

“ABOUT YOU”

Fact Find & Situation Analysis



AUTHORISED REPRESENTATIVES OF PATRON FINANCIAL ADVICE - AFSL 307379



Your Name:

Your Adviser's Name: PERFORMA FINANCIAL SERVICES PTY LTD/JOHN VOLLING/PAUL HATZIGEORGIADIS

Date:

Date FSG provided & Version #:

CONFIDENTIAL

As a financial planning organisation, we are required under various legislative bodies and codes of practice to collect certain information about you in order to provide high quality services to you.

IMPORTANT

Your financial planner must have reasonable grounds for making an investment or insurance recommendation to you. Before a recommendation can be made to you, your financial planner must ask you about your objectives, financial situation and your particular needs.

The information requested in this form will be used strictly for that purpose.

Warning

Your financial planner could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form.

We accept no liability for any advice given on the basis of inaccurate or incomplete information except in any case where liability cannot be excluded pursuant to any law.

Thank you for taking the time to complete this questionnaire, as you can see it is all “ABOUT YOU” some of the questions may seem that they are unnecessary or intrusive, we understand this and would like to assure you that all of the information that you provide to us is in the strictest of confidence and will be used to make sure that our advice to you is appropriate to your needs and helps you achieve the Life style you deserve.

ALL ABOUT YOU

	Client	Partner
Title	Mr/Mrs/Miss/Ms/Dr	Mr/Mrs/Miss/Ms/Dr
First Name		
Middle Name		
Preferred Name		
Surname		
Gender	M/F	M/F
DOB		
Marital Status		
Smoker	Yes/No	Yes/No
Current Health	Average/Good/Excellent	Average/Good/Excellent
Private Health Insurance?	Yes/No	Yes/No
Employment Status		
Employer		
Tax File No (TFN)		
Do we have permission to hold your TFN on file	Yes/No	Yes/No
<i>Please Sign to authorise</i>		

YOUR CONTACT DETAILS

<i>Client</i>	<i>Partner</i>
..... Mobile Ph. Mobile Ph.
..... Home Ph. Home Ph.
..... Work Ph. Work Ph.
..... Email Email
Residential Address:	PostalAddress:

YOUR CHILDREN (DEPENDANTS)

	Dependant 1	Dependant 2
Name		
Relation		
DOB		
Gender		
Dependant Until age		

YOUR INCOME AND EXPENSES

Total Income	Client \$ pa. (estimate)	Partner \$ pa. (estimate)
Salary		
Bonuses		
Investment Income		
Centrelink		
Other (State type)		
Your Expenses		
- Annual Expenses Joint		\$
Total Expenditure		\$

Expenses include everyday items and bills please attach a copy of a budget if you have completed one

SUPERANNUATION

SUPER 1	Client	Partner
Fund Name		
Member Number		
Investment Choice (eg balanced)		
Date of Commencement		
Current Balance		
Expected Retirement Date (Age)		
Insurance (eg: Death/TPD/Income protection)		
\$ Amount of Cover		

*If you have more than one super account please supply details below

Fund name	Owner	Member Number	\$ Account Balance	Insurance Life/TPD/IP

If you could supply Statements of any super accounts this would assist greatly.

YOUR HOBBIES/SPORT/INTERESTS

Please note this question is optional however we believe this information is very important so that we can get to know you better, and this information will assist us in helping you achieve the lifestyle you desire.

Client	Partner

YOUR ESTATE

Estate Planning Details	Client	Partner
Do you have a Will?	Yes/No	Yes/No
Date Last Reviewed?		
Will Location:		
Who is the Executor?		
Do you have an Enduring and/or Medical Power of Attorney?	Yes/No	Yes/No

YOUR INVESTING BACKGROUND

Have you invested in the following	Yes	No
Shares		
Managed Funds		
Direct Property		
Would you consider borrowing to invest?		

YOUR INVESTOR PROFILE

PLEASE CIRCLE ONE AS A PRELIMINARY INDICATION ONLY.

YOUR PERFORMA ADVISER WILL COMPLETE AN INDIVIDUAL RISK PROFILE SESSION WITH YOU.

2 CONSERVATIVE	3 MODERATE	4 BALANCED	5 GROWTH	6 HIGH GROWTH
No shares or property 2-3 yrs		Shares Property Fixed interest Cash 5-7 yrs		All Shares 7 yrs+ Geared investments Margin Loans

YOUR ASSETS AND LIABILITIES

Bank Accounts and Term Deposits (bank and type of account)	Owner	Market Value
1		
2		
3		
Shares		
Total Amount \$		
Managed Funds		
Total Amount \$		
Other Investments eg investment property etc.		
Attach share certificates and fund statements if available Also a detailed list of all shares and funds where possible.		
Your Personal Assets (Life Style Assets)	Owner	\$ Market Value
Primary Residence		
Investment Property		
Household Contents		
Motor Vehicle (Year)_____ (Type)_____		
Motor Vehicle (Year)_____ (Type)_____		
Boat (Year)_____ (Type)_____		
Caravan (Year)_____ (Type)_____		
Other (description)		
Other (description)		
Your Debts	Owner	Amount Owning
Credit Card-1		
Credit Card-2		
Home Loan		
Car Loan/personal loan/other		
Investment Loan (1)		
Other investment loan		
Total Liabilities (Amount You Owe)		

KINDLY PROVIDE LOAN STATEMENTS INCLUDING LOAN REPAYMENT DETAILS

YOUR LUMP SUM SPENDING NEEDS

(How much money do you need as a lump sum in the next 5 years?)	Time Frame	Amount
Holiday		
Car		
Renovations/Repairs		
Other-(please describe)		

FURTHER INFORMATION

YOUR NOTES TO HELP US HELP YOU

How can we help you? What are the main things you would like to discuss with a Financial Adviser?

- 1.
- 2.
- 3.

If you had a magic wand what would you wish for with your financial situation in the future?
(apart from winning the lottery!)

- 1.
- 2.
- 3.

Is there anything else you would like to tell us or you would like to request from us that will assist us in providing you with quality financial advice? If so please provide details and information below.

- 1.
- 2.
- 3.

CLIENT STATEMENT AND AUTHORISATION

- I/We have received a copy of the Financial Services Guide (FSG) and have read and understood it.
- I/We hereby acknowledge that the above Investor profile (page 4 of 6) is consistent with my/our risk requirements, investor bias and investment time frames and objectives.
- 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 authorise Performa Financial Services Pty Ltd and Patron Financial Advice to record and hold our tax file numbers.

Signed.....

Dated.....

Signed.....

Dated.....

I/we have an acquaintance/relative that could use your help, their contact details are as follows

Name.....

Contact Phone.....

Address.....

How can we help them?.....