



# *Confidential Information*

## **FACT FINDER**

### **Privacy Statement**

The information collected in this form is for the sole purpose of establishing or building a financial service relationship with you. Your personal and sensitive information is treated with the strictest of confidence and is only provided to third parties where you have consented. If you have any questions in relation to your Privacy rights or wish to access or correct personal information we hold on you please contact our Compliance or Privacy Officers on 08 9325 4999.

CLIENT(S) NAME

REPRESENTATIVE NAME

SIGNATURE \_\_\_\_\_

FSG Given Date..... Version..... DATE .....

# 1. PERSONAL & EMPLOYMENT DETAILS

## CLIENT 1

Dr/Mr/Mrs/Ms/Miss SURNAME ..... Given Names .....

Salutation: .....

Address: .....

Suburb: ..... Post Code .....

Telephone Home ..... Telephone Business .....

Telephone Mobile ..... Fax .....

Date of Birth ..... Age ..... Place of Birth .....

Sex: Male  Female  Married  Single  Defacto  Divorced  Widowed

Occupation ..... Job Title .....

Employer .....

If Self Employed - Business Type – Company/Sole Trader/Partnership

Bank Name: ..... Bank Address: .....

Account Name: ..... Account No: .....

BSB No: .....

## CLIENT 2 /SPOUSE/PARTNER

Dr/Mr/Mrs/Ms/Miss SURNAME ..... Given Names .....

Salutation: .....

Address: .....

Suburb: ..... Post Code .....

Telephone Home ..... Telephone Business .....

Telephone Mobile ..... Fax .....

Date of Birth ..... Age ..... Place of Birth .....

Sex: Male  Female  Married  Single  Defacto  Divorced  Widowed

Occupation ..... Job Title .....

Employer .....

If Self Employed - Business Type – Company/Sole Trader/Partnership

Bank Name: ..... Bank Address: .....

Account Name: ..... Account No: .....

BSB No: .....

## Dependants

Full Name	M/F	Relationship	Education Level/ Occupation	Date of Birth	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Referred by: \_\_\_\_\_

**GOALS, OBJECTIVES AND PRIORITIES**  
**(What is the main reason for seeking advice?)**

Immediate Priorities (over the next 12 months)

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Short Term Priorities (0 – 3 years)

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Medium Term Priorities (4-7 years)

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Long Term Priorities (more than 7 years)

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### 3. RISK PROFILE

- How long do you want to invest for? ..... years
- How much extra income do you need? \$ .....
- What return do you consider reasonable on investments .....%
- Level of knowledge about investments? .....
- Are you concerned about the level of tax you pay? Yes  No
- How accessible do you want your investments to be? .....
- What is your feeling on the following types of investments?

Type of Investment	Prefer to include/comment	Prefer to avoid/comment
Bank Savings Accounts		
Property		
Property Trusts		
Shares		
Resource Shares		
Overseas Investments		
Gearing		
Managed Funds/Trusts		
Direct Business Investments		

1. In any investment planning are there any investments you would prefer? Yes  No   
.....
2. In any investment planning, are there any investments that you wish to avoid? Yes  No   
.....

How concerned are you about the following?  
(A higher number indicates greater concern)

	1	2	3	4	5
Inflation					
Current Income					
Safety/Security					
Liquidity/Flexibility					
Tax Planning					
Ease of Management					
Estate Planning					

# Determining your Risk profile

Questions	Response	Weighting	✓
<b>Liquidity Requirements</b>			
1.	The following percentage of my income would be spent on servicing current debts, e.g.: credit cards, rent or mortgage payments:		
	Greater than 30%;	1	
	Between 10% and 30%;	3	
	Less than 10%.	6	
2.	If there was an emergency, I would have cash savings available to pay:		
	Less than 3 months of living expenses;	2	
	3 to 6 months of living expenses;	4	
	Greater than 6 months of living expenses.	7	
3.	What level of income do you require from your investment portfolio?		
	All income earned to be received;	1	
	Partial income earned to be received;	4	
	All income earned to be reinvested.	7	
4.	It is important for me to have access to my investment capital		
	As I require for spending;	1	
	In the case of an emergency;	4	
	I have no requirement for access to my investment capital.	7	
<b>Attitude to Investment Risk</b>			
5.	I would change to another investment if:		
	My investment dropped in value;	2	
	The value drops by more than 20% during a given year;	4	
	I would not sell in the short term based on negative returns.	6	
6.	I currently invest most of my money in:		
	Mainly cash and term deposits;	2	
	Blue chip shares, rental property, diversified managed funds etc;	4	
	Small company shares; aggressively managed funds or short term investment opportunities.	6	
7.	The following statement best describes my investment objectives:		
	A secure safe place for my investments with no volatility in capital;	2	
	Investments that show steady growth, and have minimal volatility;	4	
	An aggressive mix of investments, some with moderate growth, but mostly those with higher risk and the chance for the highest returns.	6	
8.	I wish to look to use my investments for tax minimisation purposes;		
	Not at all;	2	
	I wish tax to be minimised with the structure of my investments;	4	
	I would like my portfolio of investments structured based on tax minimisation as a high priority.	6	
9.	What type of return would you expect from your investment?		
	Regular income;	2	
	Both income and capital growth;	4	
	Mainly capital growth.	6	
<b>Investment Time Horizon</b>			
10.	How long do you anticipate you will be looking at retaining your investment for?		
	Two Years	1	
	Three Years	3	
	Four Years	4	
	Five years;	5	
	Seven years.	7	

**Now match your Investor Risk Profile to the following Investor Risk Profile Summaries.**

Investor Risk Profile Summaries	TOTAL POINTS
<p><b>CASH</b>            You are a Conservative investor. Risk must be very low and you are prepared to accept lower returns to protect capital. The negative effects of tax and inflation will not concern you, provided your initial investment is protected.</p> <p><i>Suited to Investors seeking stability of capital combined with high liquidity. Possibility of a negative return is unlikely. However, over time the relative return should be low and has little protection against inflation.</i></p>	
<p><b>CONSERVATIVE</b>            You are a Cautious investor seeking better than basic returns, but risk must be low. Typically an investor seeking to protect the wealth which you have accumulated, you may be prepared to consider less aggressive growth investments.</p> <p><i>Investors should expect some short to medium term fluctuations in the value of their investment. There is a relatively small probability of a negative return over short to medium term investment periods.</i></p>	0-30
<p><b>MODERATELY CONSERVATIVE</b>            You are a moderately conservative investor with some understanding of investment market behaviour. You don't want to see all your capital eaten away by inflation and tax and whilst generally cautious you are prepared to accept some short term volatility in order to achieve some longer term capital growth.</p> <p><i>Investors should expect some short to medium term fluctuations in the value of their investment. There is a relatively small probability of a negative return over short to medium term investment periods.</i></p>	31-40
<p><b>BALANCED</b>            You are a Balanced investor who wants a balanced portfolio to work towards medium to long term financial goals. You require an investment strategy which will cope with the effects of tax and inflation. Calculated risk will be acceptable to you to achieve good returns.</p> <p><i>Investors should expect short to medium term fluctuations in the value of their investment. There is a moderate probability of a negative return over short to medium term investment periods.</i></p>	41-52
<p><b>GROWTH</b>            You are a Growth investor, probably earning sufficient income to invest most funds for capital growth. Prepared to accept higher volatility and moderate risks, your primary concern is to accumulate assets over the medium to long term. You require a balanced portfolio, but more aggressive investments may be included.</p> <p><i>Investors should expect short to medium term fluctuations in the value of their investment. There is a high probability of a negative return over short to medium term investment periods.</i></p>	53-60
<p><b>HIGH GROWTH</b>            You are a High Growth investor prepared to compromise portfolio balance to pursue potentially greater long term returns. Your investment choices are diverse, but carry with them a higher level of risk. Security of capital is secondary to the potential for wealth accumulation.</p> <p><i>Investors should expect to experience short to medium term fluctuations in the value of their investment. There is a high likelihood of a negative return in a given investment period.</i></p>	61-66

**Investor Risk Profile Selected**

#### 4. LIMITED ADVICE

##### LIMITED ADVICE / LIMITED INFORMATION (A DEFINITION)

Your Financial Planner may not already have sufficient information about your investment objectives, financial situation and particular needs to make a reasonable recommendation. If this is the case, the Planner should obtain this information in order to satisfy the duty of care and legal obligation that he has to you, as a client, prior to being able to make any detailed recommendations.

If you are unwilling to give the Planner information which he considers necessary to form the basis of a recommendation, the Planner must consider whether or not, any recommendation can be made.

**The law requires that specific recommendations will only be made after investigation of your full circumstances and needs.**

It is understood that after inquiry by the Planner, you may not wish to disclose details of particular personal circumstances, but still require the Planner to make a recommendation. The Planner must advise you that your choice, not to disclose the full circumstances he determines are necessary, may prevent him from giving you appropriate advice.

Your Planner may provide you, when requested, with limited advice for a proposed investment or investments or class of investments. Advice which is limited to a particular element or elements of a proposed investment or existing investment portfolio, can only be appropriate provided you understand the limitations of that advice and that the advice cannot encompass the overall portfolio, nor be responsible for any other considerations, which may have arisen had the availability of your full financial circumstances been made available to the Planner.

**5. CLIENT INSTRUCTIONS**

I/We require Sentry Group Financial Services and its authorised representatives to:

- 1.  Provide me with an initial interview with an Authorised Representative who will cover the collection of data and discussions on strategies and investments in a preliminary sense to the formulation of a formal financial plan. I/We understand a fee may be payable if agreed prior, for the preparation of a detailed written financial plan should I/We elect to instruct you to prepare one as a result of the information exchanged over this initial interview. Should I/We choose to proceed I/we understand that the Authorised Representative will receive brokerage which forms part of the entry fee together with ongoing fees and/or other forms of remuneration which will be fully explained to me/us during discussions, and will be fully disclosed within the prepared recommendation.

OR

- 2.  To limit their analysis, advice and recommendations to the following areas only:

.....  
 .....  
 .....

I/We agree to provide the minimum amount of information as requested on pages 7, 8, 9, 10 and complete page 15 *Section 17*, and/or other areas on which specific advice is requested.

OR

- 3.  To provide me/us with the following investment products only, without any advice or analysis:

.....  
 .....  
 .....

Clients completing this section are also required to complete page 15 *Section 17* - the acknowledgement.

In the event that I/we have selected the options 2 or 3 above, I/we have read page 5 of this document, which defines the “Limited Advice” that I/we have selected as an appropriate service for our requirements on this occasion.

Client 1:

Signature: ..... Date: .....

Client 2/Spouse/Partner:

Signature: ..... Date: .....

Planner’s Name: ..... Planner’s Signature: .....



## 6. ASSETS AND LIABILITIES

### ASSETS

	Co or Trust	Client 1	Client 2	Dependant(s)	Total
Family Home					
House Contents					
Motor Vehicles					
Caravan/Boat/Trailer					
Antiques, Arts, Jewellery					
Collections					
Investment Real Estate					
Cash					
Other Assets					
Existing Investments					
Rollover & ETP's					
Share/Interest in business					
TOTAL ASSETS					

WHAT LEVEL OF CASH DO YOU WISH TO KEEP LIQUID (eg \$ or %) ? .....

### CURRENT INVESTMENT DETAILS (NOT Super or ETPs)

Investment Name	Date of Purchase	No of Units	Purchase Price	Invested	% Income	% Growth	Current value	Re-invest Yes/No	Whose name

### REAL ESTATE

Address	Purchase date	Purchase price	Current value	Income	Mortgage payment	Whose name

What do you like most about your current investments?

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What do you like least about your current investments?

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What would you like to change about your current investments?

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**LIABILITIES**

	Coy/Trust	Client 1	Client 2	Total
Mortgage (residence)				
Mortgage (other)				
Motor Vehicle Finance				
Personal loans (incl credit cards)				
Other loans or debts				
Investment loans				
Tax liability				
Other				
<b>TOTAL LIABILITIES</b>				

Additional Notes

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**LOAN REPAYMENT DETAILS (ALL PARTIES)**

Lender	Amount Borrowed	Amount Owing	Term	Date Commenced	Interest Rate	Purpose

- Do you have a family or other Discretionary Trust? Yes  No
- If YES, is there any provision for income streaming? Yes  No
  
- Do you operate a business? Yes  No   
 If YES, what is the businesses structure? – Sole proprietor/Partnership/Private Company/Trust
  
- Do you operate an Investment Company or a Trustee Company? Yes  No   
 Name of Company: .....
- If a Trust – style and details: .....
- Shareholders: .....
  
- IF A COMPANY – Do you have a buy/sell agreement? Yes  No
- IF A PARTNERSHIP – Do you have a partnership agreement? Yes  No
  
- Are you eligible for a Social Security or Veterans Affairs Pension or benefit? Yes  No  Don't Know
- Are any family members eligible for Austudy, or other education allowance or a health benefit? Yes  No  Don't Know
  
- Do you have a Will? Client 1 Yes  No   
 Client 2 Yes  No
- When was the Will last reviewed? Client 1 ...../...../.....  
 Client 2 ...../...../.....
  
- Do you have any Power of Attorney or Enduring Powers of Attorney? Client 1 Yes  No   
 Client 2 Yes  No

## 8. ANNUAL INCOME

ITEM	Coy/Trust	Client 1	Client 2	Dependants
Salary				
Other Personal Exertion				
Investment Income				
Rents				
Bank Interest				
Child Support T/ NT *				
Pension/Benefit				
Family Payment T/NT *				
Other Government Payments				
<b>TOTAL INCOME</b>				

\* Indicate T (if Taxable) or NT (if Non Taxable)

## TAXATION ANALYSIS

ITEM	Coy/Trust	Client 1	Spouse	Dependants
Total Income				
Less Deductions				
Plus Franking Credits				
Taxable Income				
Less Tax/Medicare/HECS				
Plus Rebates				
<b>NET INCOME</b>				

## DISPOSABLE INCOME

ITEM	Coy/Trust	Client 1	Spouse	Dependants
Net Income				
Plus Non Taxable Income				
Total Income				
Less Expenses				
<b>SURPLUS/DEFICIT</b>				

SAVING CAPACITY PER WEEK \$ \_\_\_\_\_

OR

PER MONTH \$ \_\_\_\_\_

How much will you commit to an investment strategy \$ \_\_\_\_\_

## 9. FUTURE PLANS OR EXPECTED EVENTS

WITHDRAWALS (eg holidays, new car)			ADDITIONS (eg retirement lump sum, loan repaid)		
Item	Year Required	Amount	Item	Year	Amount

**10. RISK PROTECTION – PERSONAL**

Do you have:

		Client 1		Client 2		Client 1		Client 2
Private Health Insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire & Gen Ins:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contents Ins:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disability Income:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Motor Veh Ins:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trauma:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Ins:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoker:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Previously Declined:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					

When were the items last reviewed? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

LIFE INSURANCE (includes Whole of Life, Term and Trauma) – Copies of statements Yes  No

Life Insured & Owner	Company	Annual Premium	Commenced	Sum Insured	Cash Value	Maturity Date	Policy Number

**INCOME PROTECTION INSURANCE**

Life Insured (Given Names)	Company	Premium	Waiting Period	Monthly Benefit	Benefit Period

To calculate your risk cover requirements, please provide the following information

Lump Sum Needs                      Outstanding Debts                      \$ \_\_\_\_\_  
*(applicable to both*                      Cash Needs                                      \$ \_\_\_\_\_  
*partners)*                                      TOTAL    \$ \_\_\_\_\_

Income                                      Ongoing after tax income requirement for survivors on death of Client 1 \$ \_\_\_\_\_ pa for \_\_\_\_\_ years

If you were to suffer a trauma and die -

What annual income would be needed to maintain your family's lifestyle? \$ \_\_\_\_\_

Would you wish to clear all liabilities and maintain all assets                      Yes  No

If you were to sell your assets - which ones would they be?

\_\_\_\_\_

\_\_\_\_\_

Current Leave/Sick Leave (cumulative – Yes / No)                      \$ \_\_\_\_\_

In the event of incapacity to work, what percentage of your current income would you require, and for how long?

Client 1 \$ \_\_\_\_\_ pa for \_\_\_\_\_ years

Have you ever suffered an illness or injury that resulted in more than 7 days off work?

Client 1 Yes  No 10



**13. EXISTING SUPERANNUATION/ROLLOVER DETAILS**

<b>Details Fund 1</b>	<b>Client 1</b>	<b>Client 2</b>
Name of Fund	_____	_____
Policy Type and No.	_____	_____
Date of Joining Fund	_____	_____
Annual Employer Contribution	_____	_____
Annual Salary Sacrifice	_____	_____
Annual Personal Contribution	_____	_____
Current Value	_____	_____
Term/TPD Benefit	_____	_____
<b>Details Fund 2</b>	<b>Client 1</b>	<b>Client 2</b>
Name of Fund	_____	_____
Policy Type and No.	_____	_____
Date of Joining Fund	_____	_____
Annual Employer Contribution	_____	_____
Annual Salary Sacrifice	_____	_____
Annual Personal Contribution	_____	_____
Current Value	_____	_____
Term/TPD Benefit	_____	_____
<b>Details Fund 3</b>	<b>Client 1</b>	<b>Client 2</b>
Name of Fund	_____	_____
Policy Type and No.	_____	_____
Date of Joining Fund	_____	_____
Annual Employer Contribution	_____	_____
Annual Salary Sacrifice	_____	_____
Annual Personal Contribution	_____	_____
Current Value	_____	_____
Term/TPD Benefit	_____	_____
<b>EXISTING ROLLOVER</b>	<b>Client 1</b>	<b>Client 2</b>
Name of Fund	_____	_____
Current Value	_____	_____
Current Value of Rollovers (made prior to 15/02/90)	_____	_____
Pre 01/07/83 Component	_____	_____
Post 30/06/83 Component	_____	_____
Undeducted Contribution	_____	_____
Concessional Contribution	_____	_____

**14. PROFESSIONAL ADVISERS**

Accountant:	.....	Company:	.....
Address:	.....		
Telephone:	.....	Fax:	.....
Solicitor:	.....	Company:	.....
Address:	.....		
Telephone:	.....	Fax:	.....
Banker:	.....	Company:	.....
Address:	.....		
Telephone:	.....	Fax:	.....
Insurance Broker:	.....	Company:	.....
Address:	.....		
Telephone:	.....	Fax:	.....
Stock Broker:	.....	Company:	.....
Address:	.....		
Telephone:	.....	Fax:	.....
Other:	.....	Company:	.....
Address:	.....		
Telephone:	.....	Fax:	.....

**NOTES**

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## 15. QUESTIONS AND SUMMARY

### CHECKLIST

Your main concerns are?

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You want to achieve?

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Is there anything else that you can think of?

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Once we have made our recommendations, is there anyone else who would need to be consulted before making a decision?

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Questions you wish to ask

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**16. TAX FILE NUMBER**

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I/We give permission for my/our tax file number(s) as provided, to be recorded and retained by Sentry Financial Services and be forwarded to financial institutions as requested or as necessary.

.....  
Client 1                                      Client 2 / Spouse / Partner  
Signature:                                      Signature:

Date:..../.../...                                      Date..../.../...

I/We, request Sentry Financial Services and its Authorised Representative to prepare a written financial plan based on the information contained in the Client Information Summary dated.....

I/We, agree to pay \$.....for advice provided for me/us in relation to a financial planning discussion. We also understand that the implementation of any or all of the components of a financial plan will entail brokerage payable to Sentry Group by fund managers/life companies on the placement of the investments and/or insurance business, details of which will be fully disclosed within the financial plan.

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**17. ACKNOWLEDGEMENT**

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The information provided in this client information summary is complete and accurate to the best of my/our knowledge. I/we understand that a financial plan or policy purchased without the completion of a Client Information Summary or following a partial or inaccurate completion may not be appropriate to my/our needs. I/we also understand that a financial plan or policy purchased, which differs from that recommended by my/our financial planner, may not be appropriate to my/our needs.

.....  
Client 1                                      Client 2/Spouse/Partner                                      Planner  
Signature:                                      Signature:                                      Signature:

Date: ...../...../.....                                      Date: ...../...../.....                                      Date: ...../...../.....

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Does the client have a copy of this summary?  Yes     No

Does the client have a copy of the Financial Services Guide (FSG)?  Yes                       No



FILE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

***-TO WHOM IT MAY CONCERN-***

Dear Sir,

**RE: LETTER OF AUTHORITY**

This letter is to advise you that <Insert Adviser Name>, who is an Authorised Representative of Sentry Group acting as my Financial Planner, has been given my personal authority to contact you direct in matters relating to my existing account/investment with your company.

Would you therefore, on my behalf, please extend your assistance to <Insert Adviser Name>,

Thank you for your co-operation in this matter. This authority will continue until such time as it is revoked in writing.

Yours faithfully,

\_\_\_\_\_

\_\_\_\_\_