

Australian Financial Services Licence No. 222835

Australian Credit Licence: 222835

ABN 64 090 069 239

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Planning
Partners

Data Collection Form and Needs Analysis

Client Name

Adviser

Date of Meeting

PRIVATE AND CONFIDENTIAL

Ground Floor, 971 Burke Road, Camberwell VIC 3124

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advice@planningpartners.com.au

Important Notice to Clients

The information requested in this form is necessary to enable a recommendation to be made on a reasonable basis and will be used for that purpose. The Corporations Law requires that recommendations made to clients are consistent with the person's financial needs and objectives and have a reasonable basis. The adviser must therefore rely on the information supplied and will assume such to be current and accurate.

Tax file number authorisation

I/We give permission for my/our tax file number(s), to be retained on file by our adviser and forwarded to financial institutions as required or as necessary*.

Yes No

(* If No, tax file number must be removed from all records and files.)

Important explanation to clients

An Adviser must have details of their clients' current situation, financial needs and objectives in order to make reasonable recommendations. As such, we must conduct an appropriate and confidential investigation into your current situation and financial objectives, as well as your future needs and plans and your attitude towards investment.

This is a general form designed to help you gather and consolidate the relevant data about you. If needed, please add further comments and information in the available space or separately on attached sheets.

Financial advice is only as reliable as the information upon which it is based. Please note that inappropriate recommendations and advice could result from inaccurate and or incomplete information on your circumstances.

Only complete the information that is relevant to your situation. Where you do not understand a question, please indicate with a comment or question mark. If you believe a question is not applicable for your circumstances, please leave the answer blank.

Please be assured this information, together with other information gathered at our interviews, will be treated as **"Strictly Confidential"** and will only be used for the purposes of preparing our recommendations.

If you require a copy of our privacy policy, the document can be obtained by phoning (03) 9830 0366 or visiting our website: www.planningpartners.com.au

Authority for limited information/limited advice

Tick if relevant

I acknowledge that I have not provided full details of my financial situation. I understand that this may result in your advice being inappropriate and I should consider its appropriateness before acting upon it. I accept sole responsibility for determining the nature and amount of information I have provided. I specifically request that your Advice be limited to the following: **(please complete areas of advice required)**

Client declaration

I declare that the information supplied in the attached data collection form is a correct assessment of my current situation and needs. I give permission for this information to be used for the preparation of my advice. I understand that the investment recommendations will be based on the information supplied in this form and that my failure to disclose material information sought by my Adviser could result in unsuitable recommendations or advice.

I understand that as a result of an initial consultation, Planning Partners will indicate whether they believe they can genuinely assist me and will provide an estimate of the likely charges for further development of appropriate advice.

I acknowledge that I have received a copy of Planning Partners' Financial Services Guide (FSG).

Signed		
Date	/	/
Signed		
Date	/	/
Representative		

Financial Planning, Superannuation, Life Insurance

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Personal details

	Client	Partner
Title		
Surname		
Given names		
Preferred name		
Other name e.g. maiden		
Home address		
Date moved into property		
Postal address		
Home phone		
Business phone		
Fax		
Mobile		
Email		
Preferred contact method	<input type="checkbox"/> Email <input type="checkbox"/> Mail	<input type="checkbox"/> Email <input type="checkbox"/> Mail
D.O.B		
Marital status		
Current state of health		
Private health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		
Referred by		

Children/Dependents

Name	Sex	D.O.B	School year/Occupation (if applicable)

Objectives

Lifestyle objectives

Short term (Now – 5 years)

Long term (5 years +)

Financial objectives

Short term (Now – 5 years)

Long term (5 years +)

Career/Business/Hobby objectives

Short term (Now – 5 years)

Long term (5 years +)

Are you happy with the progress you have made in the past few years towards achieving your goals?
If no, what have been the main obstacles in your progress?

Income details

	Client	Partner
Gross salary/wages	\$ <input type="checkbox"/> Incl Super <input type="checkbox"/> Excl Super	\$ <input type="checkbox"/> Incl Super <input type="checkbox"/> Excl Super
Employer superannuation (%)		
Salary sacrifice (e.g. car)		
Business interests		
Superannuation pension		
Government pension (Aged/DVA/Mature aged etc)		
Dividend income		
Rental income		
Other taxable income		
Other non-taxable income		
Less deductions		
Total		
Employment details	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Home duties <input type="checkbox"/> Other:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Home duties <input type="checkbox"/> Other:
Current Employer name		
Employer address		
Position / title		
Start date		
Do you intend to stay with your current employer/current business or are you contemplating changing?		
Do you foresee any substantial change to your income in the next two to five years?		
Expected retirement date		
Do you intend to work part time in retirement?		
Income requirements – today & future (Refer to Expenditure Worksheet within appendix if required)	Required income now: (Annual necessary expenditure)	\$ _____ Annually <input type="checkbox"/> Incl debt repayments <input type="checkbox"/> Excl debt repayments
	Required income at retirement:	\$ _____ Annually
Other Adviser details	Accountant	Solicitor/Conveyancer
	Name:	Name:
	Company:	Company:
	Address:	Address:
	Telephone:	Telephone:
	Email:	Email:

Anticipated capital expenses

Expense description	Date	Amount
e.g. <i>Purchase of a new car</i>	<i>Jan 2020</i>	<i>\$30,000</i>

Investment structures

Do you have a Discretionary/Family Trust in place?

Yes No

If yes, please complete the following.

Name of Trust

Names of Trustee

Beneficiaries of Trust
and their relationship to you

If you have a corporate trustee, the
directors of the trustee company are

The shareholders of the
trustee company are

Copy of the Trust Deed provided Yes No

Do you have a Self Managed Superannuation Fund in place?

Yes No

If yes, please complete the following.

Name of Funds

Names of Trustee

Members of Fund

If you have a corporate trustee, the
directors of the trustee company are

The shareholders of the
trustee company are

Copy of the Trust Deed provided Yes No

Do you have a Corporate Entity in place?

Yes No

What is the Company used for? Investment Business Other:

Name of Company

Names of Directors

Names of Shareholders

Details of salary paid to
directors/shareholders

Certificate of Incorporation provided Yes No

Assets and liabilities summary

Type	Client	Partner	Joint/Other
Approximate Value \$			
Private assets			
Principal residence (page 10)			
Contents			
Motor vehicles (page 10)			
Other assets (please specify)			
Investment assets (please list totals only for each type as full details are over page)			
Cash and Fixed Interest Investments (page 9)			
Managed Funds (page 9)			
Shares and other Listed Securities (page 9)			
Investment properties (page 10)			
Other income-producing assets (please specify)			
Superannuation/rollovers			
Superannuation funds (page 11)			
Rollover investments (page 11)			
Retirement income streams (page 11)			
Total assets			
Liabilities (please list totals only for each type as full details are over page)			
Home mortgage (page 10)			
Investment loans (page 10)			
Personal loans/Credit card (page 10)			
Other Liabilities (Please specify)			
Total liabilities			
Net assets (total assets – total liabilities)			

Detailed financial statements

*Owner (C) Client (J) Joint (P) Partner (S) Super Fund (T) Trust (CO) Company

Cash and fixed interest investments

Account Name	Owner *	Institution	Value	Statement provided
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Total current value

Managed funds

Fund Manager	Owner *	Value	Statement provided
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Total current value

Shares and other listed securities

Name/ASX code	Owner *	Value	Statement provided
			<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"/>

Total current value

Property assets

Property address	Owner *	Purchase date	Cost	Net rental income	Loan (Y/N)	Current value
Total current value						

Motor vehicle

Owner	Make	Model	Year	Current value
Total current value				

Loans

	Home mortgage	Investment loan 1	Investment loan 2
Borrower			
Lender			
Purpose of loan			
Loan type (Principal & Interest, Interest only)	<input type="checkbox"/> P & I <input type="checkbox"/> I.O.	<input type="checkbox"/> P & I <input type="checkbox"/> I.O.	<input type="checkbox"/> P & I <input type="checkbox"/> I.O.
Loan limit			
Initial loan amount			
Amount owing			
Interest rate			
Loan term			
Repayment Frequency (Weekly, Fortnightly, Monthly)	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M
Repayment amount			
Commencement date			
Statement provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Credit card/Personal loan

Borrower	Lender	Monthly repayment	Current balance	Limit	Statement provided
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Total current value					

Current superannuation investments

If available, a copy of your most recent fund statement would usually provide us with sufficient information, otherwise please advise of your **current superannuation arrangements below**.

	Client	Partner
Fund name		
Current value		
Type of fund		
Annual employer contributions		
Annual voluntary contributions		
Death and disability cover		
Preserved benefit		
Non-concessional contributions		
Statement provided	<input type="checkbox"/>	<input type="checkbox"/>

Other superannuation/rollover funds

(Please attach a copy of most recent statements)

Superannuation Fund Manager	Owner *	Value	Statement provided
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Total current value			

■ Please provide details of amounts (if any) previously withdrawn from superannuation.

Retirement income streams

Fund Manager	Owner *	Value	Statement provided
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Total current value			

Payments upon leaving employment

If you require advice regarding payments upon leaving your Employer (e.g. Eligible Termination Payments, Annual Leave, Long Service Leave) please provide a copy of statements from the payer of the benefits.

Existing insurance policies

*Owner (C) Client (J) Joint (P) Partner (S) Super Fund (CO) Company

	Client	Partner
Life/Total and Permanent Disability Insurance		
Life company		
Owner *		
Insurance amount		
Annual premium		
Income Protection Insurance		
Life company		
Owner *		
Insurance amount		
Waiting/benefit period		
Annual premium		
Critical Illness/Trauma Insurance		
Life company		
Owner *		
Insurance amount		
Annual premium		

Are there any loadings/exclusions

Yes No

If Yes, please provide details

Statement provided

Estate planning details

	Client	Partner
Do you expect to inherit any money or property? If yes, how much and when?		
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, copy of Will provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was your Will last reviewed?		
Have you granted any Powers of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, copy of Powers of Attorney provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estate planning objectives/issues

-
-
-
-
-
-
-
-
-
-
-

Investment concerns

For each question, write the number that most closely fits your personal views and circumstances.

	I expect the majority of my funds to be invested for:										Joint	Client	Partner
Q1	Less than 3 years	5	3 – 6 years	10	6 – 10 years	15	10 – 15 years	20	More than 15 years	25			
	I am comfortable investing in growth assets such as shares and listed property, and can accept the potential falls in the value of these investments in the short-term, in exchange for the potential for higher growth in the long term.										Joint	Client	Partner
Q2	Disagree strongly	1	Disagree	2	Neutral	3	Agree	4	Agree strongly	5			
	Inflation simply means that the cost of goods and services you buy rises over time. It is important that my savings stay ahead of inflation to ensure that my money goes as far in the future as it does today.										Joint	Client	Partner
Q3	Disagree strongly	1	Disagree	2	Neutral	3	Agree	4	Agree strongly	5			
	I am investing primarily for long term capital growth. I do not require income from my investments to satisfy my day to day expenditure requirements.										Joint	Client	Partner
Q4	Disagree strongly	1	Disagree	2	Neutral	3	Agree	4	Agree strongly	5			
	I have an understanding of investment markets and economic issues and am aware of the way these can impact on my investments.										Joint	Client	Partner
Q5	Disagree strongly	1	Disagree	2	Neutral	3	Agree	4	Agree strongly	5			
	I understand that the value of growth assets tend to fluctuate in the short-term, but rise over the long-term. Knowing this, I could easily resist the temptation to change my investments if their value fell by 15% (e.g. dropped from \$10,000 to \$8,500 in a single year).										Joint	Client	Partner
Q6	Disagree strongly	1	Disagree	2	Neutral	3	Agree	4	Agree strongly	5			
Add up the numbers you have circled and write your score in the box. Find your score in the table overleaf and read the description for your profile.										Joint	Client	Partner	
Totals													

Your risk profile

These profiles are only examples of your possible asset allocation. There are many factors that impact on your personal asset allocation that you should consider before making your investment decision.

Score	Profile	Description	Indicative asset allocation
10-19	Conservative Investor	You value security and are prepared to sacrifice high returns over the long term in exchange for low risk in the short term. You are comfortable with lower returns that are more consistent from year to year.	Growth assets 30% Defensive assets 70%
20-29	Moderate Investor	You seek consistent and moderate returns over the medium to long term. You are willing to accept a moderate level of risk to achieve this. You would like an evenly balanced exposure to Growth and Defensive Assets	Growth assets 50% Defensive assets 50%
30-39	Balanced Investor	You would like to see the value of your Investments stay well ahead of inflation and produce strong growth over the long term. You would like a higher proportion of your money invested in growth assets.	Growth assets 70% Defensive assets 30%
40-50	Growth Investor	You want to see your investments grow at a rate significantly ahead of inflation. You understand that this may mean you see the value of your investments rise and fall from year to year. However, you are willing to keep your money invested in growth assets for the long-term to achieve potentially higher returns.	Growth assets 85% Defensive assets 15%
50 +	Aggressive Investor	You want to maximise your returns over the long term. You are willing to accept high levels of risk, including seeing frequent falls in the value of your investments from year to year.	Growth assets 100% Defensive assets 0%

How much do you want to retain in cash reserves at any time?

Profile selected:

Adviser comments:

Adviser notes regarding scope of advice

The following will be completed in conjunction with your Adviser at your Initial Consultation to agree on the scope of advice to be provided by our Firm.

Wealth accumulation

- Review of current and proposed cashflow management to maximise wealth creation.
- Projection of long term financial position.
- Review of personal debt management (i.e. home mortgage, credit card etc).
- Review of existing investments.
- Reduce the amount of taxation you pay.
- Establish investment portfolio in line with your risk profile.
- Develop a regular savings plan.
- Providing funds for your children's education.
- Borrowing for investment (Gearing) strategy using direct shares and/or professionally managed funds.
- Borrowing for investment (Gearing) strategy using direct property.
- Review of executive remuneration package.
- Assess eligibility for Government Benefits (e.g. Family Tax Benefits, Education Tax Offset).

Superannuation

- Recommendations for superannuation contributions.
- Review of current Superannuation investments.
- Consolidate your superannuation for ease of management and efficiency.
- Review/Establishment of Self Managed Superannuation Fund.

Retirement

- Advice on Redundancy Payment.
- Superannuation withdrawal strategy.
- Commence retirement income stream.
- Transition to Retirement strategy.
- Analysis of Eligibility for Age Pension entitlements.
- Strategies to maximise Centrelink entitlements.
- Projection of longevity of capital in retirement.

Appendix 1: Estimated personal expenditure

Expenses	Weekly (\$) OR	Monthly (\$)
Household		
Food		
Telephone		
Electricity/gas		
Household maintenance/ cleaning		
Council/water rates		
Personal/education		
Clothing		
Chemist and toiletries		
Commuting and travel costs		
Education expenses		
Professional subscriptions		
Alcohol and tobacco		
Entertainment/subscriptions		
Newspapers and magazines		
Charities and gifts		
Short trips – holidays		
Loans/credit cards/leases		
Mortgage repayments or rent		
Insurance		
Health insurance		
Property and contents insurance		
Life insurance		
Income protection insurance		
Motor vehicle expenses		
Motor vehicle insurance/ registration		
Petrol and oil		
Motor vehicle maintenance		
Other		
Total		
Total annual expenses		

Checklist

Financial Planning supporting documents required

	Client	Partner
Data Collection Form has been signed and TFN Authorisation given (page 2)	<input type="checkbox"/>	<input type="checkbox"/>
Drivers licence / passport	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Trust Deed (page 7)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Certificate of Incorporation (page 7)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of most recent investment statements (page 9)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of most recent loan statements (page 10)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of most recent superannuation statements (page 11)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Wills and Powers of Attorney (page 13)	<input type="checkbox"/>	<input type="checkbox"/>

Mortgage supporting documents required

Identification

	Required
Passport	<input type="checkbox"/>
Birth certificate	<input type="checkbox"/>
Drivers licence	<input type="checkbox"/>
Credit card	<input type="checkbox"/>
Medicare card	<input type="checkbox"/>
Rates notice	<input type="checkbox"/>
Marriage certificate	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>

Income

Salaried Employee

2 recent payslips	<input type="checkbox"/>	<input type="checkbox"/>
PAYG Payment Summary	<input type="checkbox"/>	<input type="checkbox"/>
Recent rental statement for existing investment property(s)	<input type="checkbox"/>	<input type="checkbox"/>
ATO Notice of Assessment	<input type="checkbox"/>	<input type="checkbox"/>

Self Employed

2 years Company Trading Taxation Returns/Financial statements	<input type="checkbox"/>	<input type="checkbox"/>
2 years Personal Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>
2 years ATO Notices of Assessment	<input type="checkbox"/>	<input type="checkbox"/>

Continued >

Assets

Client Partner

Rates Notices for existing property(s)

Contact details to access properties

Address

Contact Name

Contact Number

6 months saving/transactional account statements

Most recent superannuation statements

Liabilities

Last 6 months home/Investment loan statements

Last 3 months personal loan/s statements

Last 3 months credit card/s loan statements

Details of nearest relative not living with you (required for mortgages)

Name of relative

Relationship

Address

Contact number/s

Email address

Mother's Maiden Name