



FPA
PRINCIPAL MEMBER

SELBY WESTHORPE FINANCIAL SOLUTIONS PTY LTD

ABN 77 079 165 030

AUSTRALIAN FINANCIAL SERVICES LICENCE NO 230418

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CONFIDENTIAL CLIENT INFORMATION

Client Name
Date
Representative/ Adviser
Has FSG been provided to client?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Important Notice to Client:** The Corporations Law requires that an adviser making investment recommendations must have reasonable grounds for making those recommendations. This means that an adviser must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the client. 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.

PERSONAL DETAILS

	YOURSELF	PARTNER (if applicable)
Surname
First Names
Date of Birth
Anticipated Retirement Date
Occupation
Marital Status
Employment Status	<input type="checkbox"/> Self Employed <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Self Employed <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Employment/Business Name
Employment/Business Address
Business Telephone
Home Address
Home Telephone

ALL DEPENDENTS/ NON DEPENDENTS

(include current and previous relationships)

Name	Date of Birth	Sex F/M	Support required to age
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PENSIONS

Are you and/or your partner eligible to receive a government pension/allowance?

If Yes, what type of Pension for yourself?

- Aged Widows Sole Parent Invalid Job Search Veterans

If Yes, what type of Pension for partner?

- Aged Widows Sole Parent Invalid Job Search Veterans

ASSETS & LIABILITIES

	Assets (\$)	Liabilities (\$)	Ownership
Principal Residence	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Cash and Bank Deposits	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Motor Vehicles	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Motor Vehicles	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Investment Property	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Investment Property	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Home Contents	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Business Interests	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Shares and Debentures	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Shares and Debentures	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Shares and Debentures	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Surrender value of Traditional life insurance	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Collectables	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Superannuation Client	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Client	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Superannuation Partner	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Partner	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Caravan/Boat	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Holiday Home	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Recreational Property	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Other Assets	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Other Assets	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Personal Loans/Overdrafts, etc	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Credit Cards, etc	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Credit Cards, etc	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Other Liabilities	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
Other Liabilities	<input type="checkbox"/> Yourself <input type="checkbox"/> Partner
TOTALS	.....(A)	.....(L)	
NET ASSETS	
(A)-(L) = \$			

MONTHLY INCOME AND EXPENDITURE

	YOURSELF (\$)	PARTNER (\$)
Gross Salary/Pension
Investment Income
Personal Income
Other Income
TOTAL INCOME
Income Tax
Net Income
EXPENDITURE
Rent/Mortgage
Household Expenses (Food Power Insurance Rates ect)
Motor Vehicle Expenses
Medical/Education
Clothing/Entertainment
Super/Life Contributions
Business Expense
Personal Loans/Credit Cards
Other Expenses
TOTAL EXPENDITURE
Monthly Income Surplus/Deficit (Income Less Expenditure)		
Extraordinary Expenses
Your minimum income required
Surplus income for savings/gearing

HEALTH DETAILS

	YOURSELF	PARTNER
Health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any insurance accepted on modified terms?	.....	.....
Does any family member have any health conditions that may affect current or future financial planning considerations?	.....	.....

EXISTING INSURANCE DETAILS

LIFE, TPD & TRAUMA

	YOURSELF	PARTNER
Insurance Company
Policy No
Date Started & Owned by
Life Cover Amount
TPD Cover Amount
Trauma Cover Amount
Premium
Insurance Company
Policy No
Date Started & Owned by
Life Cover Amount
TPD Cover Amount
Trauma Cover Amount
Premium

**INCOME REPLACEMENT,
BUSINESS EXPENSE**

YOURSELF

PARTNER

Insurance Company

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Policy No

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Date Started & Owned by

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Monthly Benefit

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Waiting Period

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.....

Benefit Period

.....

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Extras

.....

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Premium

.....

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Insurance Company

.....

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Policy No

.....

.....

Date Started & Owned by

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Monthly Benefit

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Waiting Period

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Benefit Period

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Extras

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Premium

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SUPERANNUATION DETAILS

	YOURSELF	PARTNER (If Applicable)
Fund Name
Type of Fund
Earliest Services Date (ETP)
Contributions		
-S.G.C
-Other Employer
-Salary Sacrifice
-Personal (undeducted)
-Personal (deducted)
Life Cover
Current Value
Transfer Value
Policy Numbers
Undeducted Amount
Does a Binding Nomination of Beneficiaries apply?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ESTATE PLANNING

Do you have –	YOURSELF	PARTNER (If Applicable)
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Reviewed	.....	.....
Enduring Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funeral Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Funeral Plan	.....	.....
Estate Planning Objectives	(Please consider non-dependent children from another relationship)	
	
	
	

RETIREMENT EXPECTATIONS

	YOURSELF	PARTNER
Retire at Age
Income Desired
Income Expected
After retirement, do you intend to work again either on a full or part time basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what do you intend to do?
& what income do you expect to earn?

FULL ADVICE

I/We seek full financial advice.

I/We choose to complete all areas of this document and agree to provide you with all relevant information.

OR LIMITED ADVICE

I/We only require limited advice on:

(With limited advice, you must consider at all times whether the recommendations are appropriate for your circumstances.)

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DECLARATIONS

The information set out in this form and any supplementary pages accurately represents my/our investment objectives, financial situation and particular needs. I/We are not aware of any other information that may be relevant to the preparation of my/our statement of advice. I/We understand that the financial plan and any recommendations will be based solely on the information supplied on this form and acknowledge that any incomplete information is incomplete solely at my/our direction and that the plan may need to be amended if not implemented within the time frame specified in the plan.

I/We have received a Financial Services Guide from my/our adviser prior to any investment recommendations.

I/We request you to analyse my/our stated financial situation, goals and objectives and prepare strategies to suit my/our stated situation, goals and objectives and document these in a financial plan.

If applicable, I/We request you to limit you advice as noted on page 1 and within this form, and acknowledge that the advice may not be as appropriate as if full information was supplied and that I/we assume all risks in this regard.

YOURSELF

PARTNER

Signature/s

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Name

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Date

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Adviser's Name

John Selby

Adviser's Signature

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Date

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Adviser's Name

Michelle T Westhorpe

Adviser's Signature

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Date

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