

LOCUMS GROUP

SINCE 1952

ACCOUNTANTS FINANCIAL ADVISERS MORTGAGE CENTRE

CLIENT FACT FIND

VERSION/DATE 25 September 2020

Name: _____

Date: _____

Adviser: _____

Referred: _____

Documents Supplied: FSG (incl. Adviser Profile)

Client Agreement

Locumsgroup Asset Management Pty Ltd Australian Financial Services Licence No. 339567

Important Notice to Clients: Corporations Law requires that in order to make an investment or insurance recommendation, the adviser must have reasonable grounds for making a recommendation. This means that the adviser must conduct an appropriate investigation as to the investment objectives, financial situation and particular needs of the person concerned. The information requested in this questionnaire is necessary to enable a recommendation to be made on a reasonable basis and will be used for that purpose.

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Personal	Client 1	Client 2
Title		
First Names		
Surname		
Date of Birth		
Place of Birth		
Marital Status		

Address	
Number / Street	
Suburb	
State/Postcode	
Telephone: Business	
Telephone: Home	
Telephone: Mobile	
Facsimile	
Email	

Employment	
Occupation	
Employer Name	
Status (employed or self-employed)	
Salary	
Bonus	
Dividend	
Total Income	
Work Address	
Suburb	
State / Postcode	
Length of Employment	

Family						
Title	First Name	Surname	DOB	Gender	Relationship	Financially Dependent Until

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STATEMENT OF ASSETS AND LIABILITIES

ASSETS:	
Main Residence	\$
Investment Real Estate	\$
<i>Sub-total</i>	\$
Shares / Units	\$
<i>Sub-total</i>	\$
Cash	\$
<i>Sub-total</i>	\$
Superannuation	\$
<i>Sub-total</i>	\$
Motor Vehicles	\$
<i>Sub-total</i>	\$
Other Assets	\$
<i>Sub-total</i>	\$
TOTAL ASSETS:	
LIABILITIES	
Main Residence Loan	\$
Investment Real Estate Loan(s)	\$
<i>Sub-total</i>	\$
Shares Loan	\$
<i>Sub-total</i>	\$
Overdraft / Credit Cards	\$
<i>Sub-total</i>	\$
Superannuation	\$
<i>Sub-total</i>	\$
Motor Vehicle Loans	
<i>Sub-total</i>	\$
Other Liabilities	\$
<i>Sub-total</i>	\$
TOTAL LIABILITIES:	\$
OWNERS EQUITY (ASSETS MINUS LIABILITIES):	\$

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Superannuation Fund Details	Client 1	Client 2
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Fund 1:

Fund Manager		
Fund Type (SMSF/Public Offer/Industry Fund)		
Current Fund Value		
Total Contributions Per Annum (incl. Salary Sacrifice)		

Fund 2:

Fund Manager		
Fund Type (SMSF/Public Offer/Industry Fund)		
Current Fund Value		
Total Contributions Per Annum (incl. Salary Sacrifice)		

Estate Planning Details

Do you have a current Will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Will meet your current needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you allowed for a Testamentary Trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who is your Executor?				

Power of Attorney

Do you have a Power of Attorney arrangement in place if you are incapacitated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who is your Agent/Attorney?				
Are you confident that the executor of your Will could manage and administer your estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Professional Advisers

Solicitor's Details

Name

Firm

Address

Phone / Fax Number

Accountant's Details

Name

Firm

Address

Phone / Fax Number

Insurance Agent / Broker (Name)

Firm

Address

Phone / Fax Number

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L O C U M S G R O U P

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Tax Structures	Client 1	Client 2
Company: Name / ACN		
Superannuation Fund (SMSF): Name / ABN		
Trustee SMSF (Corporate or Individual)		
Trust: Name / Type		
Trustee of Trust (corporate or individual)		
Partnership: Name		

Risk Management Arrangements		
Do you smoke?	Yes / No	Yes / No
General health?		
Any health issues?		

Life Insurance + TPD		
Sum Insured		
Insurer		
Policy Owner (Personal or Super Fund)		
Date Commenced		
Premium pa/pm.		

Income Insurance / Business Overheads		
Monthly Insured Benefit		
Insurer		
Policy Owner		
Waiting Period		
Benefit Period		
Date Commenced		
Premium p.a./ p.m.		

Trauma Insurance		
Sum Insured		
Insurer		
Policy Owner (Personal or Super Fund)		
Date Commenced		
Premium p.a. /p.m.		

Private Health Insurance		
Company		
Type of Cover		
Individuals Covered		
Premium		
Features (full cover/partial)		

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OBJECTIVES, ATTITUDES, CONCERNS

Objectives	Comments
Liabilities Is it your intention to eliminate or significantly reduce borrowings at the earliest opportunity?	
If so, does this include both deductible and non-deductible borrowings?	
Income Is it your intention to generate a high level of income from your portfolio?	
Is long term capital growth more important than short-term income and tax benefits?	
Lifestyle Are you prepared to make short-term cash-flow sacrifices for long-term financial gains?	
Estate Planning Do you have designated beneficiaries who have been specifically identified to receive bequests?	
Retirement Income What income do you require in today's dollars at retirement?	
Do you view your retirement as being a time when there will be a substantial requirement for income?	

Attitudes	Comments
Are you aware of the difference between tax-deductible and non-deductible debt?	
Which investment asset classes do you favour or dislike: equities, property, cash, fixed interest?	
What investment term would you consider appropriate for most of your investments: 3, 5, 7 years or longer?	
How familiar or knowledgeable are you regarding investment markets and investment products?	
Are you comfortable with your present liabilities and your debt level in general? Is there any liability that you are unhappy with?	

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OBJECTIVES, ATTITUDES, CONCERNS

Objectives	Comments
Risk: Are you concerned about loss of capital if investment returns vary during market fluctuations?	
Liquidity / Investment Flexibility/Liquidity: What level of cash reserves to meet emergencies or opportunities is required? Access: at all times; sometimes; or no need for ease of access?	
Taxation: Are you concerned about the level of tax paid? Are you prepared to forgo some security to pay less tax?	
Ease of Portfolio Management: The ability to switch investments? Access to information? Level of involvement in the decision making process?	
Estate: Extent of concern about: Maximising value of your estate? Assets distributed according to your wishes?	
Retirement Capital: Will your current superannuation strategy provide you with sufficient capital to fund your desired level of income in retirement?	
Social Security: Do you wish to access government entitlements? Are Centrelink payments required for income flow?	

Investor Profile (Finametrica Online Risk Profile)							
Finametrica Risk Profile	Defensive	Moderately Defensive	Conservative	Balanced	Moderate	Growth	High Growth
Strategic Benchmark (Defensive/Growth)	90% / 10%	70% / 30%	60% / 40%	40% / 60%	30% / 70%	20% / 80%	10% / 90%
Defensive	A Defensive Investor is primarily concerned with capital preservation; they are not prepared to take risks with their investment funds.						
Moderately Defensive	A Moderately Defensive Investor is primarily concerned with capital preservation; they are not prepared to take minimal risks with their investment funds.						
Conservative	A Conservative Investor is prepared to sacrifice higher returns for the benefit of capital protection.						
Balanced	A Balanced Investor has some understanding of the behaviour of investment markets and is prepared to accept short term capital risk and volatility in order to gain longer term capital growth.						
Moderate	A Moderate Investor understands that there will be a level of volatility in the value of their investments and is prepared to accept a small amount of risk in order to benefit from some capital appreciation.						
Growth	A Growth Investor is prepared to sacrifice short term safety in order to maximise long term capital growth, therefore their portfolio is strongly biased toward Australian and International shares with fixed interest and property providing some income and stability of returns.						
High Growth	A High Growth Investor is prepared to sacrifice investment capital in pursuit of the highest long term capital growth.						

FINANCIAL ADVICE AND YOU

What are your reasons for seeking financial advice?

Are there any specific issues that are of particular importance to you?

Your short term goals (within the next 2 years): *Holiday, renovations, repay mortgage, travel, family, career.*

Goals: Within the next 2 years	Start Date	Estimated Cost

Your medium term goals

Goals: Next 2-5 years	Start Date	Estimated Cost

Your long term goals

Goals: More than 5 years to 10+ years	Start Date	Estimated Cost

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Are there any issues that we need to take into consideration that may affect you achieving your goals?

Briefly detail your past experiences with financial advisers

What are your expectations of our services?

Do you require a cash reserve (for emergencies or discretionary spending)?

Yes / No

If so, how much of a cash reserve do you require?

\$ _____

What is your investment time-frame

_____ Years

RETIREMENT

	Client 1	Client 2
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What is your planned retirement age?

What amount (in today's dollars) of income do you need to support
your preferred retirement lifestyle?

Do you intend to leave an inheritance to your beneficiaries?

LIFESTYLE IN RETIREMENT

Lifestyle Activity	Estimated Cost
_____	_____
_____	_____
_____	_____
Total	_____

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CLIENT ACKNOWLEDGEMENT

I have read the contents of this completed Client Fact Find. I agree that to the best of my knowledge it is complete and accurate, and that it full and fairly represents my financial situation, my needs and my objectives.

I also accept that any recommendations will be based on this information as well as current economic and investment market conditions.

I understand that any services or recommendations provided, on the basis of a partial or inaccurate completion of the Client Information Form may be inappropriate to my needs.

I appreciate that I may lose the right to seek compensation from the representative or the principal for any loss suffered as a consequence of incomplete or inaccurate information being provided.

If I have chosen not to provide sufficient information about your individual circumstances, I may risk making a financial commitment that may not be appropriate to me. A copy of the information collected can be made available to me upon request.

I have been advised that recommendations are limited to products approved and researched by Locumsgroup Asset Management Pty Limited

I allow Locumsgroup Asset Management Pty Limited and its employee representatives to retain my Tax File Number on their files.

I have received a copy of the Financial Services Guide (version: 23 March 2020) Yes
No

I acknowledge that the information supplied by me enables Locumsgroup Asset Management Pty Ltd to make reasonable recommendations upon which I will base my decisions. Yes No

I have provided a copy of my photographic Identification Yes No

In case of NO: I /we accept that the recommendations made are based on incomplete information

Client 1:

Date:

Client 2:

Date: