Fact Finder

Investments For Expats

The information requested in this Client Questionnaire 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.

The Corporations Law requires that an adviser making investment recommendations must have reasonable grounds for making those recommendations.

This means that an advisor must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the client.

Client: Date: __ __ / __ __ / 2020

1. The collection and analysis of all relevant personal and financial data.
2. The identification of financial problems.
3. The identification of financial goals and objectives.
4. The provision of a written report with recommendations.
5. The co-ordination and implementation of recommendations.
6. The provision or periodic reviews and plan updates.

Thank you for completing this questionnaire. All of the information below will be held in the strictest of confidence and should you agree, a written report containing our recommendations will be prepared for your consideration.

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

Annuation and Retirement:

- Retirement funding & contributions
- Consolidate your annuation funds
- Advice on redundancy payment
- Retirement income strategies spread
- Centrelink pension & benefits
- Self-Managed Funds (SMSF)
- Loans & Debt
- Consolidate/ reduce debts trauma
- Borrow to invest

Client		**Partner:**	
Title		Title:	
Given Name		Given Name	
Surname		Surname	
Date of Birth		Date of Birth	
Nationality		Nationality	
Sex		Sex	
Marital Status		Marital Status	
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
Suburb		Suburb	
Work Telephone		Work Telephone	
Mobile		Mobile	
Email		Email	

Dependent Details

Name	Sex (M/F)	Date of Birth	Eligible for Custody? (Y/N)

Tax Status

Personal ◯	Company ◯	Trust ◯	Fund ◯	Other:

Investment Risk

	Very Low	Medium	High
Level of investment risk I am prepared to accept.			
Safety and security of our Capital. (ie Rise and fall of Capital value).			
That our investments keep pace with inflation and the cost of living.			
Level of liquidity and flexibility required. (ie Access to money)			
Your need for income from investments			
Your need for capital growth from investments.			
Your desire to minimise taxation.			
Simplicity of our investments and ease of management.			
Your desire to maintain our income if ill, injured or disable.			

Time Frames

	You	Your Partner
What is your investment time frame (in years) for your non-annuation investments?		
What is your investment time frame (in years) for your annuation investments?		
What age do you hope to retire?		
What weekly income do you anticipate you will require in retirement (in today's dollars)?		
How much do you want to have in cash reserves (ie immediately available money) at any time?		

ASSETS & LIABILITIES - DETAILS

Investment Name / Type	Owner C/P/J/O	Initial Date Invested	Amount Invested ($)	Loan Amount ($)	Current No. Units	Sell Price ($)	Current Value ($)	Reference or Policy Number	Retain? Y/N
Principal Residence									
Contents/Personal Property									
Motor Vehicles									
Investment Property									
Holiday Home									
Business Interests/Farm									
Life Insurance (surrender value)									
Credit Cards									
Other Loans									
Bank Accounts/Term Deposits									
Direct Shares									
Managed Investments/Unit Trusts									
Annuities/Allocated Pensions									

Other Assets									

C = Client; P = Partner; J = Joint; O = Other

Bank Accounts

Bank Name	Owner	Account No.	Current Balance	Term?	Maturity Date
	Client Partner				
	Client Partner				
	Client Partner				
	Client Partner				
	Client Partner				

ANNUATION

Fund	Owner	Value ($)	Insurance in	Insurance Details
	Client Partner		Yes No	
	Client Partner		Yes No	
	Client Partner		Yes No	
	Client Partner		Yes No	

DIRECT SHARES

Company Name	Owner C/P/J/O	Date Invested	Amount Invested	No. Units	Cost Base per unit	Current Value	Retain? Yes/No

C = Client; P = Partner; J = Joint; O = Other

CURRENT INCOME & EXPENSES

	Current Amount				Income Test Assessable? Yes/No
	Weekly ($ pw) ($	Fortnightly pf) ($ pm)	Monthly	Annual ($ pa)	
Client					
Gross Salary/Wages					
Other Taxable Income					
Salary Sacrifice					
Other Non Taxable Income					
SGC - Guarantee					
Centrelink or DVA – Pension/Allowance					
(A) TOTAL INCOME - CLIENT					
Partner					
Gross Salary/Wages					
Other Taxable Income					
Salary Sacrifice					
Other Non Taxable Income					
SGC – Guarantee					
Centrelink or DVA – Pension/Allowance					
(B) TOTAL INCOME - PARTNER					

Combined:	
TOTAL LIVING EXPENSES	
Combined – Living Expenses:	

REGULAR EXPENSES

	Weekly $	Monthly $	Yearly $
Home Mortgage Repayments			
Council / Shire Rates			
Water			
Electricity			
Gas / Oil			
Phone Bill			
House & Contents Insurance			
Household Repairs /Maintenance			
Running Costs / Petrol / Fuel			
Car Tax and Insurance			
Car Maintenance / Services / Repairs			
Public Transport / Taxi Fares			
Loan / Lease Repayments			
Groceries			
Lunches			
Alcohol / Cigarettes			
Health Benefits / Insurance			
Medical / Dental / Optical			
School Fees			
Child Care			
Clothing / Footwear / Haircuts			
Entertainment / Dining Out			
Sport / Recreation / Hobbies			
Gifts / Presents / Christmas			
Vacations / Holidays			
Books / Magazines / Newspapers			
Subscriptions /Fees Life Insurance			
Disability Insurance			
Child Support / Maintenance			
Pets / Vet Fees			
Miscellaneous			
Total $			

HEALTH DETAILS

Client		**Partner**	
Health	Poor / Good / Excellent	Health	Poor / Good / Excellent
Smoker	Y / N	Smoker	Y / N
Private Health Care	Y / N	Private Health Care	Y / N

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?

ESTATE PLANNING

	Client	Partner
Do you have a current Will? If Yes:	Yes No	Yes No
Date last reviewed		
Do you have in place a Power of Attorney (POA)? If Yes:	Yes No	Yes No
Type of POA	Enduring Medical General/Limited Other	Enduring Medical General/Limited Other
Have you invested in a Funeral Plan? If Yes:		
Name of Plan		
Amount Invested ($)		

Estate Planning Objectives:

EMPLOYMENT DETAILS

Client

Employer Name		Work Address	
Position / Title			
Employment Start Date		Work Telephone	

Partner

Employer Name		Work Address	
Position / Title			
Employment Start Date		Work Telephone	
Employment Contract (Full Time/ Part Time / Casual)		Employment Contract (Full Time/ Part Time / Casual)	

Do you intend to stay with your current employer or are you contemplating leaving?

Do you foresee any substantial change to your income in the next two to five years?

After retirement, do you intend to work again either on a full time or part time basis?

Client		Partner	
Tax File No.		Tax File No.	
Authorisation	Yes No	Authorisation	Yes No
DSS/DVA No.		DSS/DVA No.	
Medicare No.		Medicare No.	
Mobility No.		Mobility No.	

Please note: Tax File Numbers will only be retained and/or used where a written authority has been obtained from the client.

INSURANCE POLICY DETAILS

Policy Type			Policy Owner		
Policy Number			Life Insured		
Insurance Company			Sum Insured		
Renewal Date			Gross Premium		
Status			Payment Frequency		
Disability Insurance:	Monthly benefit		Waiting Period		Benefit Period
Life Insurance:	Cash Value			As at	
	Maturity Value			As at	

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Renewal Date			Gross Premium		
Status			Payment Frequency		
Disability Insurance:	Monthly benefit		Waiting Period		Benefit Period
Life Insurance:	Cash Value			As at	
	Maturity Value			As at	

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	
	Client	Partner
Less than 12 months	10	10
Between 1 and 3 years	20	20
Between 3 and 5 years	30	30
Between 5 and 7 years	40	40
Longer than 7 years	50	50

2. Assuming an inflation rate of 3% pa, what overall level of return do you reasonably expect to achieve from your investments over the period you wish to invest for?

The rate paid on a typical bank deposit offering security of capital	**10**	**10**
4-6%	20	20
7-9%	30	30
10-12%	40	40
Over 12%	50	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)?

You would cash it in if there was any loss in value	**0**	**0**
Less than 1 year	10	10
Up to 3 years	20	20
Up to 5 years	30	30
Up to 7 years	40	40
Up to 10 years	50	50

4. How familiar are you with investment markets?

Very little understanding or interest	**10**	**10**
Not very familiar	20	20
Have had enough experience to understand the importance of diversification	30	30
I understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics	40	40
I am experienced with all investment classes and understand the various factors	50	50

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

Preferably guaranteed returns, ahead of tax savings	**10**	**10**
Stable, reliable returns with minimal tax savings	20	20
Some variability in returns, some tax savings	30	30
Moderate variability in returns, reasonable tax savings	40	40
Higher variability but potentially higher returns, maximising tax savings	50	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%?

Horror – Security of your capital is critical and you do not intend to take risks	**10**	**10**
You would cut your losses and transfer your funds to more secure investment sectors	20	20
You would be concerned, but would wait to see if the investments improve	30	30
This was a risk you understood – you would leave your investments in place	40	40
You would invest more funds to take advantage of the lower unit/share prices expecting future growth	50	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**	**50**
You are not nearing retirement, have surplus funds to invest and are aiming to accumulate long term wealth from a balanced portfolio	40	40
You have a lump sum (eg inheritance or a annuation rollover payment from your employer) and you are uncertain about what sort of investment alternatives are available	30	30
You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement	20	20
You have some specific objectives within the next 5 years for which you want to accumulate sufficient funds	20	20
You want to provide a regular income and/or totally protect the value of your investment capital	10	10

[redacted]

Total Score

Points	Investor Profile	Benchmark Asset Mix
0-100	Very Conservative “Cash” May be suitable for investors with a short term investment horizon or a very low tolerance for risk, seeking a return similar to cash rates.	100% Cash
101-140	Conservative “Fixed Interest” May be suitable for investors with an investment horizon of at least 3 years and a low risk tolerance, seeking higher than cash returns over the investment timeframe.	100% Defensive
141-170	Moderately Conservative “Capital Stable” May be suitable for investors with an investment horizon of at least 3 years and a low to moderate risk tolerance, seeking regular income and the opportunity for some growth over the investment timeframe.	70% Defensive 30% Growth
171-200	Moderately “Conservative Growth” May be suitable for investors with an investment horizon of at least 3-5 years and a moderate risk tolerance, seeking a mix of income and growth over the investment timeframe from a well diversified portfolio. This strategy suits investors aiming for a return higher than what is likely from a portfolio dominated by defensive assets but who want lower volatility than what a share fund would likely generate.	50% Defensive 50% Growth
201-250	Assertive “Balanced” May be suitable for investors with an investment horizon of at least 5 years and a moderate risk tolerance, seeking more growth than income over the investment timeframe. This strategy suits investors aiming for a return higher than what is likely from a more defensive portfolio but who want lower volatility than what a share fund would likely generate.	30% Defensive 70% Growth
251-300	Moderately Aggressive “Growth” May be suitable for investors with an investment horizon of at least 5-7 years and a moderate to high risk tolerance, seeking a high exposure to growth assets.	15% Defensive 85% Growth

301-350	Aggressive “High Growth” May be suitable for investors with an investment horizon of at least 7 years and high risk tolerance, comfortable with a share portfolio dominated by Australian and International shares.	100% Growth

The contents of this fact finder represent a true and accurate reflection of my financial circumstances. I understand that this information will be used for the purposes of providing financial and investment advice to me. My information will not be used for any other purpose unless directed by me. I 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.

Client 1 Signature: _____ Date: / /

Client 2 Signature: _____ Date: / /

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 Signature: _____ Date: / /