



Personal and Financial Information

of: _____

Completed in Confidence

on: _____

Why This Document is Important

The Australian Corporations Act requires that a Financial Planner providing you with Financial Services Advice **must** have reasonable grounds for providing this advice.

What this means is that your Financial Planner needs to “know you” before giving you advice. To get to “know you” and to provide you with appropriate advice we have put together this Financial Road Map. This will be completed **before** we give you any Financial Services Advice.

Financial Planners have a fiduciary duty to act in the best interests of our clients. This means being open and honest with you and putting your interests first. This Financial Road Map allows you to provide us with the details we need to “know you”.

The information you provide in this form is necessary to make a recommendation that is tailored and specific to you. It will be used for no other purpose than to provide us with the reasonable grounds to advise you in the areas you have given us scope to do so.

Our Warning:

If you do not provide all of the information requested, Your Financial Planner could make an inappropriate recommendation or give inappropriate advice.

Personal Information

Client One		Client Two	
Title		Title	
First Name		First Name	
Surname		Surname	
Preferred Name		Preferred Name	
Date of Birth		Date of Birth	
Age		Age	
Sex		Sex	
Marital Status		Marital Status	

Contact Details

Client One		Client Two	
Home Address		Home Address	
Postal Address		Postal Address	
Mobile Phone		Mobile Phone	
Home Phone		Home Phone	
Work Phone		Work Phone	
Email		Email	
Website		Website	
Preferred Contact		Preferred Contact	
Other Contact		Other Contact	

Your Professional Advisers

	Name	Contact Details	Advising you since
Accountant			
Solicitor			
Mortgage Broker			
Banker			
Property Manager			

Your Family

Our Children	1	2	3	4
First Name				
Surname				
Date of Birth				
Sex				
Dependant (Yes/No)				
Special Needs				
Our Living Parents	Client 1 Father	Client 1 Mother	Client 2 Father	Client 2 Mother
First Name				
Surname				
Date of Birth				
Financial Support				
Are you their executor or Power of Attorney				

Your Health

Client One		Client Two	
State of Health		State of Health	
Issues that could Affect Insurance		Issues that could Affect Insurance	
Do you Smoke		Do you Smoke	
Are you on regular medication		Are you on regular medication	

Your Estate Planning

Client One		Client Two	
Will Details, date location		Will Details, date location	
Power of Attorney		Power of Attorney	
Superannuation Beneficiary		Superannuation Beneficiary	

Your Business


Who works in the business:	<input type="checkbox"/> Client One	<input type="checkbox"/> Client Two	<input type="checkbox"/> Other Family
What Business Structures do you operate under	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership
How many staff do you employ			
What does the business do			
When did the business start			
Your Succession Plans:			
What would happen if your could'nt run the business due to a health crisis?			
Who can step in to buy your business?			
What will happen to the business when you retire?			


Your Employment

Employment Status:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Not Working <input type="checkbox"/> Job Seeking	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Not Working <input type="checkbox"/> Job Seeking
Position Title		
Qualifications		
Primary Duties		
Employer		
Start Date		
Are you going to leave your employer in the next 12 months?		
Are there going to be any changes to your employment that will most likely affect your financial plans?		

Financial Information:

The next section documents your current financial position. All Financial Plans are built based on your existing financial position.

You have two options with each section. You can complete the tables OR take the short cut .

Each  will prompt you to **attach a Document** that will contain all of the information requested in the table.

Bring these documents with you so we can use them during our meeting.

We will also scan these documents so they form part of the Personal and Financial Information we use to build your Financial Plan.

Your Income and Living Expenses



Attach your latest Income Tax Return and PAYG Summary if you are employed

Attach your latest Centrelink Benefit Statement if you receive Centrelink

Income Details	Client 1	Client 2
Salary/Business Income		
Bonus/Profit Share		
Fringe benefits		
Super contributions		
Centrelink and DVA Income		
Child Maintenance and Support		
Totals		

Notes: salary packaging, bonuses, leave entitlements



Attach your latest Salary Package Letter

<p>Living Expenses Do not include: Loan Repayments, Credit Card repayments here.</p>	<p>Tick One</p> <p><input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Fortnightly</p> <p><input type="checkbox"/> Weekly</p>
<p>Household (tick what this sum includes below):</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Clothing</p> <p><input type="checkbox"/> Electricity, Gas, Water</p> <p><input type="checkbox"/> Telephone, Internet, Cable TV, Mobiles</p> <p><input type="checkbox"/> Rates</p> <p><input type="checkbox"/> Home and Contents Insurance</p> <p><input type="checkbox"/> Maintenance</p>	<p>Total Household Expenses \$</p>
<p>Recreation and Education (tick what this includes below):</p> <p><input type="checkbox"/> Club/Gym Memberships</p> <p><input type="checkbox"/> Professional/ Union/Association Fees</p> <p><input type="checkbox"/> Charities and Gifts</p> <p><input type="checkbox"/> School Fees</p>	<p>Total Recreation and Education Expenses \$</p>
<p>Transport (tick what this sum includes below):</p> <p><input type="checkbox"/> Fares</p> <p><input type="checkbox"/> Vehicle Maintenance</p> <p><input type="checkbox"/> Vehicle Leases/Loans</p> <p><input type="checkbox"/> Vehicle Insurance and Registration</p>	<p>Total Transport Expenses \$</p>
<p>Health (tick what this sum includes below):</p> <p><input type="checkbox"/> Private Health Cover</p> <p><input type="checkbox"/> Doctor/Dentist</p> <p><input type="checkbox"/> Chemist</p>	<p>Total Health Expenses \$</p>
<p>Personal Insurance (tick what this sum includes below):</p> <p><input type="checkbox"/> Income Protection</p> <p><input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Trauma</p> <p><input type="checkbox"/> Business Expense</p>	<p>Total Personal Insurance Expenses \$</p>

Your Personal Wealth And Liabilities

Personal Use Assets

Non Financial Assets	Owner	Purchase Price	Date Purchased	Current Value
Your Home				
Car(s)				
Home Contents				
Holiday Home				
Leisure Vehicles (tick) Boat Caravan Trailer Motorcycles				

Place a X next to any asset that is NOT Insured

Personal Liabilities - Do Not include investment and business loans here



Attach the latest Statement for EVERY loan and credit card you hold

	Lender	Credit Limit	Owner	Repayment Frequency	Repayment Amount	Interest Rate	Balance
Home Mortgage/s							
#1							
#2							
Personal Loan							
Credit Card							
Credit Card							

Personal Investment Liabilities – Don't include business or SMSF Loans Here



Attach the latest Statement for EVERY Loan you hold for Investment or Business Purposes

Investment or Business Loans	Lender	Credit Limit	Owner	Repayment Frequency	Repayment Amount	Interest Rate	Balance
#1							
#2							
#3							
#4							
Business Credit Card							
Business Line of Credit							

Personal Wealth

Your Cash and Bank Accounts



Attach the latest Statement for EVERY Cash Account you hold

Bank	Type of Account Cheque, savings, online saver	Account Number	Balance	Owner	What's this Account Used For?

Fixed Interest including Term Deposits Debentures and Bonds



Attach the latest Statement or Investment Certificate for EVERY Fixed Interest Investment you hold

Bank	Maturity Date	Interest Rate	Balance	Owner	What's this Account Used For?

Direct Property – Rental Properties, Holiday Homes in your Personal name/s



Attach the latest Rates Notice for EVERY Property you hold

Attach your Property Manager's Annual Income and Expense Statement for EVERY Property Leased

Property Address	Purchase Date	Purchase Price	Owned by	Current Value	Annual Rental Income	Annual Expenses Excluding Loan repayments	Retain Yes/No

Superannuation – Client One



Attach the latest Statements from all your Super Funds

Name of Investment	Date you Joined this fund	Account Number	Current Value	Investment Options	Annual Contribution	Life Insurance Details	Retain Yes/No

Do you think you may have lost super?

Superannuation – Client Two



Attach the latest Statements from all your Super Funds

Name of Investment	Date you Joined this fund	Account Number	Current Value	Investment Options	Annual Contribution	Life Insurance Details	Retain Yes/No

Do you think you may have lost super?

Your Wealth Protection: Life and Business Life Insurance



Attach the latest Premium Notice or Policy Anniversary Statement for **EVERY** Insurance Policy you own

Life Insurance		Client One		Client Two	
Insurance Company					
Sum Insured					
Exclusions or Loadings					
Policy Start Date					
Annual Premium					
Held in Super Fund Yes/NO					
Total and Permanent Disability		Client One		Client Two	
Insurance Company					
Sum Insured					
Exclusions or Loadings					
Policy Start Date					
Annual Premium					
Held in Super Fund Yes/NO					
Trauma		Client One		Client Two	
Insurance Company					
Sum Insured					
Exclusions or Loadings					
Waiting Period					
Benefit Period					
Policy Start Date					
Annual Premium					
Held in Super Fund Yes/NO					

Income Protection & Business Expenses		Client One		Client Two	
Insurance Company					
Sum Insured					
Exclusions or Loadings					
Waiting Period					
Benefit Period					
Policy Start Date					
Annual Premium					
Held in Super Fund Yes/NO					

Priority Rating of Personal Protection Needs

Needs	Financial Problems	Who Needs the Cash?	Priority A: Critical (1) B: Important C: Not a priority	
Income Protection	To replace income lost through your/ your partner's inability to work due to injury or sickness	You/Your Partner	<input type="checkbox"/> You	<input type="checkbox"/> Your Partner
Critical Illness Protection	To ease financial stress during the recovery period following diagnosis of a critical illness	You/Your Partner	<input type="checkbox"/> You	<input type="checkbox"/> Your Partner
Family Protection	To provide your family with sufficient cash to help maintain their lifestyle in the event of your/ your partner's premature death or total and permanent disablement.	Your Family	<input type="checkbox"/> You	<input type="checkbox"/> Your Partner

1. A critical personal need is an event that, if it occurred, would seriously impact your/ your family's financial security.

Business, Trust and SMSF Financial Position

Business and Trust Income and Expenses




- **Attach the latest Financial Statements (Profit & Loss and Balance Sheet) for each Business and Trust**

SMSF Income and Expenses



- **Attach the latest Annual ATO Compliance Return, Financial Statements and Member Statements for your SMSF**
- **Attach your latest Investment Strategy**
- **Attach your Trust Deed**

Business and Trust Investment Assets

Asset	Information Short Cut 
Cash	<ul style="list-style-type: none">• Attach the latest Statement for EVERY Cash Account you hold
Fixed Interest	<ul style="list-style-type: none">• Attach the latest Statement or Investment Certificate for EVERY Fixed Interest Investment you hold
Direct Property	<ul style="list-style-type: none">• Attach the latest Rates Notice for EVERY Property you hold• Attach your Property Manager's Annual Income and Expense Statement for EVERY Property Leased
Listed Securities/Shares	<ul style="list-style-type: none">• Attach a Holding Statement from your Broker for CHESS Sponsored Shares• Attach your latest Dividend statement for Issuer Sponsored Shares
Managed Funds	<ul style="list-style-type: none">• Attach your Latest Managed Fund Statement

Determining Your Investment Risk Profile – Client One

Please complete the questions below by choosing the answer which most closely describes you. ✓

For how long would you expect most of your money to be invested before you need to spend it?

Less than 12 months	10
Between 1 and 3 years	20
Between 3 and 5 years	30
Between 5 and 7 years	40
Longer than 7 years	50

If you consider current interest rates what overall level of return (after inflation) do you reasonably expect to achieve from your investments over the period you wish to invest for?

A reasonable return means not losing ANY capital	10
1-3%	20
4-6%	30
7-9%	40
Over 9%	50

Assuming you had no need for capital, how long would you allow a poorly performing investment to continue before cashing it in (assuming the poor performance was mainly due to market influences)?

You would cash it in if there was ANY loss in value	10
Less than 1 year	20
Up to 3 years	30
Up to 5 years	40
You would hold it until it until you made back the losses	50

How familiar are you with investment markets?

Very little understanding or interest	10
Not familiar but wanting to learn and know more	20
Some experience and understanding.	30
I understand that markets fluctuate and that different market sectors offer different income, growth and taxation characteristics	40
I am experienced with all investment classes and understand the various factors that may influence performance.	50

There is generally a greater tax efficiency when investing in more volatile investments. With this in mind, which of the following would you be more comfortable with?

Preferably guaranteed returns, ahead of tax-savings	10
Stable, reliable returns with minimal tax savings	20
Some variability in returns, some tax savings	30
Moderate variability in returns, reasonable tax savings	40
Higher variability but potentially higher returns, maximising tax savings	50

What would your reaction be if six months after placing your investments, you discovered that due mainly to market conditions your portfolio had decreased in value by 20%?

Horror – Security of your capital is critical and you do not intend to take risks.*	10
You would cut your losses and transfer your funds to more secure investment sectors.	20
You would be concerned, but would wait to see if the investments improve.	30
This was a risk you understood – you would leave your investments in place expecting performance to improve.	40
You would invest more funds to take advantage of the lower unit/share prices expecting future growth.	50

Which of the following best describes your purpose for investing?

You have an investment time frame of over 5 years. You understand investment markets and are mainly investing for growth to accumulate long-term wealth, or are prepared to use aggressive investments to provide income.	50
You are not nearing retirement, have surplus funds to invest and are aiming to accumulate long term wealth from a balanced portfolio.	40
You have a lump sum (eg inheritance or a superannuation rollover payment from your employer) and you are uncertain about what sort of investment alternatives are available.	30
You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement.	20
You have some specific objectives within the next 5 years for which you want to accumulate sufficient funds.	10

Determining Your Investment Risk Profile – Client Two

Please complete the questions below by choosing the answer which most closely describes you. ✓

For how long would you expect most of your money to be invested before you need to spend it?

Less than 12 months	10
Between 1 and 3 years	20
Between 3 and 5 years	30
Between 5 and 7 years	40
Longer than 7 years	50

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Authority for Information Release and Change of Servicing Advisers

To Whom it May Concern

Name	
Address	
Date of Birth	
Related Entities	

Request that all relevant information on my investments, insurances, superannuation, bank accounts or other financial information be released to:

Sheila Cabacungan and Carnegie Financial Planning Pty Ltd AFSL No. 389528 on request.

This authorisation also extends to include information relating to my business entities and other structures under my control. I would further like Carnegie Financial Planning to be known as my servicing Advisers. My adviser's address and contact number are as follows:

Carnegie Financial Planning Pty Ltd

PO Box 103 Parramatta NSW 2124
 Level 7 34 Charles St Parramatta NSW 2150
 Phone 02 9687 1966
 Fax 02 9635 3564
 Email advice@carnegie.com.au

Thank You.

X

 Name

 Date

The adviser certifies that this information will be used only for the preparation of Administration, Accounting, Audit and financial planning services for the aforementioned client.

Authority for Information Release and Change of Servicing Advisers

To Whom it May Concern

Name	
Address	
Date of Birth	
Related Entities	

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Carnegie Financial Planning Pty Ltd
 PO Box 103 Parramatta NSW 2124
 Level 7 34 Charles St Parramatta NSW 2150
 Phone 02 9687 1966
 Fax 02 9635 3564
 Email advice@carnegie.com.au

Thank You.

X _____

 Name
 Date

The adviser certifies that this information will be used only for the preparation of Administration, Accounting, Audit and financial planning services for the aforementioned client.

Our Acknowledgments: Information in this form

The information provided in this form and any other disclosed personal information is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing this form and not disclosing personal information sought by Carnegie Financial Planning, any recommendation or advice given by the adviser in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment to a financial product that may be inappropriate for the needs identified.

At **my request** the areas that I require advice on are:

- retirement planning
- estate planning
- superannuation
- investment planning

- budgeting
- life, trauma insurance and income protection insurance
- gearing
- direct equities

Financial Services Guide

I/We have read and understood the Financial Services Guide prior to obtaining financial planning services and/or recommendations.

Statement of Advice Preparation Fee

The fee for the preparation of the Statement of Advice has been set at \$ _____ and I/we authorise _____ to proceed on this basis.

Authority for current Adviser

I/We authorise _____ of _____ to contact any of my/our existing advisers whose details I/we have provided.

Statement of Advice Related Documents Consent

Where required, your financial adviser will provide you with a Statement of Advice outlining the advice provided to you. Your initial and all future Statements of Advice will refer to various **Understanding Series documents (Documents)** that set out general information about investment fundamentals such as risk, return and diversification (if applicable) and the benefits, costs and risks associated with various strategies recommended to you.

Receipt of Documents(s) referred to in Statements of Advice

I confirm that:

- I consent to receiving **Documents** referred to in Statements of Advice being made available to me electronically. In consenting, I acknowledge that:
 - (i) I am able to access the Documents electronically; and
 - (ii) If I wish to obtain a printed copy of the Documents I can contact my financial adviser who will provide these documents to me at no cost.

OR

- I wish to obtain the **Documents** referred to in Statements of Advice in printed form.

Client Name _____ Client Signature _____
Date _____

Client Name _____ Client Signature _____
Date _____