

FINANCIAL PLANNING CLIENT DATA COLLECTION

APPLICANT1

APPLICANT 2

| | | | I | | |
|--|-----------------|-----------------|--|-----------------|----------|
| Surname: | | | Surname: | | |
| First name: Middle Name: | | | First name: Middle Name: | | |
| Are you renting: Yes No Rental Amount: | | | Are you renting: Yes No Rental Amount: | | |
| Current Address: | | | Current Address: | | |
| State: Postcode: | | | State: Postcode: | | |
| Date moved in: | | | Date moved in: | | |
| Postal Address: | | | Postal Address: | | |
| State: Postcode: | | | State: Postcode: | | |
| Date of Birth: | | | Date of Birth: | | |
| Country of Birth: | | | Country of Birth: | | |
| Marital Status: Date of Marriage | | Marital Status: | | | |
| TFN number: | | | TFN number: | | |
| Are you an Australian Resid | ent? | □Yes □No | Are you an Australian Resi | dent? | □Yes □No |
| Have you previously seen a if so please provide details | n adviser? | □Yes □No | Have you previously seen a if so please provide details | an adviser? | □Yes □No |
| Name: | | | Name: | | |
| Driver's Licence No: | Expiry Date: | | Driver's Licence No: | Expiry Date: | |
| Date of Issue: | State: | | Date of Issue: | State: | |
| Medicare Card No: | Expiry Date: | | Medicare Card No: | Expiry Date: | |
| Mobile No: | | | Mobile No: | | |
| Home Phone No: | | | Home Phone No: | | |
| Email: | | | Email: | | |
| No. of Dependants: | Ages: | | No. of Dependants: | Ages: | |
| Name: | DOB: | | Name: | DOB: | |
| Name: | DOB: | | Name: | DOB: | |
| Name: | DOB: | | Name: | DOB: | |
| Name: | DOB: | | Name: | DOB: | |
| Smoker: | General Health: | | Smoker: | General Health: | |
| Hobbies: | | | Hobbies: | | |
| | | | | | |

| CURRENT EMPLOYMENT | CURRENT EMPLOYMENT |
|-----------------------|-----------------------|
| Occupation: | Occupation: |
| Name of Employer: | Name of Employer: |
| Employer Address: | Employer Address: |
| Phone No: Start Date: | Phone No: Start Date: |

| Do you have private health insurance? (if Yes) | □Yes □No | Do you have private health insurance? (if Yes) | □Yes □No | |
|---|----------|---|----------|--|
| What Policy Number? | | What Policy Number? | | |
| Amount per Month | | Amount per Month | | |
| Details of any major surgery? | | Details of any major surgery? | | |
| Do you have a will? | □Yes □No | Do you have a will? | □Yes □No | |
| What is the date of it? | | What is the date of it? | | |
| Where is it located? | | Where is it located? | | |
| Who is the executor of the will? | | Who is the executor of the will? | | |
| Do you have granted powers of attorney? | □Yes □No | Do you have granted powers of attorney? | □Yes □No | |
| Do you have a health care directive? | □Yes □No | Do you have a health care directive? | □Yes □No | |
| Have you nominate a beneficiary for your super? | □Yes □No | Have you nominate a beneficiary for your super? | □Yes □No | |
| Name of who you have nominated? | | Name of who you have nominated? | | |
| Who is your super with? | | Who is your super with? | | |
| What is the policy number? | | What is the policy number? | | |
| Do you have life insurance? | □Yes □No | Do you have life insurance? | □Yes □No | |
| Who is it with? | | Who is it with? | | |
| Policy number: | | Policy number: | | |
| Do you have income protection? | □Yes □No | Do you have income protection? | □Yes □No | |
| Who is it with? | | Who is it with? | | |
| Policy number: | | Policy number: | | |
| Do you have trauma cover? | □Yes □No | Do you have trauma cover? | □Yes □No | |
| Who is it with? | | Who is it with? | | |
| Policy number: | | Policy number: | | |
| What are you seeking advice for? | | What are you seeking advice for? | | |
| Salary Sacrificing | □Yes □No | Salary Sacrificing | □Yes □No | |
| Super | □Yes □No | Super | □Yes □No | |
| Investment Advice | □Yes □No | Investment Advice | □Yes □No | |
| Retirement | □Yes □No | Retirement | □Yes □No | |
| Transition to Retirement | □Yes □No | Transition to Retirement | □Yes □No | |
| Wealth Protection | □Yes □No | Wealth Protection | □Yes □No | |
| Tax Minimisation | □Yes □No | Tax Minimisation | □Yes □No | |
| Estate Planning | □Yes □No | Estate Planning | □Yes □No | |
| Budget and Debt Management | □Yes □No | Budget and Debt Management | □Yes □No | |
| Cash Flow Management | □Yes □No | Cash Flow Management | □Yes □No | |
| Complete Business Succession Plan | □Yes □No | Complete Business Succession Plan | □Yes □No | |
| Buy Sell Agreement | □Yes □No | Buy Sell Agreement | □Yes □No | |
| Ongoing Review of your Investments and Financial Plan | □Yes □No | Ongoing Review of your Investments and Financial Plan | □Yes □No | |
| Wealth Creation | □Yes □No | Wealth Creation | □Yes □No | |





SD Life Wealth Corporate \$D Authorised Representative 449880 AFSL 238429

Sally Dixon \$D Financial Services of RI Advice Group Pty Ltd ABN 23 001 774 125 Pty Ltd ACL 377276

@www.sdloansandleasing.com.au, www.sdgroupofcompanies.com.au