



# Client Needs Analysis and Fact Find

**Completed by:**

Sumit Monga

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**Adviser**

**For**

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**Client**

**on**

2016/06/20

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**Date**



# CLIENT INFORMATION

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## Basic Information

TITLE: <b>Mr.</b>	FIRST NAME:	SECOND NAME:	SURNAME:
PREFERRED NAME:	DATE OF BIRTH:	GENDER: <b>Male</b>	

## Contact Information

HOME PHONE:	WORK PHONE:
MOBILE PHONE:	EMAIL ADDRESS:

## Address Information

STREET ADDRESS:	SUBURB:
CITY:	POSTCODE:

## Current Employment

OCCUPATION:	JOB TITLE:	
GROSS SALARY:	EMPLOYER:	STATUS:
LENGTH (IN YEARS):	PAID LEAVE OWING:	START DATE:
ADMINISTRATIVE DUTIES(%):	TRAVEL DUTIES(%):	MANUAL DUTIES(%):

## Previous Employment

OCCUPATION:	JOB TITLE:	
GROSS SALARY:	EMPLOYER:	STATUS:
LENGTH (IN YEARS):	PAID LEAVE OWING:	
START DATE:	END DATE:	

## Tax Information

TAX RESIDENT STATUS:

IF NOT, WHAT COUNTRY ARE YOU RESIDENT:

IRD NUMBER:

PRESCRIBED INVESTOR RATE:

## PARTNER INFORMATION

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### Basic Information

TITLE:

FIRST NAME:

SECOND NAME:

SURNAME:

Mr.

PREFERRED NAME:

DATE OF BIRTH:

GENDER:

Male

### Contact Information

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

EMAIL ADDRESS:

### Address Information

STREET ADDRESS:

SUBURB:

CITY:

POSTCODE:

### Current Employment

OCCUPATION:

JOB TITLE:

GROSS SALARY:

EMPLOYER:

STATUS:

LENGTH (IN YEARS):

PAID LEAVE OWING:

START DATE:

ADMINISTRATIVE DUTIES(%):

TRAVEL DUTIES(%):

MANUAL DUTIES(%):

### Previous Employment

OCCUPATION:

JOB TITLE:

GROSS SALARY:

EMPLOYER:

STATUS:

LENGTH (IN YEARS):

PAID LEAVE OWING:

START DATE:

END DATE:

### Tax Information

TAX RESIDENT STATUS:

IF NOT, WHAT COUNTRY ARE YOU RESIDENT:

IRD NUMBER:

PRESCRIBED INVESTOR RATE:

## CHILDREN/DEPENDENTS

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No children registered.

## PROFESSIONAL ADVISERS

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### Accountant

ACCOUNTANT NAME:

COMPANY NAME:

STREET ADDRESS:

SUBURB:

CITY:

WORK PHONE:

EMAIL:

### Solicitor

SOLICITOR NAME:

COMPANY NAME:

STREET ADDRESS:

SUBURB:

CITY:

WORK PHONE:

EMAIL:

### Notes:

FOR BASIC INFORMATION&NBSP;

## INCOME

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	CLIENT	PARTNER
Wages/Salary	\$ 0.00	\$ 0.00
Bonuses	\$ 0.00	\$ 0.00
Commissions	\$ 0.00	\$ 0.00
Investment Interest	\$ 0.00	\$ 0.00
Investment Dividends	\$ 0.00	\$ 0.00
Rental Income	\$ 0.00	\$ 0.00
Pension Income	\$ 0.00	\$ 0.00
Trade Income	\$ 0.00	\$ 0.00
Royalties	\$ 0.00	\$ 0.00
Business Income	\$ 0.00	\$ 0.00
Other Income	\$ 0.00	\$ 0.00
<b>Total Gross Income</b>	\$ 0.00	\$ 0.00
<b>Combined</b>	\$ 0.00	

### NET MONTHLY INCOME

Client/Applicant 1	\$ 0.00
Partner/Applicant 2	\$ 0.00
Rental Income	\$ 0.00
Other Income	\$ 0.00
<b>Total</b>	\$ 0.00

## EXPENSES

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No expenses identified.

## ASSETS

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No assets identified.

## LIABILITIES

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No liabilities identified.

## GOALS AND OBJECTIVES

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No goals and/or objectives specified.

## ESTATE PLANNING

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## Client

DO YOU HAVE A WILL?

yes

LOCATION OF WILL:

DATE OF WILL:

IS THE WILL CURRENT?

yes

EXECUTOR OF WILL?

DO YOU HAVE A FUNERAL PLAN IN PLACE?

yes

DO YOU HAVE A FAMILY TRUST IN PLACE?

PURPOSE OF TRUST?

BENEFICIARIES OF TRUST?

TRUSTEES OF THE FAMILY OF TRUST?

ARE YOU THE TRUSTEE OF A FAMILY TRUST?

yes

## Enduring Power of Attorney?

NAME

RELATIONSHIP

TYPE

Personal Care & Welfare

## Partner

DO YOU HAVE A WILL?

yes

LOCATION OF WILL:

DATE OF WILL:

IS THE WILL CURRENT?

no

EXECUTOR OF WILL?

DO YOU HAVE A FUNERAL PLAN IN PLACE?

no

DO YOU HAVE A FAMILY TRUST IN PLACE?

PURPOSE OF TRUST?

BENEFICIARIES OF TRUST?

TRUSTEES OF THE FAMILY OF TRUST?

ARE YOU THE TRUSTEE OF A FAMILY TRUST?

no

## Enduring Power of Attorney?

NAME

RELATIONSHIP

TYPE

## Notes:

FOR ASSETS:

FOR GOALS:

## EXISTING INSURANCE POLICIES

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## Client

YOU HAVE NO 'IN FORCE' PERSONAL INSURANCE POLICIES

YOU HAVE EXISTING PERSONAL INSURANCE POLICIES AND HAVE ASKED ME TO COLLECT THE LATEST INFORMATION FROM YOUR INSURER/S. YOU HAVE COMPLETED AND SIGNED THE LETTER OF AUTHORISATION FORM ATTACHED (ANNEX 1)

YOU HAVE THE FOLLOWING 'IN FORCE' PERSONAL INSURANCE POLICIES:

Note: No given existing "in force" personal insurance policies.

## Partner

YOU HAVE NO 'IN FORCE' PERSONAL INSURANCE POLICIES  
YOU HAVE EXISTING PERSONAL INSURANCE POLICIES AND HAVE ASKED ME TO COLLECT THE LATEST INFORMATION FROM YOUR INSURER/S. YOU HAVE COMPLETED AND SIGNED THE LETTER OF AUTHORISATION FORM ATTACHED (ANNEX 1)  
YOU HAVE THE FOLLOWING 'IN FORCE' PERSONAL INSURANCE POLICIES:

Note: No given existing "in force" personal insurance policies.

## RISK PLANNING - DETAILED ANALYSIS

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### Liabilities to Clear

No specified liabilities to clear.

Notes:

### Future Expenditure Required

No specified future expenditure required.

Notes:

### Future Education Expenses

#### CLIENT

% REPAID ON	% REPAID ON	% REPAID ON
DEATH:	TPD:	TRAUMA:

#### PARTNER

% REPAID ON	% REPAID ON	% REPAID ON
DEATH:	TPD:	TRAUMA:

No child specified.

Notes:

### Other Provisions

No specified other provisions.

Notes:

### Assets

No specified assets.

Notes:

### Ongoing Income

No specified ongoing income.

Notes:

## RISK PLANNING - NEEDS TABLE

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### Client Needs Table

CAPITAL NEEDS	LIFE	TPD	TRAUMA
Liabilities to Clear	0.00	0.00	0.00
Future Expenditure Required	0.00	0.00	0.00
Future Education Expense	0.00	0.00	0.00
Medical Costs/Recovery Income	0.00	0.00	0.00
Provision for Tax	0.00	0.00	0.00
Other Provisions	0.00	0.00	0.00
Other	0.00	0.00	0.00
<b>Total Capital Required</b>	0.00	0.00	0.00
CAPITAL PROVISIONS			
Disposable Assets	0.00	0.00	0.00
Continuing Income	0.00	0.00	0.00
<b>Total Capital Available</b>	0.00	0.00	0.00
INSURANCE NEEDS			
<b>Total Covered Required</b>	0.00	0.00	0.00
Existing Cover	0.00	0.00	0.00
<b>Surplus/Shortfall</b>	0.00	0.00	0.00

### Partner Needs Table



CAPITAL NEEDS	LIFE	TPD	TRAUMA
Liabilities to Clear	0.00	0.00	0.00
Future Expenditure Required	0.00	0.00	0.00
Future Education Expense	0.00	0.00	0.00
Medical Costs/Recovery Income	0.00	0.00	0.00
Provision for Tax	0.00	0.00	0.00
Other Provisions	0.00	0.00	0.00
Other	0.00	0.00	0.00
<b>Total Capital Required</b>	0.00	0.00	0.00
CAPITAL PROVISIONS			
Disposable Assets	0.00	0.00	0.00
Continuing Income	0.00	0.00	0.00
<b>Total Capital Available</b>	0.00	0.00	0.00
INSURANCE NEEDS			
<b>Total Covered Required</b>	0.00	0.00	0.00
Existing Cover	0.00	0.00	0.00
<b>Surplus/Shortfall</b>	0.00	0.00	0.00

## SCOPE OF SERVICES

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### Client

LIFE  
TRAUMA  
TPD

INCOME PROTECTION  
MORTGAGE PROTECTION  
HEALTH

IS THIS ADVICE LIMITED:

MORTGAGE PROTECTION

IF YES, WHY?:

TOPICS DISCUSSED AND NOT INCLUDED IN MY STATEMENT OF ADVICE:

### Partner

LIFE  
TRAUMA  
TPD

INCOME PROTECTION  
MORTGAGE PROTECTION  
HEALTH

IS THIS ADVICE LIMITED:

MORTGAGE PROTECTION

IF YES, WHY?:

TOPICS DISCUSSED AND NOT INCLUDED IN MY STATEMENT OF ADVICE:

## **PRIVACY DECLARATION**

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The information you have provided in this document is personal and we undertake to keep it confidential. It is sought to ensure we have sufficient information to conduct an appropriate investigation into your current financial situation, your goals, objectives and particular needs in order for us to make recommendations on a reasonable basis. We will retain this information so we can be of ongoing assistance to you. Under the Privacy Act-1993 you have the right to access, or to request correction, of any personal information held by us about you.

## **SCOPE OF SERVICE AND PRIVACY ACKNOWLEDGEMENT**

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CLIENT NAME:

PARTNER NAME:

CLIENT SIGNATURE:

PARTNER SIGNATURE:

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DATE:

2016/06/20

DATE:

2016/06/20