



DISCOVERY FACTFINDER

Client *	
Authorised representative * (financial adviser)	Mark Triggs
Date of completion *	17 January 2012



b61a98559cc7



Part A: Preliminary financial assessment

Thank you in advance for taking the time to complete this short questionnaire. In order to provide you with the best possible financial advice it is vital that we build an understanding of your current situation and the areas in which we can best be of assistance.

This questionnaire represents the first step on your financial journey. The purpose is two-fold:

1. It will help us to prepare for our first meeting with you, ensuring that we have an understanding, in your own words, of your situation and the reasons why you are seeking advice.
2. It may help you to identify other issues for discussion.

Your financial adviser will gather further information as required in a Part B questionnaire that will be completed at our initial client meeting.

Please complete the questionnaire and return it to us by mail, email or fax at least 48 hours before our meeting. This will provide us with sufficient time to review your information and prepare for the meeting. The questionnaire can be returned to us at the address or fax number shown in the table below.

If you are completing this questionnaire as a couple we ask that you provide a joint response. If there are differences in some of the responses, you may wish to initial them, so they can be discussed at our meeting.

Should you have any queries relating to the completion of this questionnaire, please do not hesitate to contact us on:

Adviser name	Mark Triggs
Phone	(08) 9486 8226
Email	mtriggs@chesterfields.com.au
Fax	(08) 9481 6609

Once again, thank you and we look forward to meeting you soon.

How can we assist you?

Common reasons why people seek financial advice

Below is a list of some of the reasons why people come to see us. Please take time to review this list and indicate their relevance to your personal situation by ticking the appropriate box. Couples should answer with a combined response where possible and use individual ticks and initial them where you do not agree. Any that appears below are from your previous responses. If these previous responses are still accurate then there is no need to answer the question again. If these previous responses are no longer accurate, please tick the new appropriate box.

	Important	May be of interest	Not Important at this time
I need to help save money, eg for a car, holiday or home deposit *			
I want to save money for my child(ren)'s education *			
I need help to create a budget *			
I am interested in paying off debts more quickly *			
I want to reduce the amount of interest I pay*			
I would like to begin investing *			
I would like to know how to best invest my money *			
I would like to reduce the amount of tax I currently pay *			
I would like to know more about borrowing to invest *			
I would like to know if I am packaging my salary effectively *			
Am I saving enough to support myself in retirement? *			
How can I make my money last longer in retirement? *			
I want to ensure my family is financially secure if I die or suffer a serious illness *			
I am unsure how I will manage financially if I am sick for a prolonged period *			
I want to ensure the right people will inherit my assets when I die *			
My employment status has recently changed, or is changing soon *			
A recent event has prompted me to seek financial advice *			
My family situation has recently changed, or is about to change *			



3. What would you like to change about your financial situation or lifestyle?
What must change? *

What do you want to change? *

What are your financial dreams/aspirations? *

What activities do you enjoy, eg any hobbies, sports, travel? *

Private and confidential

The document contains a number of 'Needs analysis sections' that should be used to quantify and qualify a client's goals and objectives. Answers to these questions are to be completed after discussion, education and investigation with the client. These questions represent a starting point only.

	Client	
Surname *		
Given name(s) * eg, William Frederick		
Preferred name/other name * eg, Bill		
Date of birth *		
Age *		
Nationality *		
Gender *		
Health *		
Smoking status *		
Marital status *		
Tax File Number *		
ABN *		
Client Code		

Dependants

Names(s) of any dependant(s) * eg children, parents	Date of birth *	Sex *	Relationship *	Financially dependant *



Contact Details

Residential address *	
Postal address *	
Telephone (Work) *	
Telephone (Home) *	
Mobile number *	
Email address *	

ID Requirements

	Client	
ID Check		
Points *		
Expires *		

Client Advisor Team

Adviser *	
Secondary Adviser *	
Paraplanner *	
Administrator *	
Client Services Manager *	

Current situation

Occupation

	Client	
Occupation *		
Position title *		
Name of employer *		
Employment status *		
Centrelink Benefit *		
Centrelink Relationship Number *		

Income and Expenses

Summary	
Total Income *	
Total Expenditure *	
Net Cashflow Surplus / Deficit *	
Percentage Summary	
Debt Service Ratio *	
Saving Ratio *	

YOUR INCOME

Item *	Amount *
Callan	
Total Income	\$0



YOUR EXPENSES

Item *	Amount *
Total Expenditure	\$0

Estimated Surplus Cash Flow	\$0
------------------------------------	------------

Notes



Liabilities – current situation

Description *	Owner *	Debt Amount *	Repayment *	Rate *	Institution *
		\$0			



Is there anything else we need to be aware of? *

Please provide details of anything else you wish to discuss, or think may be relevant to your needs.

Privacy statement

Your authorised representative (financial adviser) will collect personal and possibly sensitive information from you for the purpose of identifying and reviewing your financial and lifestyle objectives to enable the delivery of financial services and advice. The information you provide and any recommendations made will be kept on file. You are entitled to request reasonable access to any information held about you. It is also important to understand that we reserve the right to appoint another financial adviser from time to time. In these circumstances we will write to you advising you of the change.

In order to best meet your needs and provide you with financial services and advice, we may need to disclose your personal information to other parties. Typically these parties include fund managers, life companies, related entities and other licensees. Similarly we may bring to your attention products, services or other information, which may be relevant to your financial plan. At these times you will be given the opportunity to choose whether or not you continue to receive such information.

If you wish to examine your file, it is available upon request.

Your authorisation

The information I/we have provided in this document is complete and accurate to the best of my/our knowledge.

Name	Signature	Date
	X	/ /

	Weekly expense	Monthly expense	Annual expense	Total annual expenses
--	-----------------------	------------------------	-----------------------	------------------------------

Transport

Petrol	\$	\$	\$	\$
Public transport	\$	\$	\$	\$
Vehicle registration	\$	\$	\$	\$
Vehicle maintenance or repairs	\$	\$	\$	\$
Vehicle registration	\$	\$	\$	\$

Food

Groceries	\$	\$	\$	\$
Eating out – lunches	\$	\$	\$	\$
Eating out – dinner	\$	\$	\$	\$

Education

School fees	\$	\$	\$	\$
Uniforms	\$	\$	\$	\$
Self-education	\$	\$	\$	\$
Books	\$	\$	\$	\$
Out of school activities	\$	\$	\$	\$
Child minding or care	\$	\$	\$	\$

Medical

Health insurance	\$	\$	\$	\$
Doctor	\$	\$	\$	\$
Dentist	\$	\$	\$	\$
Optometrist	\$	\$	\$	\$
Alternative therapies	\$	\$	\$	\$
Other, eg physiotherapy	\$	\$	\$	\$



	Weekly expense	Monthly expense	Annual expense	Total annual expenses
--	-----------------------	------------------------	-----------------------	------------------------------

Personal

Clothing	\$	\$	\$	\$
Personal grooming	\$	\$	\$	\$
Hobbies	\$	\$	\$	\$
Sport, eg gym membership, clubs	\$	\$	\$	\$
Holidays	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alcohol	\$	\$	\$	\$
Cigarettes or tobacco	\$	\$	\$	\$
Cinema, videos and DVDs	\$	\$	\$	\$
Mobile phone	\$	\$	\$	\$
Donations	\$	\$	\$	\$
Magazine or newspaper subscriptions	\$	\$	\$	\$
Other, eg dry cleaning, fines, ad hoc purchases	\$	\$	\$	\$

Other

Life, income or term insurance	\$	\$	\$	\$
Pets, eg food or vet bills	\$	\$	\$	\$
Special projects	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$