



Quinn Financial Planning Pty Ltd.

## Client Data Collection Form

### Important Notice to Customers

The Corporations Law requires that a Financial Planner making financial product recommendations must have reasonable grounds for making those recommendations. This means that a Financial Planner must conduct appropriate investigations as to the financial objectives, situation and particular needs of the customer. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

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### Privacy Statement

This Client Data Collection Form is strictly confidential between you and:

**Quinn Financial Planning Pty Limited**

**PO Box 200**

**Penshurst NSW 2222**

**ABN: 22 093 357 683**

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### **PRIVATE AND CONFIDENTIAL**

**Client Name:**

**Financial Planner: Tim Hobart / Peter Quinn**

**Date of initial interview:**

### Disclaimer

The information contained in this document is for the exclusive use of Quinn Financial Planning Pty Ltd. Any use or copying of this information is prohibited unless prior written consent has been provided by the management of Quinn Financial Planning .



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# Key

## Key Details

Item	Description
Primary Client Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> De-Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Mark "X" only in one of the above box
Reference	
Preferred Communication	<input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax Mark "X" only in one of the above box
Liquidity Requirement ( \$ )	
Retirement Income Requirement ( \$ )	

## Personal Details

	Client 1	Client 2
Title		
Given Name		
Surname		
Sex (M / F)		
Date of Birth (dd/mm/yyyy)		
Age To Retire		
Private Health Insurance (Y/N)		
Risk Profile		

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### Contact Details

	Client 1	Client 2
<b>Address Type</b>	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Mark "X" only in one of the above box	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Mark "X" only in one of the above box
<b>Street 1</b>		
<b>Street 2</b>		
<b>Suburb</b>		
<b>State</b>		
<b>Postcode</b>		
<b>Phone (w)</b>		
<b>Phone (h)</b>		
<b>Phone (m)</b>		
<b>Fax</b>		
<b>Email (primary)</b>		
<b>Email (secondary)</b>		

### Employment Details

	Client 1	Client 2
<b>Occupation Type</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Un-employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Applicable Mark "X" only in one of the above box	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Un-employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Applicable Mark "X" only in one of the above box
<b>Occupation</b>		
<b>Employer</b>		
<b>Date Commenced Current Employment (dd/mm/yyyy)</b>		

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### Child Details

Child's Name	Date Of Birth (dd/mm/yyyy)	Sex (M / F)	Financially Dependent (Y / N)	Dependent Til Age	Income

### Estate Details

	Client 1	Client 2
Last Review Date (dd/mm/yyyy)		
Next Review Date (dd/mm/yyyy)		
Importance of Estate Planning? Mark "X" only in one of the above box	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Do you have a Will? (Y / N)		
Is the Will current? (Y / N)		
What is the date of the Will? (dd/mm/yyyy)		
Where is the Will located?		
Does the Will include provision for a testamentary trust? (Y / N)		

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**Executors**

Entity (Select one only)		First Name	Surname	Relationship
Client	Spouse			

**Beneficiaries**

Entity (Select one only)		First Name	Surname	Age of Entitlement	Portion of Estate (%)
Client	Spouse				

**Power of Attorney**

Entity (Select one only)		Type of PoA (Select one only)			First Name	Surname	Relationship	Expiry Date (dd/mm/yyyy)	Last Reviewed (dd/mm/yyyy)	Location
Client	Spouse	Enduring	Medical	Normal						

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### Other Details

	Client 1	Client 2
<b>Health</b> <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor Mark "X" only in one of the above box	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor Mark "X" only in one of the above box	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor Mark "X" only in one of the above box
<b>Smoker ( Y / N )</b>		
<b>Australian Resident ( Y / N )</b>		
<b>No. years in Australia</b>		

### Objectives

- Tax Effective Wealth Accumulation
  - Target Retirement at Age of \_\_\_\_\_
  - Target Retirement Income of \_\_\_\_\_ pa after tax
  - Convenient Investment Management
  - Consider Risk and Return
  - Portfolio Diversification
  - Portfolio Liquidity of \_\_\_\_\_
  - Planned Capital Expenditure
  - Wealth Accumulation for Retirement
  - Retirement Investment Timeframe
  - Tax Effectiveness
  - Achieve Capital Growth
  - Investment Flexibility
-



### Other Objectives

Entity	Objective Description

### Entities

**Self Managed Super Fund**

Name	Trustee Type (Select one only)			Investment Strategy Held  ( Y / N )	Superfund Members
	Approved Trustee	All members are trustees	Corporate Trustee		

**Company**

Name	Company Purpose (Select one only)						No. Employees	Shareholders	Include in Advice ( Y / N )
	Business	Consulting	Investment	Creditor Protection	Holding	Other			

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**Trust**

Name	Trust Type (Select one only)					Trustee	Beneficiaries	Include in Advice ( Y / N )
	Discretionary	Testamentary	Fixed	Hybrid	Other			

**Professional Advisers**

**Professional Adviser**

Type (Select one only)				Name	Company	Address	Phone
Solicitor	Accountant	Insurance Adviser	Other				

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**Referral Source**

Type (Select one only)					First Name	Surname	Company	Address	Phone
Solicitor	Accountant	Insurance Adviser	Existing Client	Other					

**Comments**

Comments

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## Financial Details

### Cashflow

#### Annual Income

	Client 1	Client 2
<b>Annual Income</b>		
Employment income ( \$ )		
Bonus / Commission ( \$ )		
Other taxable income ( \$ )		
Other non-taxable income ( \$ )		
Other non-taxable Centrelink exempt income ( \$ )		
<i>Centrelink/DVA (taxable) ( \$ )</i>		
<i>Centrelink/DVA (non taxable) ( \$ )</i>		
<i>Investment (unfranked) ( \$ )</i>		
<i>Investment (franked) ( \$ )</i>		
Reportable fringe benefits ( \$ )		
Tax deductible expenses ( \$ )		

#### Annual Expenses

	Joint
Housing ( \$ )	
Personal ( \$ )	
Transport ( \$ )	
Entertainment ( \$ )	
Dependants ( \$ )	
<i>Loans ( \$ )</i>	
<i>Insurance ( \$ )</i>	

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Client Data Collection Form



Centrelink Details

Comment [SS1]: Will not get imported

Item	Client 1	Client 2
Claiming Tax Initiative through	<input type="checkbox"/> Unknown <input type="checkbox"/> Client <input type="checkbox"/> Spouse Mark "X" only in one of the above box	<input type="checkbox"/> Unknown <input type="checkbox"/> Client <input type="checkbox"/> Spouse Mark "X" only in one of the above box
Home Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No Mark "X" only in one of the above box	<input type="checkbox"/> Yes <input type="checkbox"/> No Mark "X" only in one of the above box
Value of gifted assets in the last 5 years		
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No Mark "X" only in one of the above box	<input type="checkbox"/> Yes <input type="checkbox"/> No Mark "X" only in one of the above box
Other Support		



**Applicable Centrelink Payments**

**Comment [SS2]:** Will not get imported

Benefit Type	Tax Status	Family (If Yes, Mark 'X' in the box)	Client (If Yes, Mark 'X' in the box)	Spouse (If Yes, Mark 'X' in the box)
Age Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Disability Support Pension	Either		<input type="checkbox"/>	<input type="checkbox"/>
DVA Invalidation Service Pension	Either		<input type="checkbox"/>	<input type="checkbox"/>
DVA Service Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Family Tax Benefit Part A	Non taxable	<input type="checkbox"/>		
Family Tax Benefit Part B	Non taxable	<input type="checkbox"/>		
Mature Age Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Newstart Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Sole Parent Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Partner Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Sickness Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Special Benefit	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Widow Allowance	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Widow B Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Wife Pension	Taxable		<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>





**Loans**

**Comment [SS3]:** Will not get imported

Liability	Amount ( \$ )	Owner	Lender	Interest Rate ( % )	Repayment ( \$ )
<b>Total</b>					

**Investment Assets**

**Comment [SS4]:** Will not get imported

Investment Assets - Non-Superannuation	Current Value	Owner	Regular Investment / Withdrawals
<b>Total</b>			

Investment Assets - Superannuation	Current Value	Owner	ESD	Components	Contributions
<b>Total</b>					

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### Lifestyle Assets

Owner (Select one only)		Description	Current Value (\$)
Client	Spouse		

### Insurance

**Comment [SS5]:** Will not get imported

Policy Type	Level of Cover	Insured	Premium

### RBL Details

	Client 1	Client 2
RBL to Apply	<input type="checkbox"/> Lumpsum <input type="checkbox"/> Pension Mark "X" only in one of the above box	<input type="checkbox"/> Lumpsum <input type="checkbox"/> Pension Mark "X" only in one of the above box
Transitional RBL : Lumpsum ( \$ )		
Transitional RBL : Pension ( \$ )		
15/2/1990 Balance ( \$ )		
Qualifying Benefit Previously Received ( \$ )		
Post '83 Tax Free Amt Previously Received ( \$ )		



**Annuities**

**Comment [SS6]:** It not get imported

Owner	Product	Purchase Date	ESD	RCV	Reversionary ( Y / N )	Current Balance	Annuity Amount	Indexation

**Termination Payments**

**Annual Leave**

Owner (Select one only)		Description	ETP Date ( dd / mm / yyyy )	Amount ( \$ )	Leave Type	
Client	Spouse				Normal	Special

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**Redundancy**

Owner (Select one only)		Redundancy Type (Select one only)				ETP Date (dd/ mm/yyyy)	Eligible Service Date (dd/mm/yyyy)	Amount
Client	Spouse	Redundancy	Ex-Gratia	Golden Handshake	Other			

**Long Service Leave**

Owner (Select one only)		Description	ETP Date (dd/mm/yyyy)	Eligible Service Date (dd/mm/yyyy)	Amount (\$)	Leave Type	
Client	Spouse					Normal	Special

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## Defined Benefits

Owner (Select one only)		Description	Accrued Multiple (#)	Accrual Rate (%)	Super Salary (\$)
Client	Spouse				

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