

Initial Data Collection Form

This form is used to gain an understanding of your current financial situation and objectives. This will ensure, if we are engaged to provide personal advice, that the advice we provide is tailored to your particular circumstances. It is therefore important that the form is completed with as much detail and accuracy as possible.

Enter your details into this form by saving it to your computer and then opening it with Adobe Reader. Or you may prefer to print the form and complete by hand. Please contact our office if you have any questions.

Personal Information

Your Details	Client 1	Client 2
Title		
Surname		
Given name(s)		
Preferred Name		
Previous Surname(s)		
Date of Birth		
Marital Status		
Residential Address		
Postal Address (If different from residential)		
Home Phone		
Business Phone		
Mobile Phone		
Preferred Contact Number		
Home Email Address		
Business Email Address		
Preferred email Address		

Family Law Matters

Please detail any outstanding or ongoing Family Law Matters.

Your Children (and other dependents)

If you have more than four dependents, please provide further details in the Additional Notes section at the end of this form.

Name (Given Name and Surname)	Relationship	Date of Birth	Financially Dependent	Dependent until Age

Current Employment Details

	Client 1	Client 2
Employment Status		
Occupation		
Job Title		
Tertiary / Trade Qualifications		
Employer (or Business Name)		
Desired Retirement Age		

Current Income

Current Annual Income (<i>per annum, before tax</i>)	Client 1	Client 2
Gross Salary (before tax, excluding superannuation)	\$	\$
Employer Super Contributions (currently minimum 11%)	\$	\$
Salary Sacrifice Super Contributions	\$	\$
Business Income	\$	\$
Annual Bonus or Profit Share	\$	\$
Other Employment Income	\$	\$
Total Employment Income	\$	\$
Rental Income (after expenses)	\$	\$
Investment Income	\$	\$
Centrelink/DVA Income	\$	\$
Family Trust Distributions	\$	\$
Any Other Income	\$	\$
Total Other Income	\$	\$
Grand Total Income	\$	\$
If this income is expected to change over the next 12 months, please indicate the change here:		

Current Expenditure (excluding mortgage and other debt repayments)

Current Expenditure Needs	
What is your current level of annual expenditure? <i>You may like to use our Household Budget Calculator</i>	\$ pa
Is this level expected to change over the next 12 months? If so, to what?	\$ pa

Superannuation

Have you changed jobs since turning 60?

Client 1

Client 2

This question has relevance to certain superannuation arrangements which we will explain during our meeting.

Retail, Industry or Employer Funds*

* Please provide a copy of your recent Superannuation Statements with this completed form.

Name of Owner	Institution	Current Balance
		\$
		\$
		\$
		\$
		\$

Self-Managed Superannuation Fund

SMSF details		
Name of fund		
Trustee	Corporate Individual	
How are SMSF funds invested? Provide balance for each investment. Current balance date:	Managed Funds	\$
	Direct Shares	\$
	Residential property	\$
	Commercial property	\$
	Cash	\$
	Other (please detail)	\$
	Total SMSF balance	\$
Client 1 balance	\$	
Client 2 balance	\$	
Additional SMSF details:		

Summary of your Assets and Liabilities*

* Please provide copies of recent Loan Statements (specifically looking for balance, term, interest rate and repayments)

	Name(s) of Owners	Purchase Price	Current Value	Liability (Amount owing)	Monthly repayment
Principal Home		\$	\$	\$	\$
Holiday Home / Land		\$	\$	\$	\$
		\$	\$	\$	\$
Motor Vehicle/s		\$	\$	\$	\$
		\$	\$	\$	\$
Boat / Marine Equipment / Caravan		\$	\$	\$	\$
		\$	\$	\$	\$
Collectibles		\$	\$	\$	\$
Business Interests		\$	\$	\$	\$
Investment Properties		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Cash		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Direct Shares (for liability column eg margin loan)		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Managed Funds (outside of superannuation) (for liability column eg margin loan)		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Trusts		\$	\$	\$	\$
		\$	\$	\$	\$
Other (please provide details)		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Other Liabilities

	Name(s) of Owners	Institution	Current Balance
Credit Cards			\$
			\$
			\$
			\$
Other Liabilities / Loans / Credit Cards (please give details)			\$
			\$
			\$
			\$

Taxation Considerations

	Client 1	Client 2
Are you an Australian resident for tax purposes?		
Are you a citizen of Australia?		
Are you a citizen of another country?		
Have you ever been declared bankrupt?		

Existing Insurance Policies*

* Please provide a copy of your most recent Insurance Policy Documents with this completed form.

Company	Type	Life Insured	Premium	Sum Insured
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Are any of these policies subject to loadings/exclusions?

If you answered 'YES' to the above, please provide details:

Please provide waiting period and benefit period details for any Income Protection policies listed above:

Health Details

	Client 1	Client 2
Current health?		
Are there any health issues which may need to be discussed at the meeting?		
Do you have Private Health Cover?		
Name of Private Health Fund		
Are you a smoker?		
Have you smoked in the last 12 months?		

Estate Planning Details

	Client 1	Client 2
Do you have a Will?		
Where is it held?		
Date of Will		
Executor(s)		
Have you appointed a Power of Attorney?		
Attorney(s)		
Other factors which may influence your Estate Planning choices? For example, previous relationships or children from previous relationships.		

Referral details

Referral	
Who referred you to FB Wealth Management?	
Relationship to you?	

Objectives

What are your objectives in seeking Financial Planning advice?

What is the key issue that prompted you to seek out financial advice?

Please detail any other financial objectives:

Current Advisers

In order to advise you, we may need to contact some of your existing professional advisers to obtain more information about your particular situation. If you are happy for us to do this, please provide their details.

Accountant		Solicitor	
Name		Name	
Company		Company	
Contact Number		Contact Number	
Address		Address	
Email address		Email address	

Please detail any additional items we should be aware of here:

For example: pending or likely inheritance, property or business sale; declining health issues that could impact retirement; interest in philanthropy.

Supporting Documents:

Please also provide your most recent copies of the following supporting documents where applicable.

- ☐ [Attitude to Risk Questionnaire](#) (complete for each person)
- ☐ Superannuation Statements (specifically looking for account balance, asset allocation, beneficiary nomination and current insurance levels within the fund).
- ☐ Investment Statements (specifically looking for balance and investment options)
- ☐ Loan Statements (specifically looking for balance, term, interest rate and repayments)
- ☐ [Household Budget Calculator](#) (optional)
- ☐ Personal Insurance Policy Documents (specifically looking for sum insured, premiums, Income Protection benefit and waiting periods).

General Advice Warning – Initial Meeting

The purpose of your initial meeting is to learn more about your financial position, personal circumstances and importantly your goals, objectives and issues. We will explain various concepts and rules that exist in the Australian financial system to improve your understanding. Any concepts or issues discussed are general in nature and:

- have not taken into consideration your objectives, financial situation or needs.
- you should consider the appropriateness of any general advice we have given you, having regard to your own objectives, financial situation and needs before acting on it.
- where the information relates to a particular financial product, you should obtain and consider the relevant product disclosure statement before making any decision to purchase that financial product.

All information is to be regarded as general advice. We would not recommend any action is taken until you have formally engaged our services. At this point we would provide “personal advice” which would be in the form of a Statement of Advice.

Acknowledgments:

- I/We have read and understood the FB Wealth Management Pty Ltd [Financial Services Guide and Privacy Statement](#) (FSG) prior to obtaining financial advice and/or recommendations.
- I/We understand that my/our personal information is being collected and recorded for the purpose of providing advice.
- I/We consent to FB Wealth Management sharing my/our personal information to any authorised third party as outlined in the FSG I/we have received.
- The information provided on this form is complete to the best of my/our knowledge. We acknowledge that advice given without full and accurate disclosure of all relevant details may not be appropriate to my/our needs.
- I/We consent to receive documents from FB Wealth Management electronically to my/our preferred email address/es.
- I/We understand that discussions with FB Wealth Management will be general advice only until I/We formally engage FB Wealth Management to provide personal advice.

Client 1 Signature		Date	
Client 2 Signature		Date	