) declined to complete this section     Nil

	Client 1	Client 2
Current Employment Phase	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension	<input type="checkbox"/> Accumulation <input type="checkbox"/> Pension
What source of income do you expect to rely upon in retirement?	<input type="checkbox"/> Own Funds <input type="checkbox"/> Casual work <input type="checkbox"/> Centrelink <input type="checkbox"/> Other	<input type="checkbox"/> Own Funds <input type="checkbox"/> Casual work <input type="checkbox"/> Centrelink <input type="checkbox"/> Other
Personal Contributions where a tax deduction is claimed e.g. self employed	(p.a.)	(p.a.)
Personal Contributions (Post Tax)	(p.a.)	(p.a.)
Personal Contributions (Post Tax) past 3 years	(\$)	(\$)
Personal Contributions (Post Tax) Lifetime	(\$)	(\$)
Employer Contribution e.g. SG and salary sacrifice	(\$ or %)	(\$ or %)

Is it possible there are other superannuation accounts your Financial Adviser does not already have record of (and that you may have contributed to), such as previous employer super funds, recent employer funds or accounts set up by an accountant or another adviser?

Client 1	Client 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Superannuation

C1	C2	Super Plan Name	Taxable - Taxed Element	Taxable - Untaxed Element	Tax Free Amount	Preserved Amount	Total Balance
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

Please attach a copy of your latest Superannuation or Pension statement.

**For Defined Benefit Schemes please provide the following**

Super/Pension name	Pension Amount	Tax free amount	Tax Offset
	\$	\$	
	\$	\$	

**Retirement Income**

Provider	Pension Balance	Payment Frequency	Taxable %	Centrelink Deductible Amount	Is this a Transition to Retirement Pension (Y/N)

Do you have a reversionary beneficiary on any pensions?  Yes  No (provide details)

Do you have binding nominations set up for your Superannuation Funds to ensure that these funds would go to the correct person in the event of your death?  Yes  No (provide details)

Have you continuously received Centrelink/DVA payments or have you been a Commonwealth Seniors Health Card holder since 1 January 2015?  Yes  No (provide details)

**OFFICE USE ONLY**  
Are any of the pensions grandfathered for Centrelink Purposes?  Yes  No (provide details)

**Notes / Comments:**

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## Personal Insurance

Not applicable    
  Client(s) declined to complete this section    
  I/We do not hold any insurance cover

### Existing Personal Insurance

Please provide the details of your existing Life, Total and Permanent Disability, Trauma, and Income Protection

Insurance Company/ Policy No.	Owner/s	Life insured	Type of Policy	Sum Insured	Annual Premium	Loading / Exclusion Notes	Nominated Beneficiaries	Associated Super Fund Name or funded through super

Are you unhappy with any of your insurances?  Yes  No

Please provide a copy of your latest Personal Insurance statement or policy details.

Details:

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### OFFICE USE ONLY

Are any of the policies held inside superannuation grandfathered for insurance purposes e.g. Definitions for TPD, Trauma  
Please provide any details below.  Yes  No

## Additional Insurance Information

### Insurance Goal Prioritisation

If you were unable to afford cover for all your needs, please prioritise the most important from 1 - 7

Need	Priority (1 - 7) Client 1	Priority (1 - 7) Client 2
Mortgage Repayments		
Other Debt Repayments		
Children's Education		
Medical Expenses		
Future Dependants Expenses		
Final Expenses (Funeral etc)		
Business Related Expenses		

How long could you go without income?  1 month  3 months  6 months  6+ months

Assuming you have paid off your mortgage, what income would your family need to cover expenses if either of you passed away?

How long do you intend to hold the cover?

Client 1		Client 2	
<input type="checkbox"/> 5 years	<input type="checkbox"/> 10 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> 10 years
<input type="checkbox"/> 15+ years	<input type="checkbox"/> Other	<input type="checkbox"/> 15+ years	<input type="checkbox"/> Other

Would you dispose of assets to assist in meeting your financial needs in the event of death, total & permanent disablement or trauma?  
Please provide details.

Yes  No

Would you like to consider child trauma or parent cover

Yes  No

Which of the following insurance features are important to you?

	Client 1	Client 2
<b>Death Cover</b>		
Expiry Age on cover (e.g. to age 99)		
Other (e.g. Automatic indexation, suspending cover benefit)		
<b>TPD Cover</b>		
Own / Any		
Buy Back		
Other (e.g. Automatic indexation, suspending cover benefit)		
<b>Income Protection Cover</b>		
Waiting Period	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
Benefit Period	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> Age 65 <input type="checkbox"/> Age 70	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> Age 65 <input type="checkbox"/> Age 70
Agreed or Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity	<input type="checkbox"/> Agreed <input type="checkbox"/> Indemnity
Other		

	Client 1	Client 2
<b>Trauma Cover</b>		
Comprehensive benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy Backs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma Reinstatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (e.g. Automatic indexation, suspending cover benefit)		

Insurance	Client 1	Client 2
Have you ever had an application for insurance on your life declined, deferred or accepted with a higher than normal premium, or with restrictions or exclusions?		
Have you within the last 5 years had any illness, injury, operation, X-ray, ECG, blood transfusion, any other special tests or advised to have a blood test for any reason?		
Do you take or have you taken drugs or medications on a regular or ongoing basis?		
Do you have any pre-existing health conditions that you are aware of?		
Any future health challenges we need to be aware of?		
Have any of your parents, brothers or sisters (alive or deceased) prior to age 60 been diagnosed with any of the following?		
<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Heart Disease</li> <li>• Mental Illness</li> <li>• Haemophilia</li> <li>• Cancer</li> <li>• High Cholesterol</li> <li>• High blood pressure</li> <li>• Stroke</li> <li>• Kidney Disease</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered 'Yes' to the above question, please complete the Family Medical History table below.

#### Family Medical History

Related to Client 1 or Client 2? C1 C2	Relationship	Condition/s	Age Diagnosed
<input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/>			

#### Hazardous Activities

Not applicable  Client(s) declined to complete this section

Do you participate or intend to participate in any hazardous activities?

E.g. Parachuting, Scuba Diving, Football, Body contact sports, Motor Racing, etc.

Client 1		Client 2	
Frequency	List of Activities	Frequency	List of Activities
Intends Participating		Intends Participating	
Participated within 3 yrs		Participated within 3 yrs	
Currently Participates		Currently Participates	
Participated more than 3 yrs ago		Participated more than 3 yrs ago	

## Needs Analysis for Personal Insurance

This section will be completed by your Adviser to calculate the level of cover to meet your needs. Please note this section is compulsory to enable accurate assessment where insurance advice is within the scope of advice.

	Life		TPD		Trauma		Income Protection* (pa)	
	Client 1	Client 2	Client 1	Client 2	Client 1	Client 2	Client 1	Client 2
<b>Capital Requirements</b>								
Liabilities to Clear								
Replacement of Income								
Future Education Expenses e.g. p.a. per child for X years								
Medical Costs/ Recovery / Rehabilitation Income								
Provision for Tax								
Other Provisions e.g. legacies								
Other e.g. funeral costs								
<b>Total Capital Required</b>								
<b>Capital Provisions</b>								
Disposable Assets								
Continuing Income								
<b>Total Capital Available</b>								
<b>Insurance Needs</b>								
<b>Total Cover Required</b>								
Existing Cover								
<b>Surplus/Shortfall</b>								

\* Consideration of 25% income not included in Income Protection for Trauma and TPD



Any additional discussions e.g. after completing the needs analysis the client does not want to cover in certain areas etc.

Notes / Comments:

Dotted lines for writing notes.

## Estate Planning

Not applicable     Client(s) declined to complete this section

Wills	Client 1	Client 2
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was your Will last reviewed?		
Have your circumstances changed since your last review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Will make provision for the use of testamentary trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who are the beneficiaries of your Will?		
Who are the beneficiaries of your Superannuation?		

Funeral Insurance Bonds	Client 1	Client 2
Funeral arrangements	<input type="checkbox"/> None <input type="checkbox"/> Pre-paid Funeral <input type="checkbox"/> Funeral Insurance <input type="checkbox"/> Funeral Bond	<input type="checkbox"/> None <input type="checkbox"/> Pre-paid Funeral <input type="checkbox"/> Funeral Insurance <input type="checkbox"/> Funeral Bond

Powers of Attorney/ Guardians	Client 1	Client 2
What type of Power of Attorney do you have?	<input type="checkbox"/> None <input type="checkbox"/> General <input type="checkbox"/> Enduring <input type="checkbox"/> Medical	<input type="checkbox"/> None <input type="checkbox"/> General <input type="checkbox"/> Enduring <input type="checkbox"/> Medical
Do you have Enduring Guardianship in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been married before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children from previous marriages / relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a referral to a Solicitor for your Estate Planning needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes/Additional information Are there any other special estate planning issues? e.g. Beneficiaries		

## Professional Contacts and Referral Details

Not applicable     Client(s) declined to complete this section

Please list any other professional contacts you may have (ie your Solicitor, Accountant, Lawyer):

Name/Company	Profession	Address	Phone

Can we contact your Professional Contacts if necessary?

Yes     No

How did you find out about our business?

From a friend/ existing client

Credit Union

Health Insurance Provider

Accountant or Solicitor

Seminar

Other e.g. website

Name of Referral Source

If referred through a referral partner, what is your policy/member number?

Client 1

Client 2

We have referred you to the following specialists e.g. Solicitor, Accountant etc

Name/Company	Need

## Client Consent

I / We confirm that the details recorded in this questionnaire are correct and accurately reflect my / our current financial position.

I / We acknowledge that you may have to contact our product providers, superannuation fund administrators and investment managers to fully understand my / our financial situation, investments and policies.

I / We understand that if I / we have not provided all relevant financial information when requested then there are limits on how appropriate a personal recommendation may be. In such cases the recommendation produced may not be appropriate for my / our financial needs, circumstances and objectives. Therefore, I / we must carefully assess how appropriate the recommendations are in light of my / our individual financial needs, goals and objectives.

I / We acknowledge and consent to the use, storage and disclosure of our personal information in accordance with the Matrix Privacy Policy.

Matrix Planning Solutions Limited ('Matrix') will retain your TFN. Supplying your TFN is voluntary, and it is not an offence if you choose not to provide it. Matrix is required by law to take the necessary steps to properly safeguard your TFN and our intention is to use it only for lawful purposes.

### Investigations into and gathering of your personal data

As part of our process to provide you with appropriate advice we will be required to undertake a data gathering exercise relevant to the areas of advice you have sought (as nominated above). If you have limited our scope of advice we will confine our investigation and discussions with you to information relevant to these areas, therefore you may not receive appropriate advice to address all of your financial needs (including insurance needs). You will also undertake to provide accurate and up to date information regarding your relevant personal circumstances. You understand any omissions or inaccuracies in the information provided to us may affect the appropriateness of the advice to you.

### Financial Services Guide and Credit Guide (FSG/CG)

We have provided you with our FSG/CG Version Number: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date provided) by \_\_\_\_\_ (method of delivery).

### Privacy Statement

We are committed to managing your personal information in accordance with the Privacy Act 1988 (Cth). We only collect, maintain and use personal information that is necessary for us to provide you with appropriate advice and deal in financial products on your behalf. We are also obliged under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) to verify your identity. Where you have instructed us to do so, we may disclose your personal information to superannuation funds, product issuers and insurance providers for the purpose of implementing recommendations made by us.

We keep records containing the personal information that you have provided and these may include details of your financial objectives, situation and needs. We also keep records of advice and recommendations provided to you. On request, we will provide you with copies of your personal information and Advice Documents although a fee may apply in respect of any costs that we incur in doing so. A copy of our Privacy Policy is available upon request and you can call 1800 265 744 if you have any questions on privacy related matters. <http://www.matrixplan.com.au/privacy-site-disclaimer-and-complaints>

### Marketing consent

Would you like to receive marketing material from our business such as newsletters and promotional material? If so please select the method of communication (this relates to marketing material only and does not include documentation we are required by law to provide to you or information that relates to the service package you have selected).

Email  Mail

### Consent for electronic instructions

You may wish to correspond with us electronically by email. This may include you providing us personal information, instructions to complete transactions on your behalf or us providing important documents to you including our written advice. If you wish to utilise electronic communication by email please provide your email address below. In doing so, you confirm that you understand the security risks associated with electronic communications (for example hacking, unlawful access to your email account and other dishonest or potentially fraudulent behaviour). Please provide your nominated email address:

(Client 1) \_\_\_\_\_

(Client 2) \_\_\_\_\_

## Terms of Engagement - Scope of Advice

This section assists us in identifying the areas we need to discuss with you, and allows us to tailor our investigations into your personal circumstances and available strategies.

Areas that you **WANT** advice on:

### Full Review

You would like a comprehensive analysis of your financial planning needs

Client 1     Client 2

OR

### Specific Review only

You would like us to investigate your need in the following areas only:

	Client 1	Client 2	Note
Life cover	<input type="checkbox"/>	<input type="checkbox"/>	Client 1 Notes Client 2 Notes
Total & Permanent Disability cover	<input type="checkbox"/>	<input type="checkbox"/>	Client 1 Notes Client 2 Notes
Trauma cover	<input type="checkbox"/>	<input type="checkbox"/>	Client 1 Notes Client 2 Notes
Income Protection cover	<input type="checkbox"/>	<input type="checkbox"/>	Client 1 Notes Client 2 Notes
Business Expense cover	<input type="checkbox"/>	<input type="checkbox"/>	Client 1 Notes (Refer to Business Risk Questionnaire) Client 2 Notes (Refer to Business Risk Questionnaire)
Superannuation (to hold insurance only, no investment advice)	<input type="checkbox"/>	<input type="checkbox"/>	Client 1 Notes Client 2 Notes

### Areas you Do Not want advice on

Superannuation/Retirement Planning     Investments (non super)     Estate Planning

Areas we are NOT authorised to provide advice on:

- General insurances
- Tax Agent services
- Credit advice

Referral required: \_\_\_\_\_

## Client Consent and Acknowledgement

### Terms of Engagement

Terms of Engagement (As detailed in this fact find)

You instruct us to formulate our written advice based on the agreed Terms of Engagement and provide this to you in a Statement of Advice (SoA). An upfront fee will apply for the preparation of this advice to be invoiced to you as follows \$\_\_\_\_\_

If you proceed with our advice and continue to hold the recommended products for 12 months we will waive this cost for you. If, however you choose to cancel the products or policies within 12 months of placement, we reserve the right to invoice you for the full fee noted above.

OR

Separate Service Agreement/Terms of Engagement

OR

There will not be an upfront fee for the preparation of this advice

### Privacy and Electronic Consent

I/We declare that we give consent for our personal information to be held on file and where indicated communication/documents to be provided electronically.

Client 1 Name (please print):

Client 1 Signature:

Date

DD / MM / YYYY

Client 2 Name (please print):

Client 2 Signature:

Date

DD / MM / YYYY

## Adviser Identified Needs

Need	In scope*	If out of scope state why
	<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 there any clarifications or amendments to the scope of advice (subject matter)?

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What is out of scope if not detailed in terms of engagement or service agreement?

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## Financial Adviser Declaration

I have discussed with the client(s) the importance of obtaining their personal financial details in order to provide recommendations that are appropriate to their needs and circumstances.

I have explained to the client(s) the relevance of determining their risk tolerance with regard to establishing an appropriate investment profile. I have discussed with the client(s) their attitude to risk and their chosen investment profile for the purposes of investing.

I have discussed with the client(s) that, where required information has not been provided, the advice and recommendations that I provide may not be appropriate for their needs.

Adviser Name (please print):

Adviser Signature:

Date

DD / MM / YYYY

## Authority to Access Information

To Whom It May Concern:

I	<input type="text"/> (Client 1 Name)	Date of birth	<input type="text" value="DD / MM / YYYY"/>
I	<input type="text"/> (Client 2 Name)	Date of birth	<input type="text" value="DD / MM / YYYY"/>
of	<input type="text"/> (Address)	In the state of	<input type="text"/>

Request that all relevant information on my investments, insurances, superannuation, bank accounts or other financial information be released to:  or their staff, any other representative, agent or Adviser of Matrix Planning Solutions Limited on request.

For Policy/Account:

is an Authorised Representative of Matrix Planning Solutions Limited, ABN: 45 087 470 200, AFSL: 238256, registered address: Level 14, 20 Bond Street, Sydney NSW 2000.

Please appoint the above Adviser as the servicing adviser to my account.

Please accept a photocopy/facsimile/electronic copy of this letter as my authority, as the original is held by my Matrix Planning Solutions Limited Financial Adviser.

Yours faithfully,

Client 1 Name (please print):	<input type="text"/>		
Client 1 Signature:	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Client 2 Name (please print):	<input type="text"/>		
Client 2 Signature:	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>



**Adviser use only**

Have you identified any client needs or goals that you are not accredited to provide advice e.g. Direct shares, Gearing, Aged Care etc.  Yes  No

If yes please document referral to a suitable Adviser.

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Have you identified any conflicts between the clients goals, objectives, investment profile, advice product provision etc?  Yes  No

Please detail the conflict.

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Has this been discussed with the client?  Yes  No

What was the outcome?

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Are there any other steps you need to take to provide advice in the client's best interest?

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**Notes:**

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Matrix Planning Solutions Limited, ABN 45 087 470 200, is a holder of an Australian Financial Services and Australian Credit Licence No. 238256 and is responsible for the services and advice given to you by your Adviser.

**Level 14, 20 Bond Street, Sydney, NSW, 2000**  
**Phone: 1300 663 334**  
**Fax: 02 9233 1960**

Email: [contactus@matrixplan.com.au](mailto:contactus@matrixplan.com.au)  
Website: [www.matrixplan.com.au](http://www.matrixplan.com.au)

January 2017

