

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	





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