



Client Fact Find A

Private and confidential

Client 1	_____
Client 2	_____
Financial Adviser	_____
Completion Date	_____
FSG Version	_____
Date FSG Provided	_____



MERIDEON
WEALTH STRATEGIES

www.merideon.com.au



Designed to help us get to know you better

This fact find is designed to help gather your relevant personal and financial information, and goals. We use this information, along with our discussions, to help develop a financial strategy that is suitable for your needs.

Potential strategies and products may be discussed during the information gathering process. These should only be acted upon once formal advice, information and explanation have been provided in a suitable advice document.

We look forward to assisting you to reach your financial goals. If you have any questions about this please contact us.

Merideon's 5 step financial planning process

The initial advice process covers our first appointment all the way through to the implementation of your financial plan. We do this by:

(1) Identifying where you are and where you want to be

Initially, we help you identify your financial and lifestyle goals. This ensures we understand your needs and you can understand what to expect from us.

(2) Considering the opportunities and risks

We assess your current situation and investigate the range of financial options available for you to reach your goals.

(3) Bridging the gap

Based on discussions with you and research we conduct, we will devise a strategy to bridge the gap between where you are now and where you want to be.

(4) Bringing your plan to life

We work closely with you to implement your financial strategy. We help you to complete any necessary paperwork and are available to attend meetings with your accountant, solicitor and general insurer so that your strategy is implemented efficiently.

As time goes on and circumstances change, your financial plan will need to be changed to keep up to date with your changing needs. The final step in our advice process ensures your financial plan remains on track, by providing you with regular ongoing advice.

(5) Staying on track with regular ongoing advice

Finally, we design an ongoing service programme to ensure your plan remains up to date as your life changes and so you can obtain the benefits of ongoing reliable advice.

Sometimes, life takes us in unplanned directions. When you need a little extra help on top of our initial or ongoing advice, just ask us to provide you with some additional advice. We are there to help you – whatever the occasion.



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Personal Details

Name:	Client 1		Client 2	
Gender:				
Date of birth:	Age:	Age:		
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged	
Nationality:				
Tax resident (Aus):	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>TFN in 'Information to read before preparing your plan'</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>TFN in 'Information to read before preparing your plan'</small>	
Dependants: <input type="checkbox"/> Tick if a list of further dependants is attached	Name	DOB	Financially dependent?	Until?
			<input type="checkbox"/> Yes	Years old
			<input type="checkbox"/> Yes	Years old
			<input type="checkbox"/> Yes	Years old
			<input type="checkbox"/> Yes	Years old
Dependant's special requirements:				
Family matters that may impact advice:				

Contact details

Tick contact preference

Home address:	<input type="checkbox"/>	<input type="checkbox"/>
Work address:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>
Fax:	<input type="checkbox"/>	<input type="checkbox"/>

Employment details

Occupation Title:		
Employer:		
Employment:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Expected changes:		
Salary packaging:	<input type="checkbox"/> Vehicle <input type="checkbox"/> Computer <input type="checkbox"/> Other <input type="checkbox"/> Organiser	<input type="checkbox"/> Vehicle <input type="checkbox"/> Computer <input type="checkbox"/> Other <input type="checkbox"/> Organiser
Annual leave:		
LS leave:	<input type="checkbox"/> Accessible?:	<input type="checkbox"/> Accessible?:
Sick leave:		

Client Identification

Collect one primary ID source OR provide two secondary ID sources. Select the verified ID source retained on file

	Client 1	Client 2
Primary source:	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Other	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Other
Secondary source:		

Why have you sought advice?

Record the client(s) initial reasons for seeking advice here.

Client 1 or joint	Client 2
<input type="checkbox"/> Joint	
<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director

Notes:

Net wealth

- Include details of any loans secured against a particular asset in the same row

ASSETS				ASSOCIATED DEBT			
Asset		Owner	Value	Debt		Debtor	Value
1	Principal residence		\$	1	Home loan:		\$
2	Contents		\$	2			\$
3	Vehicle:		\$	3	Car loan:		\$
4	Vehicle:		\$	4	Car loan:		\$
5	Everyday bank account		\$	5			\$
6			\$	6			\$
7			\$	7			\$
8			\$	8			\$
9			\$	9			\$
10			\$	10			\$
11			\$	Unsecured Debt		Owner	Value
12			\$	11	HECS/ Fee-Help		\$
13			\$	12	Centrelink debt		\$
14			\$	13	Credit card		\$
15			\$	14			\$
16			\$	15			\$
17			\$	16			\$
TOTAL ASSET VALUE			\$	TOTAL DEBT VALUE			\$

SUPERANNUATION AND RETIREMENT INCOME STREAMS

Super fund		Balance	Owner	Super / Income stream	Account no.
1		\$		<input type="checkbox"/> S <input type="checkbox"/> IS	
2		\$		<input type="checkbox"/> S <input type="checkbox"/> IS	
3		\$		<input type="checkbox"/> S <input type="checkbox"/> IS	
4		\$		<input type="checkbox"/> S <input type="checkbox"/> IS	
5		\$		<input type="checkbox"/> S <input type="checkbox"/> IS	
6		\$		<input type="checkbox"/> S <input type="checkbox"/> IS	
7		\$		<input type="checkbox"/> S <input type="checkbox"/> IS	
8		\$		<input type="checkbox"/> S <input type="checkbox"/> IS	
TOTAL SUPERANNUATION VALUE		\$			

NET WORTH \$

LOAN VALUE RATIO %

Asset information

- Avoid recording the same information twice by listing the asset number from the previous page in the 'Asset no.' column below.

Personal assets (non-income earning assets eg cars, contents and holiday homes)

Asset no.:					
Has the asset been valued in the last 12 months?	<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
Date of last valuation:					
Date of purchase:					
Centrelink value:	\$	\$	\$	\$	\$
Insured:	<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
Retain:	<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

Investment property assets

Asset no.:					
Date of purchase:					
Date of last valuation:					
Centrelink value (if relevant):					
Insured:	<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
Retain:	<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

Cash / fixed interest

Asset no.:					
Interest rate:	%	%	%	%	%
Purchase date:					
Maturity date:					
Retain:	<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
Statement attached:	<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

Managed investments / shares

Asset no.:				
Product / investment option / share:				
On the ASX:	<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
Date of market value:				
Purchase date:				
Type of investment:				
No. of units / shares:				
Reg saving (pa):	\$	\$	\$	\$
Reg drawdown (pa):	\$	\$	\$	\$
Income re-invested:	<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
Geared:	<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
Retain:	<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
Statement attached:	<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

Debt and liabilities

Loan #				
Status	<input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Existing <input type="checkbox"/> New
Lender:				
Debtor (borrower):				
Loan purpose:				
Interest:				
Repayment frequency:	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
Fixed or variable:	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Principal / interest:	<input type="checkbox"/> P <input type="checkbox"/> P & I	<input type="checkbox"/> P <input type="checkbox"/> P & I	<input type="checkbox"/> P <input type="checkbox"/> P & I	<input type="checkbox"/> P <input type="checkbox"/> P & I
Loan term:				
Term remaining:				
Guarantor (if any):				
Original loan amount:	\$	\$	\$	\$
Amount outstanding:	\$	\$	\$	\$
Interest claimed as a tax deduction?	<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
Has the client given a personal guarantee on a family member's or friend's debt? <small>If yes, please detail who the guarantee was provided to, the amount and any assets that the guarantee is secured against:</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Notes

Cash flow

INCOME			EXPENSES		
<input type="checkbox"/> Gross <input type="checkbox"/> Net	Client 1	Client 2		Client 1	Client 2
Salary	\$	\$	Mortgage repayments	\$	\$
Fringe benefits	\$	\$	Rent	\$	\$
Pension income	\$	\$	Rates/ utilities	\$	\$
Rental income	\$	\$	Food / general living	\$	\$
Interest	\$	\$	Insurance – home	\$	\$
Dividends	\$	\$	Insurance – car	\$	\$
Distributions	\$	\$	Insurance – life	\$	\$
Bonus (estimated amount)	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$
Total:			Total:		
Combined Annual Income		\$	Combined Annual Expenses		\$

SURPLUS / DEFICIT \$

Where does the client currently direct their surplus income?	<input type="checkbox"/> Mortgage <input type="checkbox"/> Saving <input type="checkbox"/> Spending
How much of their surplus income are they willing to save or invest?	\$ <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Where an income deficit is identified, how is this currently funded?	<input type="checkbox"/> Mortgage drawings <input type="checkbox"/> Credit Card <input type="checkbox"/> Bridging Finance <input type="checkbox"/> Other
Do they expect that there will be a substantial change to their income? (record the expected time and amount)	
Do they expect that there will be a substantial change to their expenses? (record the expected time and amount)	
Is the client expecting capital gains from the sale of investments this year?	
Does the client have unused capital losses carried forward from a previous sale of investments?	
Is the client expecting to receive a one-off lump sum payment? (i.e. sale of assets or inheritance)	

Insurance

Life Insurance and Total and Permanent Disablement Insurance

Existing life and TPD insurance policies

Policy name	Policy number	Policy owner	Insured	Sum insured	Premium p.a.	Maintain
1.				\$	\$	<input type="checkbox"/>
2.				\$	\$	<input type="checkbox"/>
3.				\$	\$	<input type="checkbox"/>
4.				\$	\$	<input type="checkbox"/>
5.				\$	\$	<input type="checkbox"/>
Exclusions/ loadings						

Trauma and income protection

Existing trauma and income protection insurance policies

Policy	Policy number	Policy owner	Insured	Sum insured	Exclusion / loadings	Premium p.a.	Maintain
1.				\$		\$	<input type="checkbox"/>
2.				\$		\$	<input type="checkbox"/>
3.				\$		\$	<input type="checkbox"/>
4.				\$		\$	<input type="checkbox"/>
5.				\$		\$	<input type="checkbox"/>