|  |  |
| --- | --- |
| **CLIENT 1 NAME:** |  |
|  |  |
| **CLIENT 2 /PARTNER NAME:** |  |

|  |  |
| --- | --- |
| **DATE:** | **\_\_\_/ \_\_\_/ 2024** |

|  |
| --- |
| *A Comprehensive picture of how you are**positioned in relation to your financial**goals, situations and particular needs.* |

**Important Notice**

Your personal information disclosed in this questionnaire will be regarded as strictly private and confidential. It will be used exclusively for the person or persons whose names are contained herein. No information will be disclosed to any person or organisation without your express permission.

To enable Life Map Financial Planning to prepare appropriate recommendations to achieve your financial goals and objectives, it is imperative that we have the proper foundation to base our recommendations upon. Please ensure that the information supplied in this questionnaire is complete, accurate and current. We have a responsibility to inform you that recommendations based on incomplete, inaccurate and/or out of date information, may not be appropriate to your individual needs and circumstances.

Prior to completing this form, you should be in possession of a **Financial Services Guide (“FSG”) Version V1.05** and a Advisor Profile (“AP”). The FSG and AP, outline who your investment adviser is, who is responsible for the advice provided, the services provided and the likely cost of such services, and your basic rights when obtaining investment advice. Please ask your adviser for your FSG and AP if you haven’t received a copy of either or both.

This form incorporates the requirements of a Fact Find for the purposes of data collection for life insurance.

## Philip Penklis MBA MFinPlan & Greg Hyslop M.Bus (Fin) UTS Sydney

**Suite 126, Level 3 / 14 Martin Place Sydney NSW 2000**

PO Box Q642 QVB SYDNEY NSW 1230

Phone: (02) 9639 9334

Authorised Representative For

**Life Map Financial Planning Pty Ltd**

A.B.N. 99 637 766 762

**Australian Financial Services Licence Number: 523004**

Sydney CBD – Chatswwod – Baulkham Hills

[**www.lifemapfp.com.au**](http://www.lifemapfp.com.au)

**PERSONAL SUMMARY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Client 1** |  | **Client 2 / Partner** |
|  |  |  |  |
| Title (Mr/Mrs/Ms/Miss/Dr |  |  |  |
|  |  |  |  |
| Surname |  |  |  |
|  |  |  |  |
| Given Names |  |  |  |
|  |  |  |  |
| Preferred Names |  |  |  |
|  |  |  |  |
| Marital Status |  |  |  |
|  |  |  |  |
| Date of Birth |  |  |  |
|  |  |  |  |
| Place of Birth |  |  |  |
|  |  |  |  |
| Address |  |  |  |
|  |  |  |  |
| City/Suburb |  |  |  |
|  |  |  |  |
| State & Postcode |  |  |  |
|  |  |  |  |
| Home Phone |  |  |  |
|  |  |  |  |
| Work Phone |  |  |  |
|  |  |  |  |
| Mobile |  |  |  |
|  |  |  |  |
| Preferred Contact Number |  | Home |  | Work |  | Mobile |  |  |  | Home |  | Work |  | Mobile |
|  |  |  |  |
|  |  |  |  |
| Tax File Number (optional) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| E-mail | **@**  |  | **@**  |
|  |  |

|  |
| --- |
| Children / Dependents |
| **Name & Address** |  | **Date of Birth** |  | **Dependent?** |
|  |  |  |  |  | Yes |  | No |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Yes |  | No |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Yes |  | No |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Yes |  | No |
|  |  |  |  |  |  |  |  |

**Do any of your children have special needs? =**

|  |
| --- |
| Professional Advisers |
| **Firm/Company Name** |  | **Adviser Name** |  | Service Provided |
|  |  |  |  | Legal |
|  |  |  |  |
|  |  |  |  | Accounting |
|  |  |  |  |
|  |  |  |  |

***Tax File Number Retention Authority***

I/We **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herby permit ***Life Map Financial Planning*,** to retain in my/our confidential personal client file/s, my/our tax file number/s. I/We grant this permission to ***Life Map Financial Planning*** in the knowledge that the tax file number/s can only be used by ***Life Map Financial Planning is*** for purposes relating to the advice requested.

This affirmation is dated: ……/………/ 2024

………………………… ………………………..

Signature Signature

|  |
| --- |
| **Employment Details** |
|  |  |  |  |
|  | Client 1 |  | Client 2 / Partner |
|  |  |  |  |
| Occupation |  |  |  |
|  |  |  |  |
| Do you have a university degree? |  |  |  |
|  |  |  |  |
| Employment Status (part-time, full-time, self-employed) |  |  |  |
|  |  |  |  |
| Entity Structure where self-employed | Sole Trader / Partnership / Trust / Company |  | Sole Trader / Partnership / Trust / Company |
|  |  |  |  |
| Employer’s/Business Name |  |  |  |
|  |  |  |  |
| How long have you been with this employer? |  |  |  |
|  |  |  |  |
| Is there likely to be a change in employment status? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| If yes, please detail the change in status: |
|  |
|  |

|  |
| --- |
| Income Details |
|  |  |  |  |
|  | Client 1 |  | Client 2 / Partner |
|  |  |  |  |
| Gross Salary / Wages | **$** |  | **$** |
|  |  |  |  |
| Investment Income – Managed Investments | **$** |  | **$** |
|  |  |  |  |
| Investment Income – Income Stream | **$** |  | **$** |
|  |  |  |  |
| Investment Income – Share Dividends | **$** |  | **$** |
|  |  |  |  |
| Investment Income – Gross Property Rental  | **$** |  | **$** |
|  |  |  |  |
| Investment Income – Gross Property Rental | **$** |  | **$** |
|  |  |  |  |
| Investment Income – Gross Property Rental | **$** |  | **$** |
|  |  |  |  |
| Net Business Income | **$** |  | **$** |
|  |  |  |  |
| Government Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **$** |  | **$** |
|  |  |  |  |
| Government Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **$** |  | **$** |
|  |  |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **$** |  | **$** |
|  |  |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **$** |  | **$** |
|  |  |  |  |
| TOTAL | **$** |  | **$** |

*Notes:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Description | **Amount $** | **Frequency** (circle) | **Annually $** |
| Groceries | $ | W / F / M / Q / HY / Y |  |
|  Entertainment | $ | W / F / M / Q / HY / Y |  |
| Newspapers, Magazines | $ | W / F / M / Q / HY / Y |  |
| Child Care | $ | W / F / M / Q / HY / Y |  |
| Child Maintenance | $ | W / F / M / Q / HY / Y |  |
| Education – School Fees | $ | W / F / M / Q / HY / Y |  |
| Education – Uniforms | $ | W / F / M / Q / HY / Y |  |
| Education – Stationery | $ | W / F / M / Q / HY / Y |  |
| Clothing - Client 1 | $ | W / F / M / Q / HY / Y |  |
| Clothing - Client 2 | $ | W / F / M / Q / HY / Y |  |
| Clothing – Dependents | $ | W / F / M / Q / HY / Y |  |
| Dry Cleaning | $ | W / F / M / Q / HY / Y |  |
| Alcohol | $ | W / F / M / Q / HY / Y |  |
| Cigarettes | $ | W / F / M / Q / HY / Y |  |
| Personal Needs | $ | W / F / M / Q / HY / Y |  |
| Tools/Books/Hobbies/ | $ | W / F / M / Q / HY / Y |  |
| Fitness Club Memberships | $ | W / F / M / Q / HY / Y |  |
| Sporting Associations | $ | W / F / M / Q / HY / Y |  |
| Council Rates | $ | W / F / M / Q / HY / Y |  |
| Water | $ | W / F / M / Q / HY / Y |  |
| Electricity | $ | W / F / M / Q / HY / Y |  |
| Gas | $ | W / F / M / Q / HY / Y |  |
| Telephone – Landline | $ | W / F / M / Q / HY / Y |  |
| Telephone – Mobile 1 | $ | W / F / M / Q / HY / Y |  |
| Telephone – Mobile 2 | $ | W / F / M / Q / HY / Y |  |
| Professional Fees | $ | W / F / M / Q / HY / Y |  |
| Donations | $ | W / F / M / Q / HY / Y |  |
| Work/Union Fees | $ | W / F / M / Q / HY / Y |  |
| Holidays | $ | W / F / M / Q / HY / Y |  |
| Gifts | $ | W / F / M / Q / HY / Y |  |
| Motor Vehicle 1 Expenses  |  |  |  |
| Registration | $ | W / F / M / Q / HY / Y |  |
| Licence | $ | W / F / M / Q / HY / Y |  |
| Lease / Hire Purchase | $ | W / F / M / Q / HY / Y |  |
| Third Party Prop. Insurance | $ | W / F / M / Q / HY / Y |  |
| Comprehensive Insurance | $ | W / F / M / Q / HY / Y |  |
| Fuel | $ | W / F / M / Q / HY / Y |  |
| Maintenance | $ | W / F / M / Q / HY / Y |  |
| Motoring Body Membership | $ | W / F / M / Q / HY / Y |  |
| *Motor Vehicle 2 Expenses* | $ |  |  |
| Registration | $ | W / F / M / Q / HY / Y |  |
| Licence | $ | W / F / M / Q / HY / Y |  |
| Lease / Hire Purchase | $ | W / F / M / Q / HY / Y |  |
| Third Party Prop. Insurance | $ | W / F / M / Q / HY / Y |  |
| Comprehensive Insurance | $ | W / F / M / Q / HY / Y |  |
| Fuel | $ | W / F / M / Q / HY / Y |  |
| Maintenance | $ | W / F / M / Q / HY / Y |  |
| Motoring Body Membership | $ | W / F / M / Q / HY / Y |  |
| Insurances and Investment |  |  |  |
| House and Contents |  |  |  |
| Health |  |  |  |
| Disability/Income Protection |  |  |  |
| Life Cover |  |  |  |
| Trauma Cover |  |  |  |
| Superannuation |  |  |  |
| Other |  |  |  |
| **TOTAL:** |  |  |  |

|  |
| --- |
|  |
|  | Client 1 |  |  | Client 2 / Partner |
|  |  |  |  |  |
| Income (brought forward from page 3) | **$** |  |  | **$** |
|  |  |  |  |  |
| Estimated Tax Payable | **$** |  |  | **$** |
|  |  |  |  |  |
| Net (After Tax) Income | **$** |  |  | **$** |
|  |  |  |  |  |
| Expenditure (brought forward from page 5) | $ |  |  | **$** |
|  |  |  |  |  |
| Income Surplus / Deficiency | **$** |  |  | **$** |
|  |  |  |  |  |
| Savings Target | **$** |  |  | **$** |
|  |  |  |  |  |
| Do you anticipate any changes to the income and expenditure details disclosed above? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| If yes, please provide further details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Notes*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL FINANCES AND LIFESTYLE - ASSETS**

**Care: Superannuation investments should not be included here**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Owner****(C1,C2,J)** | **Date** **Invested** | **Purchase** **Price** | **Number****of Units** | **Current Value** | **Return % p.a** | **Amount to be** **Reinvested** |
| **Income** | **Growth** |
| **Lifestyle Assets** |
| Home |  |  | $ |  | $ |  |  |  |
| Contents |  |  | $ |  | $ |  |  |  |
| Motor Vehicles |  |  | $ |  | $ |  |  |  |
| Motor Vehicles (2) |  |  | $ |  | $ |  |  |  |
| Caravan/Boat |  |  | $ |  | $ |  |  |  |
| Gold |  |  | $ |  | $ |  |  |  |
| Bank Account (1) |  |  | $ |  | $ |  |  |  |
| Bank Account (2) |  |  | $ |  | $ |  |  |  |
| Term Deposit |  |  | $ |  | $ |  |  |  |
| **Investments** |
| Managed Funds |  |  | $ |  | $ |  |  |  |
| Shares |  |  | $ |  | $ |  |  |  |
| Shares |  |  | $ |  | $ |  |  |  |
| Shares |  |  | $ |  | $ |  |  |  |
| Rental Property (1) |  |  | $ |  | $ |  |  |  |
| Rental Property (2) |  |  | $ |  | $ |  |  |  |
| Rental Property (3) |  |  | $ |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

**PERSONAL FINANCES AND LIFESTYLE - LIABILITIES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Lender / Credit Provider** | **Amount** **Owing** | **Monthly** **payment** | **Interest Tax Deductible?** | **Maturity** **Date** | **Loan Type &** **Interest Rate** | **Amount** **Borrowed or** **Credit Limit** |
| **P&I/IO** | **%** |
| **Personal Liabilities** |
| Home Mortgage |  | $ |  |  |  |  |  |  |
| Personal Loan 1 |  | $ |  |  |  |  |  |  |
| Personal Loan 2 |  | $ |  |  |  |  |  |  |
| Investment Loan 1 |  | $ |  |  |  |  |  |  |
| Investment Loan 2 |  | $ |  |  |  |  |  |  |
| Investment Loan 3 |  | $ |  |  |  |  |  |  |
| LOC Sub A/c 2 |  | $ |  |  |  |  |  |  |
| Lease |  | $ |  |  |  |  |  |  |
| Credit Card 1 |  | $ |  |  |  |  |  |  |
| Credit Card 2 |  | $ |  |  |  |  |  |  |
| Tax Liability |  |  |  |  |  |  |  |  |

*Notes:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL GOALS & OBJECTIVES**

**Short Term Goals (to be achieved between the present up to 3 years) please priorities your goals**

Goal 1 [Priority = High/Medium/Low]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal 2 [Priority = High/Medium/Low]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal 3 [Priority = High/Medium/Low]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medium-Term Goals (to be achieved between 3 to 5 years) please prioritise your goals**

Goal 1 [Priority = High/Medium/Low]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal 2 [Priority = High/Medium/Low]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal 3 [Priority = High/Medium/Low]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Long Term Goals (to be achieved in a timeframe greater than 5 years) please priorities your goals**

Goal 1 [Priority = High/Medium/Low]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal 2 [Priority = High/Medium/Low]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal 3 [Priority = High/Medium/Low]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| What is your estimate of cash reserves required in an emergency?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What is your estimate of cash reserves required in an emergency? |  |  |  |

*Notes:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**RISK MANAGEMENT & INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Client 1 |  | Client 2 / Partner |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Do you have personal Life (Term) cover? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Do you have personal Permanent Disability cover? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Do you have Trauma cover? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Do you have Income Protection cover? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Have you ever been refused any type of cover? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Are you a smoker? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Do you participate in dangerous pastimes? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Do you have private health cover? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Do you believe you are in good health? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Does your family history suggest longevity? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| Are there any special health needs for you and/or |  | Yes |  | No |  |  |  | Yes |  | No |  |
| Your dependents? |  |  |  |
|  |  |  |  |
| Where required, please provide further details: |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Personal Risk Insurance Schedule |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description of Cover | Life Insurance Company | Life Insured | Owner (C1, C2, J) | Commencement Date | Sum Insured / Monthly Benefit | Income Protection Insurance | Total Permanent Disability Sum Insured | Premium and Payment Frequency | Policy Number |
| Waiting Period | Benefit Period |
| Income Protection |  |  |  |  |  |  |  |  |  |  |
| Income Protection |  |  |  |  |  |  |  |  |  |  |
| Term / TPD |  |  |  |  |  |  |  |  |  |  |
| Term / TPD |  |  |  |  |  |  |  |  |  |  |
| Trauma |  |  |  |  |  |  |  |  |  |  |
| Trauma |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |
| --- |
| General Insurance Schedule |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description of Cover | General Insurance Company | Insured | Due Date | Commencement Date | Premium and Payment Frequency | Policy Number |  | **Notes** |
| Motor Vehicle |  |  |  |  |  |  |  |  |
| Motor Vehicle |  |  |  |  |  |  |  |  |
| House |  |  |  |  |  |  |  |  |
| Contents |  |  |  |  |  |  |  |  |
| Specified Items |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |

**RETIREMENT PLANNING**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Client 1 |  | Client 2 / Partner |
|  |
| At what age would you like to retire? | **Age**  |  | **Age** |
|  |  |  |  |
| for a comfortable standard of living in retirement? | **$**  |  | **$** |
| (in today’s dollar terms – per person) |  |  |  |

|  |
| --- |
| Superannuation Investments |
| Product Provider | Account Holder(C1,C2) | Type of Fund | Membership Start Date | Current Value | Account/MemberPolicy Number | Contributions |
| By Whom? | Yearly amount |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |

**ESTATE PLANNING**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Client 1 |  | Client 2 / Partner |
|  |
| Do you have a current Will? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| When was your Will last updated? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| Have your circumstances changed since last |  | Yes |  | No |  |  |  | Yes |  | No |  |
| updated? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Who is the Executor of your estate? |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Do you have a power of attorney in existence? |  | Yes |  | No |  |  |  | Yes |  | No |  |
|  |  |  |  |
| If so, which type and in what State was it prepared? | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |
|  |  |  |  |
| Other points e.g. extended family, binding agreements, testamentary trust structures: |
|  |
|  |
|  |
|  |

Notes:

**CLIENT DECLARATION & AUTHORISATION**

I/We:

* hereby declare that the information set out in this form is complete, true and correct to the best of my/our knowledge;
* am/are not aware of any other information and have not withheld any other information which would be relevant to the making of a recommendation by my/our Life Map Financial Planning P/L Investment Adviser;
* hereby confirm that I/we have received a ***Financial Services Guide Version V1.05*** from my/our Life Map Financial Planning P/L Investment Adviser;
* hereby grant 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;
* understand that the preparation of recommendations by my/our Life Map Financial Planning P/L Investment Adviser does not place me/us under any obligation to proceed with the implementation of such recommendations; and
* Authorise/do not authorise my/our Life Map Financial Planning P/L Investment Adviser to retain my/our tax file number in my/our personal client file for your reference. Where I/we grant this authority, I/we understand that Life Map Financial Planning Pty Ltd must comply with the provisions of the Federal Privacy Act.

Signed: Signed:

Dated: Dated:

**CLIENT DECLARATION & AUTHORISATION – LIMITED ADVICE**

I/We:

* Hereby declare that I/we have elected not to provide my/our Life Map Financial Planning P/LInvestment Adviser with complete information regarding our financial situation. This is due to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* hereby declare that I/we have been informed by my/our investment adviser of the dangers in not supplying complete information and am/are aware that my/our financial situation may suffer as a result;
* hereby declare that the information set out in this form is complete, true, and correct to the best of my/our knowledge;
* appreciate and understand that where I/we have provided incomplete information, the recommendation(s) made in my/our financial plan may not be appropriate to my/our individual needs and circumstances;
* hereby confirm that I/we have received a ***Financial Services Guide Version V1.05*** from my/our Life Map Financial Planning P/L Investment Adviser;
* hereby grant permission for this information to be used for the preparation of my financial plan and I/we understand that the investment recommendations will be based solely on the information supplied in this form;
* understand that the preparation of recommendations by my/our Life Map Financial Planning P/L Investment Adviser does not place me/us under any obligation to proceed with the implementation of such recommendations; and
* Authorise/do not authorise my/our Life Map Financial Planning P/L Investment Adviser to retain my/our tax file number in my/our personal client file for your reference. Where I/we grant of this authority, I/we understand that Life Map Financial Planning Pty Ltd must comply with the provisions of the Federal Privacy Act

Signed: Signed:

Dated: Dated:

**On Behalf of Life Map Financial Planning Pty Ltd**

Signed: Dated

**ADVISER NOTES**

|  |
| --- |
| Have you ever been bankrupt? |
| Is this your first marriage?  |
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