

**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 and the Privacy Policy been provided to client? Yes No
Version 14 Dated 10 October 2023

***Important Notice to Client:** The Corporations Act 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. Any financial planning advice provided will be made in accordance with the requirements of the Corporations Act and APES 230.

REASONS FOR SEEKING ADVICE

Please advise what your initial reasons are for seeking advice.

GOALS AND OBJECTIVES

Please outline what your goals and objectives are and the time frame.

Goal and objectives	Owner	Time Frame	Amount	Priority
e.g. I would like to retire by age 65	Yourself	Age 65	\$40,000pa	High

SCOPE OF ADVICE

I/We only require advice on the following:

Areas of advice			
Consolidation of Super		Cash flow management	
Superannuation Contributions		Debt management	
Retirement income		Social security	
Investment Advice		Aged care	
Personal Insurance		Estate planning	
Gearing		Self Managed Superannuation Fund	

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

PERSONAL DETAILS

Your details

	YOURSELF	PARTNER
Title		
Surname		
Given name		
Date of birth		
Gender	Male Female	Male Female
Marital status		
Australian resident	Yes No	Yes No
If no, country of residency		
Australian citizen	Yes No	Yes No
If no, country where citizenship held and visa details		
Tax Identification Number (TIN) (if applicable)		
Tax File Number (TFN)		

Contact details

	YOURSELF	PARTNER
Residential address		
Residential Address		
Postal Address		
Home phone		
Mobile		
Email		

Employment details

	YOURSELF		PARTNER	
Occupation/Title				
Employer name				
Employment Status				
If part-time, how many hours?				
If self-employed, what structure?	Trust Sole Trader	Company Partnership	Trust Sole Trader	Company Partnership

Children and/or other dependants - current and expected

Full name	Date of birth	Gender	Relationship	Dependant	Dependant to
		M F		Yes No	
		M F		Yes No	
		M F		Yes No	
		M F		Yes No	

Associated entities

Do you have any of the following structures?		Self-Managed Superannuation Fund (SMSF) Trust structure Company structure Partnership structure
<i>If Yes, please provide details:</i>		
Who are the beneficial owners of the entity and what percentage do they own?		
Do you have any overseas investments or are you involved in a foreign overseas business?	Yes	No
Do you have any business relationships or are you associated with any Political Exposed Person (PEP)?	Yes	No
(For example: federal or state minister of parliament, senior government official, High ranking member of the armed forces, are you in a prominent public position in a government body)		

GOVERNMENT PENSIONS

	YOURSELF	PARTNER
What benefits do you currently receive from Centrelink/DVA/Family Assistance?		
Do you intend to apply for any Centrelink/DVA/Family Assistance payments in the near future?	Yes No	Yes No
Have you 'gifted' any assets in the last five years?	Yes No	Yes No
Do you hold a current Seniors Card or Health Card?	Yes No	Yes No
If Yes to any of the above questions add additional details:		

ASSETS & LIABILITIES

Current position analysis

Assets	Description	Owner	Current balance (\$)
Primary residence			
Household contents			
Motor vehicle			
Cash at bank			
Term deposits			
Managed funds			
Direct shares			
Investment property			
Superannuation			
Superannuation			
Superannuation			
Superannuation			
Total assets			\$

Please provide a copy of each of your superannuation statements.

Liabilities	Description including interest rate and remaining term	Owner	Outstanding balance (\$)
Home loan			
Motor vehicle(s)			
Investment loan(s)			
Total liabilities			\$

ANNUAL INCOME AND EXPENDITURE

Annual income and expenses

Income type	YOURSELF	PARTNER
Gross annual income e.g. salary/wages	\$	\$
Gross annual business income e.g. Profit before tax	\$	\$
Gross annual investment income	\$	\$
Rental income	\$	\$
Total income	\$	\$
Expenses		
Living expenses e.g. consumables, transport, health, housing	\$	\$
Home loan or rent	\$	\$
Credit cards	\$	\$
Personal loans	\$	\$
Investment loans	\$	\$
Total expenses	\$	\$
Gross annual surplus/(deficit) cash flow	\$	

INSURANCE DETAILS

Current insurance details including any within superannuation

Insurance Information	YOURSELF	PARTNER
Life insurance	\$	\$
Total and Permanent Disability Insurance	\$	\$
Income Protection insurance	\$	\$
Trauma insurance	\$	\$

Please provide a copy of each of your insurance documents.

HEALTH DETAILS

	YOURSELF	PARTNER
What is your current health status?	Poor Fair Good Very good Excellent	Poor Fair Good Very good Excellent
Are you a smoker?	Yes No	Yes No
Do you have health insurance?	Yes No	Yes No
Have you ever had insurance denied or accepted on modified terms?	Yes No	Yes No
If yes, please provide details		
Has any member of your immediate family have any health conditions that may affect current or future financial planning considerations?	Yes No	Yes No

ESTATE PLANNING

	YOURSELF		PARTNER	
Is there a Will in place?	Yes	No	Yes	No
If yes, location held?				
Date executed?				
Who is the Executor of your Will?				
Is there Power of Attorney (PoA) in place?	Yes	No	Yes	No
If yes, what type?	Enduring General	Medical Guardianship	Enduring General	Medical Guardianship
Who would you like to leave your estate to?				

INVESTMENT CONSIDERATIONS

YOURSELF	PARTNER	
Do you have a preference to access specific investments?		
		No particular preference
		Access to direct shares or ETFs
		Access to alternative investments
		Access to term deposits
		Access to ethical-socially responsible investments
		Investment transparency – ability to view the underlying investments
		Large range of investment managers and styles
Are product costs and fees an important consideration?		
		Lowest cost is primary goal
		Seeking value for money
		Willing to pay for relevant features
		Ability to pay for advice via the fund/platform
Which of the following have you previously invested in (you can select more than one answer):		
		Term deposits/savings accounts
		Managed funds
		Direct shares
		Investment property
		Own home
		An investment you have borrowed for other than property
If your goals are unlikely to be met, please indicate which options you would consider:		
		Save more (spend less)
		Downsize lifestyle assets
		Increase your income resources – e.g. work longer
		Increase your investment risk
		Borrow to invest
		Revise your goals
Additional details: Is having a non-lapsing binding death benefit nomination available within a product important to you?		

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, read and understood the Financial Services Guide which has been provided from my/our adviser prior to any recommendations being made.

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 (Statement of Advice).

If applicable, I/we request you to limit your advice as noted within this form, and acknowledge that the advice may not be as appropriate as if full advice was provided and that I/we will assume all risks in this regard.

Your privacy and confidentiality

■ I/We give permission for the information provided in this Client Information Form, any Statement of Advice document or related document or file note to be disclosed to and used by those who will be involved in providing, implementing or reviewing financial advice to me/us, including:

- Selby Westhorpe Financial Solutions Pty Ltd,
- Financial product providers that my financial adviser recommends to me/us,
- Service providers (including offshore providers) engaged to provide financial planning-related services including but not limited to para-planning, compliance, administration, estate planning and financial services software, and
- Companies involved in communicating the information in this Client Information Form to any of the above parties, such as by electronic mail services, cloud storage services and/or document creation services.
- My/our permission extends to electronic communication of the information provided in this Client Information Form and for record keeping purposes.
- Centrepoint Alliance or the Financial Planning Association. Our files may be subject to review/audit as part of the quality control review program of these entities which monitors our compliance with professional standards. The same strict confidentiality requirements apply under these programs as apply to us.
- If you have a Self Managed Superannuation Fund, the auditor of the Self Managed Superannuation Fund.

■ I/we give permission for the information provided in this Client Information Form to also be disclosed to the following people/parties (e.g. name of our spouse / solicitor / accountant)

YOURSELF

PARTNER

Company Name

Contact Name

Phone Number

Email Address

Authority to Contact

Yes No

Yes No

Tax File Number Authorisation (TFN)

If you have quoted your tax file number:

I/we authorize Selby Westhorpe and its staff to keep my TFN on their files but to use it for legal purposes only.

I/we give permission for our TFN to be collected and retained by my adviser and the Licensee in order to provide me with financial services, and/or for social security eligibility reasons.

I/we understand that:

- my TFN may need to be provided to authorised recipients of TFNs under the Superannuation Industry (Supervision) Act 1993, the Retirement Savings Accounts Act 1997 and/or under taxation legislation or social security laws, and
- while it is not an offence to refuse to disclose our TFN, non-disclosure can delay the provision of those financial services and/or may result in taxation implications.

Tax File Number/s:

YOURSELF

PARTNER

Signature/s

Name

Date

Adviser's Signature

Adviser's Name

Michelle T Westhorpe

Date

Adviser's Signature

Adviser's Name

Date