

**Business Risk Fact Find**

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|  |

As Directors/Shareholders

Date Referred By

|  |  |  |
| --- | --- | --- |
|  |  | Edgewise |

Adviser Name & Company

|  |
| --- |
| Laurence McCarthy Edgewise Life. |

*Authorised Representative of Affinia Financial Advisers Limited ABN: 13 085 397 AFSL: 237857*

**Completing this Fact Find**

In providing personal advice, we are required to make reasonable enquiries to obtain complete and accurate information about your personal circumstances in order for us to discharge our obligation to act in your best interests. The information we collect will ensure that we have sufficient understanding of your current situation to provide you with financial advice that is appropriate to you. You have the right not to provide us with this information, however if you do not we may be unable to provide you with personal financial advice.

**Privacy**

Affinia is bound by privacy legislation including privacy principles that apply to collection, use, disclosure and security of customer information. The way in which we collect, use, hold and disclose your personal and sensitive information is explained in our Privacy Policy available at [www.affinia.com.au](http://www.affinia.com.au) or free of charge on request. We rely on the accuracy of the information that you provide so if you think that any information we hold is incorrect or out of date, please let us know. Additional information about privacy rights and obligations is available at the website of the Office of the Australian Privacy Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au).

Reasons for Seeking Advice

Record the initial reason why the client is seeking your advice. For example, there may be a specific event (e.g. house or business purchase, marriage, birth of a child, receipt of an inheritance, redundancy, moved into an aged care facility) or the client may want advice on specific objectives (e.g. retirement planning, Estate Planning, Income Protection insurance, Business Succession Planning).

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Needs and Objectives

|  |  |  |  |
| --- | --- | --- | --- |
| **What You want to Achieve (Client Verbatim)** | | | |
| **Business Succession Planning** |  | | |
| * Address Now | * Ongoing Goal | * Address in \_\_\_years |
| **Business Continuation  (Key Person Insurance)**  *(Revenue/Capital)* |  | | |
| * Address Now | * Ongoing Goal | * Address in \_\_\_years |
| **Business Expenses Insurance** |  | | |
| * Address Now | * Ongoing Goal | * Address in \_\_\_years |

Agreed Scope of Advice

|  |
| --- |
| * **Business Risk Insurance** |
| * **Business Succession Strategy (Buy/Sell Agreement)** * **Key Person Capital Protection** * **Key Person Revenue Protection** * **Business Expenses Insurance** * **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Advice Limitations

Has the client limited the advice or given directions as to the scope of advice? Clearly outline the aspects that the client has taken out of scope. For example:

* You may identify an issue with the client’s cash flow/debt/retirement or Estate Planning position but the client declines advice in those areas.
* Within a particular advice area like insurance, the client may decline a type of cover, or they may select the actual amount of cover, or limit the total premium.
* The client may wish to retain/purchase/sell a component within their investment or insurance portfolio without your advice.

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Current Position

Primary Business Structure

|  |  |
| --- | --- |
| **Details** | **Details** |
| Business Name |  |
| Trading Name |  |
| Business Structure (Sole Trader / Partnership / Private Company / Trust) |  |
| Tax File Number (TFN) |  |
| Australian Business Number (ABN) |  |
| Date Business Commenced |  |
| Industry |  |
| Main Activities |  |
| Number of Employees |  |

|  |  |
| --- | --- |
| **Business Valuation** | **Amount** |
| Estimated Value |  |
| Method of Valuation |  |
| Source of Valuation |  |
| Annual Gross Turnover |  |
| Annual Expenses |  |

|  |  |  |
| --- | --- | --- |
| **Details** | **Associated Entity 1** | **Associated Entity 2** |
| Entity Name |  |  |
| Trading Name |  |  |
| Business Structure |  |  |
| Tax File Number (TFN) |  |  |
| Australian Business Number (ABN) |  |  |
| Date Incorporated |  |  |
| Date Business Commenced |  |  |
| Industry |  |  |
| Main Activities |  |  |
| Number of Employees |  |  |
|  |  |  |
|  |  |  |
| Relationship to Primary Business |  |  |
| % Ownership of Primary Business |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Advisers** | **Name** | **Company** | **Contact Details** |
| Accountant/Registered Tax Agent |  |  |  |
| Solicitor |  |  |  |
| Business Banker |  |  |  |
| Other |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owner/Key Personnel** | **1** | **2** | **3** | **4** |
| Full Name |  |  |  |  |
| Date of Birth |  |  |  |  |
| Age |  |  |  |  |
| Marital Status |  |  |  |  |
| Health |  |  |  |  |
| Sex |  |  |  |  |
| Smoker Status |  |  |  |  |
| Occupation |  |  |  |  |
| Role/Duties |  |  |  |  |
| Salary/Income |  |  |  |  |
| Employment Type (FT/PT/Casual) |  |  |  |  |
| Relationship between 1,2,3 & 4 |  |  |  |  |
| Profit Share |  |  |  |  |
| Equity % |  |  |  |  |
| Equity $ |  |  |  |  |
| Personal Guarantees/Loans to business |  |  |  |  |
| Impact on Profit/ Revenue/Expenses of Business |  |  |  |  |
| Australian Resident for tax purposes (If no what country?) |  |  |  |  |
| When do you expect to retire? |  |  |  |  |
| Private health insurance? |  |  |  |  |
| Dependents? Ages and when you expect dependency to cease. |  |  |  |  |

Heath issue: Are there any health issues that need to be considered in making an investment/insurance decision? Yes/No

If Yes, please provide details below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Structure

The business structure, including any related entities, family trusts and trustee companies as visualised in the following diagram:

|  |
| --- |
|  |

Financial Position

|  |  |  |
| --- | --- | --- |
| **Assets** | **Description** | **Value** |
| Property (land and buildings) |  |  |
| Stock |  |  |
| Plant/Machinery/Equipment/tools |  |  |
| Vehicles |  |  |
| Goodwill |  |  |
| Debtors |  |  |
| Loan Amounts |  |  |
| Cash at bank |  |  |
| Realisable Investments |  |  |
| Short-term Investments |  |  |
| Other |  |  |
| Other |  |  |
| **Total Estimated Assets** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Liabilities** | **Lender** | **Personal Guarantee** | **Value** |
| Mortgage |  |  |  |
| Loans |  |  |  |
| Business Loans |  |  |  |
| Overdraft |  |  |  |
| Lease |  |  |  |
| Hire Purchase |  |  |  |
| Creditors |  |  |  |
| Loan Accounts |  |  |  |
| Other(ie loans to owner) |  |  |  |
| Provisions (Long Service Leave/Annual Leave/ tax) |  |  |  |
| Credit Card/s |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| **Total Estimated Liabilities** |  | | |

|  |  |
| --- | --- |
| **Business Cash Flow Position** | **Annual Amount** |
| **Inflows** | |
| Sales |  |
| Asset Sales |  |
| Debtor Receipts |  |
| Other |  |
| Other |  |
|  |  |
|  |  |
| *Sub Total* |  |
| **Outflows** | |
| Rent & Rates |  |
| Loan Principal Repayments |  |
| Loan Interest Repayments |  |
| Property Rates & Taxes |  |
| Equipment Lease/s |  |
| Vehicle Lease/s |  |
| Utilities (Electricity, Heating, Gas, telephone, water etc.) |  |
| Cleaning & Laundry |  |
| Purchases (stock etc) |  |
| Repairs & Maintenance |  |
| Depreciation of Office Equipment |  |
| Employee Salaries (PAYG & SGC) |  |
| Accounting/ Audit & Solicitor Fees |  |
| Professional Membership Fees |  |
| Business Insurance Premiums |  |
| Licensing, Advertising & Marketing Costs |  |
| Credit Card fees |  |
| Other (amend to be specific) |  |
| Other (amend to be specific) |  |
| *Sub Total* |  |
| **Cash flow Surplus/Deficit** |  |

|  |  |
| --- | --- |
| **Buy Sell Agreement** | **Details** |
| Date |  |
| Location |  |
| Solicitor |  |

Business Insurance Details

Existing Business Succession Insurance Funding

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insurer & Policy No** | **Life Insured** | **Policy Owner** | **Equity** | **Type** | **Insured Amount** | **Annualised Premium** |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  | **Total** |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insurance Policy Nominations** | **Member** | **Type** | **Beneficiary** | **Expiry** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Exclusions/loadings?

Existing Key Person Revenue Insurance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insurer & Policy No** | **Life Insured** | **Policy Owner** | **Equity** | **Type** | **Insured Amount** | **Annualised Premium** |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  | IP |  |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  | IP |  |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  | IP |  |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  | IP |  |
|  | **Total** |  | | | | |

Any exclusions/loadings?

Existing Key Person Capital Insurance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insurer & Policy No** | **Life Insured** | **Policy Owner** | **Equity** | **Type** | **Insured Amount** | **Annualised Premium** |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  |  |  | % | Life |  |  |
|  | TPD |  |
|  | Trauma |  |
|  | **Total** |  | | | | |

Any exclusions/loadings?

Existing Business Expenses Insurance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insurer & Policy No** | **Life Insured** | **Policy Owner** | **Equity** | **Type** | **Insured Amount** | **Annualised Premium** |
|  |  |  | % | Business Expense |  |  |
|  |  |  | % | Business Expense |  |  |
|  |  |  | % | Business Expense |  |  |
|  |  |  |  |  |  |  |
|  | **Total** |  | | | | |

## Exclusions/loadings

## Estate Planning Arrangements

|  |  |
| --- | --- |
| **Wills** | **Details** |
| Key Person Name |  |
| Date |  |
| Location |  |
| Executor |  |
| Alternative Executor |  |
| Distribution of Estate |  |
| Alternative Distribution |  |
| Key Person Name |  |
| Date |  |
| Location |  |
| Executor |  |
| Alternative Executor |  |
| Distribution of Estate |  |
| Alternative Distribution |  |
| Key Person Name |  |
| Date |  |
| Location |  |
| Executor |  |
| Alternative Executor |  |
| Distribution of Estate |  |
| Alternative Distribution |  |
| Key Person Name |  |
| Date |  |
| Location |  |
| Executor |  |
| Alternative Executor |  |
| Distribution of Estate |  |
| Alternative Distribution |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Powers of Attorney** | **General** | **Financial** | **Medical** | **Guardianship** |
| Key Person Name |  |  |  |  |
| PoA In Place? |  |  |  |  |
| Date |  |  |  |  |
| PoA |  |  |  |  |
| Alternative PoA |  |  |  |  |
| Key Person Name |  |  |  |  |
| PoA In Place? |  |  |  |  |
| Date |  |  |  |  |
| PoA |  |  |  |  |
| Alternative PoA |  |  |  |  |
| Key Person Name |  |  |  |  |
| PoA In Place? |  |  |  |  |
| Date |  |  |  |  |
| PoA |  |  |  |  |
| Alternative PoA |  |  |  |  |
| Key Person Name |  |  |  |  |
| PoA In Place? |  |  |  |  |
| Date |  |  |  |  |
| PoA |  |  |  |  |
| Alternative PoA |  |  |  |  |

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Insurance Needs Analysis

Business Succession Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Requirements** | **Principal 1** | **Principal 2** | **Principal 3** | **Principal 4** |
| Name |  |  |  |  |
| Equity Amount |  |  |  |  |
| Trigger Events Required | Life/TPD/Trauma | Life/TPD/Trauma | Life/TPD/Trauma | Life/TPD/Trauma |
| Liabilities to be repaid |  |  |  |  |
| Personal Guarantees/Loans to be repaid |  |  |  |  |
| Estimated CGT |  |  |  |  |
| Estimated FBT |  |  |  |  |
| Stamp duty Liability |  |  |  |  |
| Other (specify) |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Less Existing Resources** | | | | |
| Realisable Assets |  |  |  |  |
| **Total Funding Required** |  |  |  |  |
| **Nominated Cover** |  |  |  |  |

Key Person Revenue Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Requirements** | **Key Person 1** | **Key Person 2** | **Key Person 3** | **Key Person 4** |
| Name |  |  |  |  |
| Funding Required | Yes/No | Yes/No | Yes/No | Yes/No |
| Trigger Events Required | Life/TPD/Trauma/IP | Life/TPD/Trauma/IP | Life/TPD/Trauma/IP | Life/TPD/Trauma/IP |
| **Revenue Purposes Method 1 (Specific Valuation of Revenue & Expense Items)** | | | | |
| Lost Income/Revenue |  |  |  |  |
| Recruitment Costs |  |  |  |  |
| Advertising |  |  |  |  |
| Inducements |  |  |  |  |
| Training |  |  |  |  |
| Temporary Staff/Contractors |  |  |  |  |
| Debtor/Customer Defaults |  |  |  |  |
| Severance Pay |  |  |  |  |
| Other (specify) |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Revenue Purposes Method 2 (Proportional Valuation – Estimated Effect of Profit Position)** | | | | |
| Lost Income/Revenue1 |  |  |  |  |
| Replacement Costs |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Total Funding Required** |  |  |  |  |
| **Nominated Cover** |  |  |  |  |

Key Person Capital Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Requirements** | **Key Person 1** | **Key Person 2** | **Key Person 3** | **Key Person 4** |
| Name |  |  |  |  |
| Funding Required | Yes/No | Yes/No | Yes/No | Yes/No |
| Trigger Events Required | Life/TPD/Trauma | Life/TPD/Trauma | Life/TPD/Trauma | Life/TPD/Trauma |
| Bank Finance to be Repaid |  |  |  |  |
| Loss of Goodwill |  |  |  |  |
| Personal Loans to be Repaid |  |  |  |  |
| Ex-Gratia Payments |  |  |  |  |
| Other (specify) |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Total Funding Required** |  |  |  |  |
| **Nominated Cover** |  |  |  |  |

Business Expenses Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Requirements** | **Principal 1** | **Principal 2** | **Principal 3** | **Principal 4** |
| Name |  |  |  |  |
| Rent & Rates |  |  |  |  |
| Loan Principal Repayments |  |  |  |  |
| Loan Interest Repayments |  |  |  |  |
| Property Rates & Taxes |  |  |  |  |
| Equipment Lease/s |  |  |  |  |
| Vehicle Lease/s |  |  |  |  |
| Utilities |  |  |  |  |
| Cleaning & Laundry |  |  |  |  |
| Repairs & Maintenance |  |  |  |  |
| Depreciation of Equipment |  |  |  |  |
| Purchases (stock etc) |  |  |  |  |
| Employee Salaries (PAYG & SGC) |  |  |  |  |
| Accounting, Audit & Solicitor Fees |  |  |  |  |
| Professional Membership Fees |  |  |  |  |
| Business Insurance Premiums |  |  |  |  |
| Licensing, Advertising & Marketing costs |  |  |  |  |
| Credit Card fees |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| **Total Funding Required** |  |  |  |  |
| **Nominated Cover** |  |  |  |  |

If the client nominated cover differs from the ‘total cover required’ as determined by the risk needs analysis, an explanation is required below:

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The next section of this document requires you to provide medical and health information which is collected in regard to providing you with insurance products and services that you may require. In the Client Acknowledgement section of this document you will be asked to sign to acknowledge your consent for the collection of this information.

Additional Underwriting Details

Please provide details of any health issues that may affect your current or future advice and insurance recommendation.

|  |  |  |
| --- | --- | --- |
|  | **Principal 1** | **Principal 2** |
| What is your current height? | cm | cm |
| What is your current weight? | kg | kg |
| Do you smoke? If yes, number per day. |  |  |
| Have you taken any substance in the last twelve months? If yes, please provide details. |  |  |
| Have you been treated for any medical conditions in the last two years? If yes, please provide details. |  |  |
| Have you taken any medication on a regular basis in the last two year? If yes, please provide details. |  |  |
| Are you currently suffering from any anxiety/stress related issues? |  |  |
| Is there a history of any particular illness in your immediate family (mum, dad, brothers and sisters only) such as cancer, diabetes, heart conditions or genetic disorders? If yes, please provide details. |  |  |
| When your last doctor’s visit and what was this in relation to? |  |  |
| Have you ever had an insurance application declined or modified in any way? If yes, please provide details. |  |  |
| Do you currently participate in, or intend to participate in, any sports or hazardous activities (e.g. sky diving, motor racing, rock-climbing, football)? |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Key Person 1** | **Key Person 2** |
| What is your current height? | cm | cm |
| What is your current weight? | kg | kg |
| Do you smoke? If yes, number per day. |  |  |
| Have you taken any substance in the last twelve months? If yes, please provide details. |  |  |
| Have you been treated for any medical conditions in the last two years? If yes, please provide details. |  |  |
| Have you taken any medication on a regular basis in the last two year? If yes, please provide details. |  |  |
| Are you currently suffering from any anxiety/stress related issues? |  |  |
| Is there a history of any particular illness in your immediate family (mum, dad, brothers and sisters only) such as cancer, diabetes, heart conditions or genetic disorders? If yes, please provide details. |  |  |
| When your last doctor’s visit and what was this in relation to? |  |  |
| Have you ever had an insurance application declined or modified in any way? If yes, please provide details. |  |  |
| Do you currently participate in, or intend to participate in, any sports or hazardous activities (e.g. sky diving, motor racing, rock-climbing, football)? |  |  |

Additional information.

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Authority to Collect Tax File Number

From time to time you may wish to transact into areas such as superannuation where it is necessary to provide your tax file number to the trustee of the superannuation fund. To facilitate these types of transactions you can provide your tax file number below. Please note that these details will not be provided to any unauthorised recipient. You are not obligated to provide your tax file number and you can provide it directly to the authorised recipient such as a trustee of a superannuation fund when required.

**What happens if I do not quote my Tax File Number?**

You are not obligated to provide your Tax File Number (TFN). However, if you do not provide your TFN, your contributions into superannuation, which included premiums for risk only superannuation products may be taxed at the highest marginal rate plus Medicare levy, compared to the concessional tax rate of 15%. Your cash benefit may also be taxed at the highest marginal rate plus Medicare levy.

|  |  |  |  |
| --- | --- | --- | --- |
| Client 1 name |  | Tax file number |  |
| Client 2 name |  | Tax file number |  |
| Financial Adviser Name |  | | |

I/We give permission for my/our Tax File Number (TFN) to be kept on file and be provided to financial institutions as necessary.

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|  |  |  |  |  |
| Principal 1 Name |  | Principal 1 Signature |  | Date |
|  |  |  |  |  |
| Principal 2 Name |  | Principal 2 Signature |  | Date |

Note: Due to the confidentiality of Tax File Numbers should you wish to disclose this to your adviser please note that it will be handled and secured in accordance with relevant privacy legislation and it will not be disclosed to any other person or entity without your prior consent and knowledge, or unless authorised by law.

Client Acknowledgement

**Please sign the following to confirm that you acknowledge the information included in this Fact Find.**

The information in this form accurately reflects my/our current financial situation.

I/We am/are not aware of any further information which would be relevant or assist Affinia Financial Advisers when providing advice and/or recommendations to me/us.

I/We understand that any advice or recommendation provided by Affinia Financial Advisers will be based solely on the information supplied in this Fact Find and any other personal information I/we provide.

I/We am/are aware that a photocopy of this Fact Find is available upon request.

I/We confirm that I/we was/were issued with the Financial Services Guide (FSGI) dated       and Adviser Profile (FSGII) dated       by Affinia Financial Advisers before I/we provided details of my/our personal circumstances set out in this form.

I/We agree to an Advice Fee of $ . I/We understand that this fee is non-refundable.

I/We understand that Affinia Financial Advisers is not authorised to provide specific advice in relation to general insurance, taxation, family law, drafting estate planning documents and trusts. Any advice on these matters will be provided by qualified specialist advisers as appropriate. I/We also understand that Affinia Financial Advisers may receive a share of the commission payable and/or payments to refer me/us to other specialist advisers. These payments will be disclosed to me/us at the time of referral.

I/We confirm that I/we was/were issued with a copy of the Affinia Privacy Policy.

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|  |  |  |  |  |
| Principal 1 Name |  | Principal 1 Signature |  | Date |
|  |  |  |  |  |
| Principal 2 Name |  | Principal 2 Signature |  | Date |
|  |  |  |  |  |
| Adviser Name |  | Adviser Signature |  | Date |

Adviser Notes

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