

Client Data Form – Financial Planning | Part A | Personal Information

Are you prepared to liquidate assets to fund retirement or determine insurance needs?

☐ Yes

☐ No

If yes, please provide details

Are there any Capital Gains Tax (CGT) implications to be considered?

☐ Yes

☐ No

If yes, please provide details

Additional details:

7.0 Existing Superannuation

7.1 Superannuation Assets and Income Streams

Fund Name	Owner(s)	Value	Pension Amount (if applic.)	Insurance Type	Sum Insured	Premium
		\$			\$	\$
		Tax free: \$	\$		\$	\$
		Taxable: \$			\$	\$
		\$			\$	\$
		Tax free: \$	\$		\$	\$
		Taxable: \$			\$	\$
		\$			\$	\$
		Tax free: \$	\$		\$	\$
		Taxable: \$			\$	\$
		\$			\$	\$
		Tax free: \$	\$		\$	\$
		Taxable: \$			\$	\$
		\$			\$	\$
		Tax free: \$	\$		\$	\$
		Taxable: \$			\$	\$

Additional details:

7.2 Beneficiaries

Name	Type	Notes
	<input type="checkbox"/> Nominated Beneficiary <input type="checkbox"/> Binding Death Nomination <input type="checkbox"/> Reversionary	
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