

Fact Find Questionnaire

Before I make any recommendations, I need to consider your current financial situation and what you would like to achieve now and in the future and what your needs are. This questionnaire will help me do this.

My financial advice to you will be based on:

- the answers you provide in this document,
- any other information we receive from you such as bank statements, and
- our discussions either by phone, email or face to face.

This Fact Find is for:

Your Name(s)

Date:

Adviser: Abhay Kapoor

Authorised Representative No: 342777

Authorised Representative of Aura Wealth Pty Ltd
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Privacy

Abhay Kapoor is committed to protecting your privacy. Aura Wealth Pty Ltd also has access to your personal information that your adviser makes available to it and will use the information particularly where it has been asked to assist with the creation of financial advice provided to you by your adviser. Where Aura Wealth Pty Ltd has access to or uses your information it will do so in accordance with its Privacy Policy as if it were the collector of the information. You can check the information Aura Wealth Pty Ltd holds about you at any time. You can ask Aura Wealth Pty Ltd for more information about our Privacy Policy, or download it from the website at www.aurawealth.co

Private & Confidential

Scope of Advice

Please indicate your reason for seeking initial advice from an adviser

Advice Sought	Client 1	Client 2
Cashflow Management		
Debt Management		
Risk Management		
• Life Insurance		
• Total & Permanent Disability Insurance		
• Trauma Insurance		
• Income Protection Insurance		
• Business Insurance		
Investments (outside Superannuation)		
Investments (inside Superannuation)		
Retirement Planning		
Social Security / Aged Care Planning		
Estate Planning		
Self-Managed Superannuation Funds (SMSF)		
Other:		
Other:		
Other:		
Other:		

Key Goals and Objectives

Please indicate your specific goals and objectives, including the estimated time when you wish to meet these objectives

FINANCIAL GOALS <i>e.g. Retirement, borrow to invest</i>	LIFESTYLE GOALS <i>e.g. Holidays, upgrade car</i>
What goals and objectives do you wish to meet in the next 0 to 5 years?	
What goals and objectives do you wish to meet in the next 6 to 10 years?	
What goals and objectives do you wish to meet in the next 10 plus years?	

Retirement Needs Analysis

Retirement or Financial Independence	Client 1		Client 2	
Retirement Age (Min / Max)				
Retirement Income				
Number of years OR life expectancy age				
Retirement Expenses				
Planned lump sum expenditure on retirement (i.e. travel, vehicles, home improvements etc.)				
Lump Sum:				
Lump Sum:				
Lump Sum:				
Estate (how much to leave for children)				

If our analysis indicates that you may not meet your retirement goals by the planned retirement date, would you (please tick options you may consider):	Client 1	Client 2
Retire on the planned date and compromise on the level of retirement income		
Consider deferring retirement to a later date		
Increase the rate of capital drawdown		
Consider strategies to build wealth, such as gearing (borrowing to invest)		
Seek out ways of reducing expenses to allow you to save more		

Client Instructions (Notes) for Adviser

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Personal Details

Personal	Client 1	Client 2
Title		
First name		
Middle name		
Surname		
Preferred name		
Salutation		
Date of birth		
Place of Birth		
Marital status		
Gender		

Next of Kin

	Client 1	Client 2
Name		
Next of Kin Relationship		

Contact Details

Contact type	Client 1	Client 2
Home phone		
Work phone		
Mobile phone		
Home fax		
Work fax		
Home email		
Work email		
Business Address		
Current Residential Address		
Previous Address (if less than 2 years)		
Postal address		

Children/Dependants

Name	Age	DOB	Financial dependent	Gender	Relation
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Children's Costs	Education Costs p.a.
	\$
	\$
	\$
	\$

Employment

Employment	Client 1	Client 2
Job title		
Employment Status / Hours (i.e. Fulltime 38 hours)		
Employer		
Employer Address		
Employer Phone No		
Length of time in your current position		
Previous Employer – If less than 5 years		
Are you intending to leave your current employer?		
Do you foresee any substantial change in your income in the next 5 years?		
Are you able to salary package?		
Long Service Leave Accrued (Hours)		
Annual Leave Accrued (Hours)		
Sick Leave Accrued (Hours)		
Relevant qualifications		
Tax file number		
Comments		

Health

Health	Client 1	Client 2
Health Status:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Private cover? If Yes <u>Funder:</u> <u>Type of Cover:</u> <u>Monthly Premiums:</u>		
Medical history		
Are you a Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have ever claimed benefits from any source (excluding unemployment) e.g. Accident, Sickness, Workers Compensation, Disability Pension or Income Protection Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answering Yes to above question please provide details	1. The name of the company you were with when the claim was made? 2. Year of claim? 3. Amount claimed? 4. Reason for claim? 5. Have you fully recovered? 6. Date of last symptoms.	1. The name of the company you were with when the claim was made? 2. Year of claim? 3. Amount claimed? 4. Reason for claim? 5. Have you fully recovered? 6. Date of last symptoms.
Do you intend seeking medical treatment for any health problems?		
If yes please provide details?		
Height/Weight	cm kg	cm kg
Last Doctor Seen along with Date and time		

Lifestyle Pursuits

(E.g. scuba diving, motor racing, football, abseiling etc.)

Activity	Client 1 Details (e.g. diving depth, frequency etc)	Client 2

Family History

	Client 1	Client 2
Have any of your relatives suffered from any major illness, disease or heart problem?		

Details	Client 1		Client 2	
	Condition	Age Diagnosed	Condition	Age Diagnosed
Mother				
Father				
Brother				
Sister				
Other				

Professional Advisers

Professional Adviser	
Contact Name	
Company Name	
Adviser Type	
Address	
Phone Number	
Email Address	
Professional Adviser	
Contact Name	
Company Name	
Adviser Type	
Address	
Phone Number	
Email Address	
Professional Adviser	
Contact Name	
Company Name	
Adviser Type	
Address	
Phone Number	
Email Address	

Income

Type	Client 1	Client 2
Gross Salary	\$	\$
Commission / Bonus	\$	\$
Rental Income	\$	\$
Investment Income	\$	\$
Family Tax Benefit	\$	\$
Fringe Benefits	\$	\$
Tax Exempt / Deductions	\$	\$
Total Income	\$	\$

Expenses

Either enter your total living expenses per annum OR complete the entire Budget section on the next page.

Type	Client 1	Client 2
Housing & Utilities	\$	\$
General Household	\$	\$
Vehicle & Transport	\$	\$
Entertainment Expenses	\$	\$
Personal Insurance	\$	\$
Other Expenses - Children	\$	\$
Other Expenses	\$	\$
Total Living Expenses	\$	\$

	Owner	Amount
How much do you estimate you save each month?	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Where are you directing these savings? (e.g. mortgage, bank account, managed fund)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Do you expect any future changes to your income/expenditure position?	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Are you receiving any Government benefits? If yes, which one? Please also specify amount.	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$

Expenses	Owner	Amount	Annualised amount	Comments
Housing & Utilities				
Rental Payments	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Repairs & Maintenance	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
House & Contents Insurance	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Council Rates / Water Rates	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Electricity / Gas	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Internet	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Telephone / Mobile	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
General Household				
Groceries	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Clothing	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Liquor & Tobacco	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Medical Expenses	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
TV Subscriptions	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Newspapers & Magazines	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Vehicle & Transport				
Car Registration	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Car Insurance	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Car Maintenance	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Petrol	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Entertainment Expenses				
Dining Out	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Memberships	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Holidays	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Personal Insurance				
Private Health Insurance	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Life Insurance	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Income Protection Insurance	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Funeral Insurance	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Other Expenses				
Education Fees/Uniforms	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Child Support	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Tools	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Gifts	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Tax Deductible Donations	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Non-Concessional Contributions	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$	\$	
Total expenses		\$	\$	

Surplus/Deficit income to expenses	\$
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Assets

Personal Assets	Owner	Value
Principal Residence	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Household Contents	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Motor Vehicle	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Motor Vehicle	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Motor Vehicle	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Boat	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Cash Savings	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Other Assets	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Total Lifestyle Assets	\$	

Investment Assets (non-super)	Owner	Value
Investment Properties	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Investment Properties	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Shares	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Managed Funds	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Term deposits	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Other Assets	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Other Assets	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$
Total Investment Assets	\$	

Total Assets	\$
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Liabilities

Loan type	Owner	Monthly Payment	Interest Rate	Loan Type (PI / IO)	Years left to run	Outstanding Balance
Residential Mortgage	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$				\$
Investment Loan	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$				\$
Investment Loan	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$				\$
Car Loan	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$				\$
Personal Loan	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$				\$
Credit Card	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$				\$
Other Loan	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	\$				\$
Total Liabilities		\$				

Total Net Worth (Assets minus Liabilities)	\$
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Superannuation

Please provide details of your current superannuation fund/s.

	1	2	3	4
Fund Name				
Member/Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Member Number				
Current Account Balance	\$	\$	\$	\$
Tax Free Component	\$	\$	\$	\$
Date of Balance				
Insurance Cover	Amount			
Life	\$	\$	\$	\$
TPD	\$	\$	\$	\$
IP	\$	\$	\$	\$
Contribution Type	Amount per annum			
SGC	\$	\$	\$	\$
Salary Sacrifice	\$	\$	\$	\$
Other:	\$	\$	\$	\$

Self-Managed Superannuation Fund

Details				
SMSF Name				
Date SMSF was established				
SMSF ABN				
SMSF Trustees				
SMSF Administrator				
	Member 1	Member 2	Member 3	Member 4
Member Name				
Status (accumulation or pension)				
Investment strategy				
Current member balance	\$	\$	\$	\$
Tax Free Component	\$	\$	\$	\$
Binding nomination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Beneficiary of death benefits				
Insurance Cover	Amount			
Life	\$	\$	\$	\$
TPD	\$	\$	\$	\$
IP	\$	\$	\$	\$
Contribution Type	Amount per annum			
SGC	\$	\$	\$	\$
Salary Sacrifice	\$	\$	\$	\$

Other	\$	\$	\$	\$
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Employer Termination Payments

	Client 1	Client 2
Termination Date	/ /	/ /
Ex-gratia/golden handshake amount	\$	\$
Approved early retirement amount	\$	\$
Long-service leave amount (after tax)	\$	\$
Annual leave amount (after tax)	\$	\$
Sick leave amount (after tax)	\$	\$
Other	\$	\$
Are you receiving a redundancy? If yes, please provide a copy of the payment details as provided by your employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pensions and Annuities

	Fund 1	Fund 2	Fund 3	Fund 4
Owner				
Pension Fund Provider				
Source	<input type="checkbox"/> Super monies <input type="checkbox"/> Non-super	<input type="checkbox"/> Super monies <input type="checkbox"/> Non-super	<input type="checkbox"/> Super monies <input type="checkbox"/> Non-super	<input type="checkbox"/> Super monies <input type="checkbox"/> Non-super
Type (please circle)	Account-based pension TTR pension Complying annuity TAP	Account-based pension TTR pension Complying annuity TAP	Account-based pension TTR pension Complying annuity TAP	Account-based pension TTR pension Complying annuity TAP
If annuity, what term has been selected? (please circle)	years Lifetime	years Lifetime	years Lifetime	years Lifetime
Date commenced				
Purchase price	\$	\$	\$	\$
Account balance	\$	\$	\$	\$
Annual income	\$	\$	\$	\$
Residual Capital Value	\$	\$	\$	\$
Tax deductible amount (pa)	\$	\$	\$	\$
Un-deducted purchase price	\$	\$	\$	\$
Past commutations/withdrawals	\$	\$	\$	\$
Asset test exempt (please circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reversionary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the reversionary?				

If you are currently receiving an overseas pension, or will receive one in the future, please provide details (including amount):	\$
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Existing Insurances

	1	2	3	4
Policy owner				
Life insured				
Insurance company				
Policy number				
Life cover (\$)				
TPD cover (\$)				
Crisis cover (\$)				
Income protection monthly benefit (\$)				
Benefit period				
Waiting period				
Premium (\$)				
Premium type	<input type="checkbox"/> Level <input type="checkbox"/> Stepped	<input type="checkbox"/> Level <input type="checkbox"/> Stepped	<input type="checkbox"/> Level <input type="checkbox"/> Stepped	<input type="checkbox"/> Level <input type="checkbox"/> Stepped
Payment frequency				
Plan value (\$)				
Renewal date				
Notes (include loadings or exclusions details)				

Insured Risk Insurance Cover Attitudes

Please indicate how you would rate the importance of protecting against the following:

	Low Priority							High Priority		
Loss/damage to house	1	2	3	4	5	6	7	8	9	10
Loss/damage to vehicles/	1	2	3	4	5	6	7	8	9	10
Loss/damage to personal property	1	2	3	4	5	6	7	8	9	10
Severe illness/loss of health	1	2	3	4	5	6	7	8	9	10
Loss of income	1	2	3	4	5	6	7	8	9	10
Loss of life	1	2	3	4	5	6	7	8	9	10
Total and permanent disability	1	2	3	4	5	6	7	8	9	10
Loss of business interests	1	2	3	4	5	6	7	8	9	10

Upon death or disability, how many years do you wish your family to maintain their current lifestyle?	0	5	10	15	25+
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In the event of sickness or accident, how many years would it be necessary to maintain your current income?	2	5	To 55	To 60	To 65
In the event of sickness or accident, how soon would you require your income to be replaced after an initial waiting period?	14 days	30 days	60 days	90 days	2 years

Insurance Needs Analysis

Lump Sum Covers	Death		TPD		Trauma	
Amount of Cover Required	Client 1	Client 2	Client 1	Client 2	Client 1	Client 2
Mortgage	\$	\$	\$	\$	\$	\$
Personal / car loans	\$	\$	\$	\$	\$	\$
Credit Cards	\$	\$	\$	\$	\$	\$
Business/ Personal Guarantees	\$	\$	\$	\$	\$	\$
Other: Please Specify	\$	\$	\$	\$	\$	\$
Medical Expenses (short term)	\$	\$	\$	\$	\$	\$
Estate Costs (e.g. Funeral / Legal costs)	\$	\$	\$	\$	\$	\$
Living Expenses (3-6 months)	\$	\$	\$	\$	\$	\$
Ongoing Income Needs:						
Income Required Per Annum	\$	\$	\$	\$	\$	\$
Number of years required						
Rate of return	%	%	%	%	%	%
Is capital amount being used as part of the income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education Costs Per Annum	\$	\$	\$	\$	\$	\$
Number of years required						
Rate of return	%	%	%	%	%	%
Is capital amount being used as part of the income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Less (lump sum/s):						
Existing Insurance						
Superannuation Benefits						
Saleable Assets (e.g. 2 nd car)						
Available Investments						

Income Protection	Client 1	Client 2
Current Gross Salary	\$	\$
Level of income protection required (0-75% of current gross salary)	%	%
Monthly Super Continuance	\$	\$
Monthly Mortgage Relief Benefit	\$	\$
Waiting period		
Benefit period		
Accrued holiday leave		
Accrued sick leave		

Social Security/Aged Care

	Client 1	Client 2
Are you receiving Centrelink benefits		
What type?		
Please provide statement or contract		
Aged Care	Client 1	Client 2
Are you in aged care?		
What type?		
Please provide statement or contract		

General Insurance

	Policy 1	Policy 2	Policy 3	Policy 4
Type	House	Home Contents	Motor Vehicle	Other
Insurer				
Policy Owner				
Sum Insured	\$	\$	\$	\$
Annual Premium	\$	\$	\$	\$
Premium Frequency				
Renewal Date				

Health Insurance

Type (top hospital, extras etc)	
Insurer	
Policy Owner	
Annual Premium	\$
Premium Frequency	
Renewal Date	

Estate Planning

Details	Client 1	Client 2
Do you have a current Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If Yes, when was this last updated?		
Location of Will		
Executor of Will		
Name of Attorney		
Date Last Reviewed		
Do you have any Power/s of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, type	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Normal	<input type="checkbox"/> Enduring <input type="checkbox"/> Medical <input type="checkbox"/> Normal
Do you have a Blended Family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Binding Nomination (Super)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have your circumstances changed Since your Will was last updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Copy of will supplied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Structures

Trust Details				
Trust Name				
Type of Trust?	<input type="checkbox"/> Fixed <input type="checkbox"/> Unit <input type="checkbox"/> Discretionary <input type="checkbox"/> Hybrid	<input type="checkbox"/> Fixed <input type="checkbox"/> Unit <input type="checkbox"/> Discretionary <input type="checkbox"/> Hybrid	<input type="checkbox"/> Fixed <input type="checkbox"/> Unit <input type="checkbox"/> Discretionary <input type="checkbox"/> Hybrid	<input type="checkbox"/> Fixed <input type="checkbox"/> Unit <input type="checkbox"/> Discretionary <input type="checkbox"/> Hybrid
Date Trust was established				
ABN				
Maximum term of the Trust				
Appointer of the Trust				
Trustee				
	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4
Beneficiary Name				
Beneficiary date of birth				
Has a Trust election been made?				
If yes, who is the specified individual?				

Company Details				
Company Name				
ABN				
Director(s)				
Description of shares				

Business Insurance Details

About the business

Gross Capital Value	\$	Annual Gross Income	\$
Total Liability	\$	Annual Expenditure	\$

Ownership	Client 1	Client 2	Owners	No. of
Percentage Ownership				
Value of tangible assets	\$	Name of Carrier		
Percentage of assets insured	%	Renewal Date	/	/

Business Buy-out

On the death or disability of Client 1, would Client 2 continue the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On the death or disability of Client 2, would Client 1 continue the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would other owners be willing and financially able to buy your share of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have buy/sell options with other owners been agreed upon and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is the buy-out funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Liabilities and Reserves	Client 1	Client 2
Borrowings	\$	\$
Sale of Assets	\$	\$
Insurance	\$	\$
Cash reserves	\$	\$
Other	\$	\$

Business Expenses	Client 1	Client 2
What monthly business expenses could not be met if you became temporarily incapacitated? (\$ per month)		
What business expense insurance do you currently have? (\$ per month)		
Notes:		

Risk profile

Your risk profile looks at investment risk and your attitude to it. By asking you more detailed questions we can *determine* the most appropriate investment strategies to match your investment risk profile. Once all the sections are complete, we will discuss your scores and whether or not you are comfortable with the outcome. Where you hold assets jointly, you and your partner need to agree on a combined score.

1. What is your major investment objective?	Score	Client 1	Client 2
Avoid any fluctuation in the value of my investments.	0		
Maintain the security of my investments with regular income to live on.	10		
Maintain regular income with some exposure to capital growth.	20		
Maximise the growth of my investments.	40		
2. How would you react if your investments were to decline in value by 20% in one year?	Score	Client 1	Client 2
Withdraw all my funds immediately and move them to bank deposits.	10		
Withdraw part of my money and move it to an alternative strategy.	20		
Wait until I recovered the 20% loss and then consider alternative strategies.	20		
Remain invested and follow the recommended strategy.	30		
Increase the amount invested if possible because the market has become cheaper.	40		
3. An investment portfolio with high exposure to growth assets tends to generate higher returns, albeit with some volatility. To what extent are you willing to experience volatility to generate higher returns?	Score	Client 1	Client 2
I'm much more comfortable with investments that have minimal volatility.	10		
I'm a little uncomfortable seeing my investments fluctuate.	20		
I'm somewhat comfortable, assuming there is a limit to the volatility.	30		
I'm very comfortable. I understand that to generate higher returns there is risk of fluctuation of my investments in the short term. However, over the long term, there is a low risk of capital loss.	40		
4. Which of the following best describes your attitude towards investment losses?	Score	Client 1	Client 2
I would check the value of my investments several times a month and feel very uneasy if I began to lose money.	10		
Daily losses make me uncomfortable, but are not cause for alarm. I would, however, start to feel very uneasy if I made a loss on my investments over a 12-month period.	20		
I take substantial day-to-day changes in my stride. However, I would start to feel very uneasy if I didn't recover any significant losses within a 1 to 2-year time frame.	30		
If my investment suffered significant losses over a 2-year period and I still believed in my long-term strategy, I would remain fully confident of a recovery in performance.	40		
5. What is your preferred strategy for managing investment risk?	Score	Client 1	Client 2
I don't understand the definition of 'investment risk'. I rely on my financial planner to achieve this.	0		
To invest mainly in capital stable investments.	10		
To have a diversified investment portfolio across a range of asset classes to minimise risk.	30		
I don't want to reduce it as investment risk leads to higher returns over the long-term.	40		

6. In the past, how would you describe your overall investment decisions?	Score	Client 1	Client 2
I've had some losses and am reluctant to invest in anything that fluctuates in value.	0		

Good, I have stuck to stable and safe investments.	10		
Not applicable. I'm a first-time investor or have only ever invested via my superannuation fund.	20		
Fair, however I would like to improve my returns.	20		
I've had some losses, but am willing to give it another go.	30		
Good, I have been rewarded for making investments that can fluctuate in value.	40		
7. Which of the following best describe your understanding of the investment market?	Score	Client 1	Client 2
I'm not familiar with investments or financial markets.	10		
I have little awareness of the investment market. However, I have a desire to build my knowledge and understanding.	20		
My awareness of the financial market is limited to information passed on by my broker or financial planner. I rely on the professionals to keep me up to date.	30		
I am an experienced investor and constantly keep up to date with the investment market. I've had exposure to various asset classes and am fully aware of the risks involved to gain higher returns.	40		
8. What is your willingness to risk shorter term losses for the prospect of higher longer-term returns?	Score	Client 1	Client 2
Low	10		
Not sure	20		
Moderate	30		
High	40		
9. Have you ever borrowed money to make an investment other than your own home e.g. investment property, holiday home, share portfolio, margin loan etc.?	Score	Client 1	Client 2
No	10		
Yes	20		
No, but I'm willing to consider it now.	30		
Yes, but I'm not prepared to borrow at the moment to invest.	40		

Determining your Life Stage type

What best describes you	Client 1	Client 2
Single with few financial burdens. Ready to accumulate wealth for future short-term and long-term goals.	A	A
A couple without children. Preparing for the future by establishing a home. Expecting to have or already have a high purchase rate of household and consumer items.	B	B
Young family with a home. You have a mortgage and childcare costs and maintain only small cash balance	C	C
Mature family with a home. You are in your peak earning years and your mortgage is under control. You both work and you may or may not have children that are growing up or have left home. You are ready to start thinking about your retirement years	D	D
Preparing for retirement. You own your home and have few financial burdens; You want to ensure you can afford a comfortable retirement.	E	E
Retired. You rely on existing funds and investments to maintain your lifestyle in retirement. You may already be receiving a Government pension and/ or Superannuation pension.	F	F

Total Score	Client 1	Client 2
Add up the scores for each question in the risk profile and record the totals		
What is your Life stage type?		
According to the table below, what is your risk profile?		
If you don't agree with the above, what is your preferred risk profile?		

Risk Tolerance Score

	1	20	3	4	5	6	7	8	9	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	3	3	3	3	3	3
	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A																																
B																																
C																																
D																																
E																																
F																																

	: Secure (100% Cash)
	: Defensive (20% Growth/ 80% Defensive)
	: Conservative (40% Growth/ 60% Defensive)
	: Balanced (60% Growth/ 40% Defensive)
	: Growth (80% Growth/ 20% Defensive)
	: High Growth (100% Growth / 0% Defensive)

Borrowing to Invest

Borrowing to invest can help certain investors increase their wealth over time, however borrowing increases investment risk. Borrowing to invest normally involves investing in growth assets such as Australian and international shares and property. Please answer the following questions to help us understand whether borrowing may be appropriate for you:

Have you ever borrowed to invest before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to borrow to invest?	<input type="checkbox"/> Yes, if professionally advised <input type="checkbox"/> No, I do not like debt
If yes, how much would you be prepared to borrow?	\$
What assets are you prepared to use as security?	<input type="checkbox"/> Family home <input type="checkbox"/> Managed funds <input type="checkbox"/> Direct shares

Please sign the following to confirm that you acknowledge the chosen risk profile

I/We confirm that the details recorded in this questionnaire are a true and accurate description of my/our feelings towards the questions raised and I/We agree that the selected investor risk profile is accurate and can be used as a basis for recommending an investment portfolio.

Please note that your selected investor risk profile and asset allocation are based on information provided by you and on our knowledge of the various asset sectors and the existing investment environment. As it is not possible to accurately predict the future corporate, legislative and economic factors, you should regard these recommendations as a guide only.

No guarantee is expressed or implied to any projections or performance of any assets in the recommendations.

Client 1 Signature		Date	
Client 2 Signature		Date	

Client Acknowledgements

Important privacy notice

The information requested in this Fact Find may be used by your adviser for the purposes of preparing, implementing and reviewing a Statement of Advice for your particular situation, or for the provision of offers relating to your financial situation from time to time, whether by direct mail, telephone or other communication medium. This information may also be disclosed to Aura Wealth as part of this process.

You are entitled to access to this information. It can be sought by contacting your adviser.

You should be aware that if you have not provided full details of your situation, your adviser may not be able to provide you with personal advice. If they are still able to provide you with personal advice, please note that the advice in the Statement of Advice might not be suitable for your true circumstances.

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I/We did not complete all of the relevant sections of the Fact Find because I/We chose not to, or were unable to, provide all the information our adviser requested.

General Acknowledgement

I/We have read and understood the information detailed below. I/We hereby authorise our Adviser to use or pass on this information to Aura Wealth for the purposes of preparing, implementing and reviewing a Statement of Advice and related activities

I/we also acknowledge that the information detailed in the Fact Find was either entered by myself/ourselves or on my/our behalf by the adviser and is an accurate representation of my/our current position and needs.

Financial Services Guide

I/we acknowledge that I/we have been provided with a Financial Services Guide (FSG), before completing the Fact Find and my adviser has explained the content and the importance of reading this document.

FSG Version	
Adviser Profile Version	
Date Issued	
Method of Delivery	<input type="checkbox"/> Email <input type="checkbox"/> Face to Face <input type="checkbox"/> Mail

Tax File Number

I/We give authority for my/our Tax File Number/s, to be kept on my client file and to be forwarded to financial institutions as requested or as necessary in connection with financial planning advice, which is being provided to me.

Client Name	Tax file Number		

Information Exchange

As you would be aware, it is sometimes beneficial for your adviser to communicate (pass on or receive) your details with another professional so that they may provide you with comprehensive advice and/or services. As such, your adviser may/will communicate your information to the listed professional/s with your authority.

Company name	Contact Person

Referral Fees

As part of your adviser's business they may pay and receive referral fees with other professionals. These fees are paid by your adviser from the remuneration your adviser receives and are not an additional charge to you. The remuneration will be shared between the following:

Name:

Statement of Advice

I/We give authority for the preparation of a Statement of Advice (SOA). I/We understand that my adviser will use the information requested in this Fact Find for the purposes of preparing a SOA for my/our particular situation.

I/We understand that a fee of \$_____ will be charged for the preparation of the SOA.

Client Signature:

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Client Name:

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Date:

/ /	/ /
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Adviser signature:

--	--

Adviser name:

	Date: / /
--	-----------

THIRD PARTY AUTHORITY FORM

AUTHORITY TO COLLECT INFORMATION

☐

APPOINTMENT OF ADVISER

☐

NOTIFICATION OF A CHANGE OF ADVISER

☐

Company

Email of Company

Phone Number

Address

Street:

Suburb:

State:

Post Code:

Client Name

DOB:

/ /

Member No:

Current Address

Street:

Suburb:

State:

Post Code:

Residential Address
as on Statement

Street:

Suburb:

State:

Post Code:

I / we request that all relevant information and documents related to our/my investments, insurances, superannuation, bank accounts or other financial information be released to:

Adviser:

AR No.

Support Staff:

Robert Larin

I am aware of Aura Wealth Pty Ltd Privacy Policy and I am satisfied that my information will be treated in accordance with this policy.

Please also accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file at Aura Wealth.

Please be advised I / we am /are changing adviser from the Current to the NEW listed below

Current adviser:

Please be advised I / we am /are APPOINTING the NEW listed below

New adviser:

AR No.

Licensee:

Aura Wealth Pty Ltd.

ABN **34 122 486 935** | Australian Financial Services Licence. No. **380552**

Address: Level 24, 52 Martin Place, Sydney NSW 2000 | Phone: 1300 137 505

Please also accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file at Aura Wealth Pty Ltd.

Signature

Name of Client

Dated

/ /

THIRD PARTY AUTHORITY FORM

AUTHORITY TO COLLECT INFORMATION

☐

APPOINTMENT OF ADVISER

☐

NOTIFICATION OF A CHANGE OF ADVISER

☐

Company		
Email of Company		
Phone Number		
Address	Street:	
	Suburb:	
	State:	Post Code:

Client Name			DOB:	/	/
Member No:					
Current Address	Street:				
	Suburb:				
	State:		Post Code:		
Residential Address as on Statement	Street:				
	Suburb:				
	State:		Post Code:		

I / we request that all relevant information and documents related to our/my investments, insurances, superannuation, bank accounts or other financial information be released to:

Adviser:		AR No.	
Support Staff:	Robert Larin		

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Please be advised I / we am /are changing adviser from the Current to the NEW listed below

Current adviser:	
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Please be advised I / we am /are APPOINTING the NEW listed below

New adviser:		AR No.	
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Licensee:

Aura Wealth Pty Ltd.

ABN **34 122 486 935** | Australian Financial Services Licence. No. **380552**

Address: Level 24, 52 Martin Place, Sydney NSW 2000 | Phone: 1300 137 505

Please also accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file at Aura Wealth Pty Ltd.

Signature			
Name of Client		Dated	/ /