

Contact Details

Client 1		Client 2	
Full Name	<hr/>	Full Name	<hr/>
Date of Birth	<hr/>	Date of Birth	<hr/>
Marital Status	<hr/>	Marital Status	<hr/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	<hr/>	Occupation	<hr/>
Residential Address	<hr/>	Residential Address	<hr/>
Postal Address	<hr/>	Postal Address	<hr/>
Phone	<hr/>	Phone	<hr/>
Mobile	<hr/>	Mobile	<hr/>
Email	<hr/>	Email	<hr/>
Preferred Method of Contact	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email	Preferred Method of Contact	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email

Referral Details

Referred by

Company

Your Information

Client 1		Client 2	
Full Name	_____	Full Name	_____
Tax File Number	_____	Tax File Number	_____
Employer	_____	Employer	_____
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Employee		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Employee
Employment	<input type="checkbox"/> Self Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Retired <input type="checkbox"/> Home Duties	Employment	<input type="checkbox"/> Self Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Retired <input type="checkbox"/> Home Duties
Occupation	_____		_____
Occupation Duties (%)	_____		_____
Education/Experience	_____	Education/Experience	_____
Income – Salary, Drawings, Bonuses, Profits	\$ _____	Income – Salary, Drawings, Bonuses, Profits	\$ _____

Health

Client 1		Client 2	
Current Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Other:	Current Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Other:
Medication	_____	Medication	_____
Height / Weight	_____	Height / Weight	_____
Smoker/Non Smoker	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker	Smoker/Non Smoker	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker
Hazardous Pursuits	_____	Hazardous Pursuits	_____
Family Hereditary Illnesses	_____	Family Hereditary Illnesses	_____

Dependants/Children

	1	2	3	4	5
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Full Name _____

Address _____

Date of Birth _____

	<input type="checkbox"/> Male				
Gender	<input type="checkbox"/> Female				

Relationship _____

	<input type="checkbox"/> Yes				
Dependant?	<input type="checkbox"/> No				

	<input type="checkbox"/> Yes				
Special Needs	<input type="checkbox"/> No				

Grandchildren?
Names & Ages _____

NOTES ON ALL CHILDREN AND DEPENDANTS: (eg details of deceased children or non-biological children)



Insurance Cover details

- Current Statement/s provided
- Authority to obtain current information
- See below for Current Information

Life Policy 1

Person Insured _____

Insurer _____

Policy Number _____

Sum Insured – Life, Trauma and TPD \$ _____

Income Protection _____

Monthly Benefit \$ _____

Waiting Period _____

Benefit Period _____

Life Policy 2

Person Insured _____

Insurer _____

Policy Number _____

Sum Insured – Life, Trauma and TPD \$ _____

Income Protection _____

Monthly Benefit \$ _____

Waiting Period _____

Benefit Period _____

Life Policy 3

Person Insured _____

Insurer _____

Policy Number _____

Sum Insured – Life, Trauma and TPD \$ _____

Income Protection _____

Monthly Benefit \$ _____

Waiting Period _____

Benefit Period _____

Life Policy 4

Person Insured _____

Insurer _____

Policy Number _____

Sum Insured – Life, Trauma and TPD \$ _____

Income Protection _____

Monthly Benefit \$ _____

Waiting Period _____

Benefit Period _____

Data Collection

Your Insurance Details

Assets & Liabilities

- Spreadsheet Provided
- Obtain information from Third Party
- See information below

<i>Personal Assets</i>		Owner	Value	Debt	Comments
Principal Home		_____	_____	_____	_____
Cash/Savings		_____	_____	_____	_____
Credit Card		_____	_____	_____	_____
Interest free card		_____	_____	_____	_____
Motor Vehicles		_____	_____	_____	_____
Motor Vehicles		_____	_____	_____	_____
<i>Investment Assets</i>					
Property/s	1	_____	_____	_____	_____
	2	_____	_____	_____	_____
	3	_____	_____	_____	_____
Shares	1	_____	_____	_____	_____
	2	_____	_____	_____	_____
	3	_____	_____	_____	_____
Superannuation		_____	_____	_____	_____
Life Insurance		_____	_____	_____	_____
<i>Business Assets</i>					
1		_____	_____	_____	_____
2		_____	_____	_____	_____
3		_____	_____	_____	_____



Professional Contacts

Accountant

Name _____

Company _____

Phone Number _____

Email _____

Financial Planner

Name _____

Company _____

Phone Number _____

Email _____

Any other Professional Contact

Name _____

Company _____

Phone Number _____

Email _____

Acknowledgement and Declaration

Client Declaration

- I/We declare that the information provided in this document is complete and accurate to the best of my/our knowledge;
- I/We understand that where relevant information has NOT been provided or limited information has been provided, any recommendations made may not be appropriate for my/our needs;
- I/We have been made aware of Succession Matters Privacy Policy and consent to the process of collection, storage, verification use and disclosure of my/our personal information outlines in that policy;
- I/We have been provided with a copy of current version of Succession Matters Financial Services Guide before any advisory services were provided;
- I/We provide authority to obtain information from a third party, where it relates to the preparation of any advice documents;
- I/We authorise Succession Matters, to hold my/our Tax File Number in a secure location and use it for the purposes/documents related to financial service product and strategy recommendations, in accordance with legislative requirements.

Client 1

Client 2

Print Name

Date

Adviser Declaration

I have provided you with a copy of the current version of Succession Matters Financial Services Guide prior to any financial service products and strategy recommendations being made and personal and sensitive information being collected. I have offered you the choice of obtaining a copy of our privacy policy.

Print Name

Date
