

Review fact find

This is an important and confidential document. The information you have provided within this document forms the basis of any advice given by your Financial Adviser.

Personal Details:

| Client (1) | | | | | | Client (2) | | | | | |
|---|----|-----|------|----|-------|---|----|-----|------|----|-------|
| Title | Mr | Mrs | Miss | Ms | Other | Title | Mr | Mrs | Miss | Ms | Other |
| Surname | | | | | | Surname | | | | | |
| Given Names | | | | | | Given Names | | | | | |
| Have any of your contact details changed? (eg address, phone number) | | | | | | Have any of your contact details changed? (eg address, phone number) | | | | | |
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| Date of last review/advice / / | | | | | | Date of last review/advice / / | | | | | |
| Date of this review / / | | | | | | Date of this review / / | | | | | |

Personal Circumstances

Since our last discussions / meetings:

| | Client (1) | Client (2) |
|---|---|---|
| Have there been any changes to your personal circumstances? (eg contact details, employment and dependants) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have your retirement plans changed? (eg same retirement age and income expectations) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please detail: | | |
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Income & Expenditure

Since our last discussions / meetings:

| | Client (1) | Client (2) |
|---|---|---|
| Has the overall level of your income changed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your level of expenses changed? (significantly) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you incurred any unanticipated expenditure? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like a review of your cash reserve? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please detail: | | |
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Assets & Liabilities

Since our last discussions / meetings:

| | Client (1) | Client (2) |
|--|---|---|
| Have there been any changes to your asset position? (eg sale or purchase, increase/decrease in value) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have there been any changes to the level of your liabilities? (eg new loans, repayments of loans, change in balance) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please detail: | | |
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Insurance

Since our last discussions / meetings:

| | Client (1) | Client (2) |
|--|---|---|
| Has your marital status changed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have another dependant? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you/your spouse ceased working? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you/your spouse changed jobs? (Is cover still applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please detail: | | |
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Superannuation Details

Since our last discussions / meetings:

| | Client (1) | Client (2) |
|--|---|---|
| Have you made any additional contributions into Super? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you made any withdrawals from Super? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you/your spouse ceased working? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please detail: | | |
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Annuities & Pensions

Since our last discussions / meetings:

| | Client (1) | Client (2) |
|--|---|---|
| Are you happy with the current level of income received? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Social Security

Since our last discussions / meetings:

| | Client (1) | Client (2) |
|--|---|---|
| Has there been any change to the level of your entitlements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the level of your income or assets changed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you gifted any assets? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please detail: | | |
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Estate Planning

Since our last discussions / meetings:

| | Client (1) | Client (2) |
|--|---|---|
| Have you updated / amended your Will? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you arranged a Power of Attorney? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please detail: | | |
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Investment Risk Profile

Since our last discussions / meetings:

| | Client (1) | Client (2) |
|---|---|---|
| Your requirements for income? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Your requirements for capital growth? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Your investment timeframe/s? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Your attitude towards loss of capital? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Your liquidity / "cash ability" requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any investments you are concerned with? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have your needs or objectives changed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please detail: | | |
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