CATALYST
FINANCIAL GROUP

guiding you to financial freedom

All Correspondence to:
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CLIENT FACT FIND

Private & Confidential

Client 1 Name: ____

Client 2 Name: ____

Date: ______ / _______ / ________

LONSDALE

LONSDALE FINANCIAL GROUP LIMITED
ABN 76 006 637 225
AUSTRALIAN FINANCIAL SERVICES LICENSEE
LICENCE NUMBER 246934

Personal Details

	Client 1	Client 2
Title		
Surname		
Given Names		
Date of Birth	/ /	/ /
Marital Status/Relationship	Married ☐ Single ☐ Defacto ☐ Widowed / er ☐ Divorced ☐ Seperated ☐	Married ☐ Single ☐ Defacto ☐ Widowed / er ☐ Divorced ☐ Seperated ☐
Private Health Insurance	Yes ☐ No ☐	Yes ☐ No ☐
Tax File Number (TFN)		

Contact Details

	Client 1	Client 2
Residential Address		
Postal/Mailing/Other Address (if different from above)		
Home Phone		
Home Fax		
Home E-mail		
Mobile		
Business Phone		
Business Fax		
Business E-mail		
Preferred Contact	**Phone** Home ☐ Mobile ☐ Business ☐ **Email** Home ☐ Business ☐	**Phone** Home ☐ Mobile ☐ Business ☐ **Email** Home ☐ Business ☐

Professional Advisers

Do you have any of the following professional advisers that support you?

Professional adviser	Name	Company
Accountant		
Solicitor		
Financial Adviser		
Stock Broker		
Mortgage Broker		
Personal / Business Banker		

Occupation Details

	Client 1	Client 2
Occupation	______________	______________
Self Employed	Yes ☐ No ☐	Yes ☐ No ☐
Employment Status	Full Time ☐ Retired ☐ Part Time ☐ Not Working ☐ Casual ☐ Home Duties ☐	Full Time ☐ Retired ☐ Part Time ☐ Not Working ☐ Casual ☐ Home Duties ☐
Employer / Business Name	______________	______________
Net Salary (Before tax and excluding superannuation)	______________	______________
Are you currently salary packaging (eg. super, car, home loan etc.) with this employer.	Yes ☐ No ☐	Yes ☐ No ☐
Do you expect your employment situation to change within the next 12 months	Yes ☐ No ☐	Yes ☐ No ☐

Notes

Family Members & Other Entities

	Client 1	Client 2
Do you have any children?	Yes ☐ No ☐	Yes ☐ No ☐
Are there any other individuals that you live with or have responsibility for (i.e. parents or grandparents)?	Yes ☐ No ☐	Yes ☐ No ☐

Children / Other Individuals of Importance	Date of Birth	Financially Dependent?
	/ /	Yes ☐ No ☐
	/ /	Yes ☐ No ☐
	/ /	Yes ☐ No ☐
	/ /	Yes ☐ No ☐

Do any of your dependants suffer from a particular illness or have any disabilities? Yes ☐ No ☐

Do you receive any Centrelink Family Tax Benefit Support? Yes ☐ No ☐

Do any of your dependants receive the Youth Allowance? Yes ☐ No ☐

Do you pay/receive any child support? Yes ☐ No ☐

Self Managed Superannuation

Do you have a Self Managed Superannuation Fund? Yes ☐ No ☐

Fund Name	Trustee/s Name	Super Fund Members

Trusts

Are you involved in any Trusts (Discretionary Family / Unit / Testamentary etc.)? Yes ☐ No ☐

Trust Name	Type of Trust	Beneficiaries of Trust

Companies

Are you a director of any companies? Yes ☐ No ☐

Company Name	Purpose of company	Directors of Company

Estate Planning

	Client 1	Client 2
Do you have a Will?	Yes ☐ No ☐	Yes ☐ No ☐
Is the Will current?	Yes ☐ No ☐	Yes ☐ No ☐
When was it last reviewed?	/ /	/ /
Who prepared your current Will?	______________________________	______________________________

Are any of the following Estate Planning issues applicable to either you or your partner?

- ☐ Likely to receive an inheritance
- ☐ Have ex-spouse/children from different relationships
- ☐ Desire to omit a dependent from Will
- ☐ Potential beneficiaries in a vulnerable situation, ie financial trouble, spendthrifts, handicapped or have marital problems

Executor / Beneficiaries

Name	Executor/s of Will	Beneficiaries of Will	Notes
Client 1		Spouse Only ☐ Spouse and / or Children ☐ Children Only ☐ Testamentary Trust ☐ Other ☐	
Client 2		Spouse Only ☐ Spouse and / or Children ☐ Children Only ☐ Testamentary Trust ☐ Other ☐	

Power of Attorney

	Client 1	Client 2
Do you have any Powers of Attorney in place?	Yes ☐ No ☐	Yes ☐ No ☐

Name	Power of Attorney in place	Details
Client 1	General ☐ Guardianship ☐ Enduring ☐ Other ☐ Medical Treatment ☐	
Client 2	General ☐ Guardianship ☐ Enduring ☐ Other ☐ Medical Treatment ☐	

Construct & Protect Objectives

Goal		Timing	Notes
Establish a SMSF	☐		
Establish a Family Trust	☐		
Review Estate Plan	☐		
Review Family Group Structure	☐		
Review Personal Insurances	☐		
Other – please list below			
________________________________	☐		
________________________________	☐		
________________________________	☐		

Cash Management Objectives

Goal		Timing	Estimated Cost	Notes
Purchase a house	☐			
Renovate house	☐			
Travel	☐			
Replace car	☐			
Finance children's education	☐			
Purchase a boat / caravan / other	☐			
Salary sacrifice funds into super	☐			
Gift funds to a charity / children	☐			
Other – please list below				
________________________________	☐			
________________________________	☐			
________________________________	☐			

Equity & Lending Objectives

Goal		Timing	Notes
Pay off home loan	☐		
Pay off car loan	☐		
Explore cheaper finance / Refinance	☐		
Pay off credit cards	☐		
Commence a gearing strategy	☐		
Margin Lending	☐		
Other – please list below			
________________________________	☐		
________________________________	☐		

Investment Objectives

Goal		Timing	Notes
Review current investments	☐		
Review superannuation funds	☐		
Establish an Australian share portfolio	☐		
Purchase an Investment property	☐		
Tax Effectiveness is important	☐		
Capital Growth is important	☐		
Generate regular and reliable income	☐		
Simplify the management of your investments	☐		
Other – please list below	☐		
______________________________	☐		
______________________________	☐		
______________________________	☐		

Other / Lifestyle Objectives

Goal		Timing	Notes
Retirement	☐		
Children / Grandchildren	☐		
Study	☐		
Career Change	☐		
Health & Fitness	☐		
Other – please list below			
______________________________	☐		
______________________________	☐		
______________________________	☐		
______________________________	☐		
______________________________	☐		

Notes

Please complete either the Cash Management Short Form or Long Form section below.

Cash Management (Short form)

Is your monthly income greater than your monthly expenditure?
(i.e. Are you accumulating savings in your bank account, making extra monthly mortgage repayments or making additional superannuation contributions?)

Yes ☐ No ☐

If yes, please indicate your estimated monthly savings and how these savings are being allocated;

- Savings accumulating in bank account $___________p.m.
- Extra mortgage repayments $___________p.m.
- Other debt reduction $___________p.m.
- Contributed to superannuation $___________p.m.
- Other ____ $___________p.m.

Notes

If the answer above is no;

Do you rely on drawing down your accumulated savings or using debt (i.e credit cards) to supplement your income? Yes ☐ No ☐

Details

Cash Management (Long form)

Income

	Client 1	Client 2
Salary Package		
Gross Salary/wages (before tax)	$ pa.	$ pa.
Self Employed Income	$ pa.	$ pa.
SG contribution (9%)	$ pa.	$ pa.
Additional salary sacrifice (super)	$ pa.	$ pa.
Fringe Benefits (eg motor vehicles, phone)	$ pa.	$
Commissions/Bonus/Profit Share	$ pa.	$ pa.
Superannuation Pensions		
Allocated pension	$ pa.	$ pa.
Defined Benefit Pension	$ pa.	$ pa.
Centrelink / DVA Benefits		
Age Pension, Family Tax Benefit etc.	$______________ per fortnight	$______________ per fortnight
Type: ______________________	$______________pa.	$______________pa.
Investment Income		
Interest Income	$ pa.	$ pa.
Share Dividends	$ pa.	$ pa.
Managed Fund Distributions	$ pa.	$ pa.
Other Investment Income	$ pa.	$ pa.
Net Property Rental Income	$ pa.	$ pa.
Family Trust Distributions	$ pa.	$ pa.
Total	$ pa.	$ pa.
Is this income expected to change over the next 12 months?	Yes ☐ No ☐	Yes ☐ No ☐

Expenditure

		Amount	Frequency (Wk, Mth, Qtr)	Yearly Total
Living Expenses				
Food		$		$
Clothing		$		$
Medical/Dental/Pharmacy		$		$
Alcohol/Cigarettes		$		$
Public Transport/Taxi Fares		$		$
Other Personal Spending	- Client 1	$		$
	- Client 2	$		$
	- Children	$		$
Total Living Expenses				**$**
Entertainment Expenses				
Travel and holidays		$		$
Dining Out		$		$
Sport/Recreation/Hobbies/Music		$		$
Club memberships/Sporting fees etc		$		$
Books/Magazines/Newspapers/Postal		$		$
Birthdays/Christmas		$		$
Other entertainment		$		$
Total Entertainment Expenses				**$**
Housing Expenses (Personal)				
Mortgage/Rent		$		$
Council/Shire/Body Corporate/ Water Rates		$		$
Electricity/Gas		$		$
Telephone		$		$
House and Contents Insurance		$		$
Home maintenance/Repairs		$		$
Furnishings/Appliances		$		$
Total Housing Expenses				**$**
Motor Vehicle Expenses				
Loan/Lease Repayments		$		$
Registration & insurance		$		$
Petrol and other running costs		$		$
Maintenance/Service/Repairs		$		$
Licence fees/Fines/Parking		$		$
Total Motor Vehicle Expenses				**$**
Personal Insurances				
Medical/Health		$		$
Life and TPD		$		$

	Amount	Frequency (Wk, Mth, Qtr)	Yearly Total
Income Protection	$		$
Trauma Cover	$		$
Total Personal Insurances			**$**
Investment Expenses			
Investment Loans	$		$
Savings Plans (Existing Investments)	$		$
Capital expenses to investment properties	$		$
Agent fees, maintenance costs, insurance for investment properties	$		$
Total Investment Expenses			**$**
Miscellaneous Expenses			
Professional Services (eg Accountant fees)	$		$
Professional Memberships	$		$
Work Related Expenses (eg Uniforms, Travel)	$		$
Gifts/Donations/Sponsorship	$		$
Education expenses	$		$
Child care/After school care	$		$
Pet/Vet Fees	$		$
Other vehicle expenses (boat, caravan etc)	$		$
Cleaning / Gardening	$		$
Credit Cards	$		$
Other Loans	$		$
Other	$		$
Other	$		$
Total Miscellaneous Expenses			
Total Expenses			**$**

Do you anticipate any changes in your expenditure over the next 12 months? Yes ☐ No ☐

Details

Assets and Liabilities (please attach separate details if cannot be listed below)

Assets	Details (Address, Description, Name etc.)	Client 1 ($ Value)	Client 2 ($ Value)	Joint ($ Value)
Lifestyle Assets				
Home				
Motor Vehicle				
Motor Vehicle				
Contents				
Other lifestyle asset				
Other lifestyle asset				
Financial Assets				
Cash / Bank account				
Cash / Bank account				
Cash / Bank account				
Investment Property				
Investment Property				
Listed Australian Shares				
Listed Australian Shares				
Listed Australian Shares				
Listed Australian Shares				
Managed Investment				
Managed Investment				
Other Financial Assets				
Other Financial Assets				
Superannuation				
Superannuation				
Superannuation				
Superannuation				
TOTAL ASSETS				
Liabilities				
Home Loan				
Car Loan				
Investment Loan				
Personal Loan				
Credit Card				
TOTAL LIABILITIES				
NET ASSETS				

Superannuation Details

Superannuation Fund	Owner	Receiving Contributions	Current Balance
	Client 1 ☐ Client 2 ☐	Employer/ SGC ☐ Salary sacrifice ☐ Personal ☐	
	Client 1 ☐ Client 2 ☐	Employer/ SGC ☐ Salary sacrifice ☐ Personal ☐	
	Client 1 ☐ Client 2 ☐	Employer/ SGC ☐ Salary sacrifice ☐ Personal ☐	
	Client 1 ☐ Client 2 ☐	Employer/ SGC ☐ Salary sacrifice ☐ Personal ☐	

Loan Details

Loan Purpose	Owner	Lender Name	Amount of loan	Interest Rate	Type*	Repayment
Home ☐ Credit Card ☐ Car ☐ Personal ☐ Investment ☐ Other ☐	Client 1 ☐ Client 2 ☐ Joint ☐				I / O ☐ P & I ☐	
Home ☐ Credit Card ☐ Car ☐ Personal ☐ Investment ☐ Other ☐	Client 1 ☐ Client 2 ☐ Joint ☐				I / O ☐ P & I ☐	
Home ☐ Credit Card ☐ Car ☐ Personal ☐ Investment ☐ Other ☐	Client 1 ☐ Client 2 ☐ Joint ☐				I / O ☐ P & I ☐	
Home ☐ Credit Card ☐ Car ☐ Personal ☐ Investment ☐ Other ☐	Client 1 ☐ Client 2 ☐ Joint ☐				I / O ☐ P & I ☐	

* I/O = Interest Only
P & I = Principal and Interest

Notes

Insurance (Complete or attach details)

	Client 1	Client 2
Do you have any of the personal insurances listed below?	Yes ☐ No ☐	Yes ☐ No ☐

Client 1

Insurance		Insurer	Amount of Cover	Premium
Life Insurance	☐	________	$________	$________
Total & Permanent Disablement	☐	________	$________	$________
Trauma	☐	________	$________	$________
Income Protection	☐	________	$________	$________
Business Expenses	☐	________	$________	$________
Other – please list below				
________	☐	________	$________	$________
________	☐	________	$________	$________

Client 2

Insurance		Insurer	Amount of Cover	Premium
Life Insurance	☐	________	$________	$________
Total & Permanent Disablement	☐	________	$________	$________
Trauma	☐	________	$________	$________
Income Protection	☐	________	$________	$________
Business Expenses	☐	________	$________	$________
Other – please list below				
________	☐	________	$________	$________
________	☐	________	$________	$________

General Insurance

Insurance		Insurer	Amount of Cover	Premium
Home	☐	________	$________	$________
Contents	☐	________	$________	$________
Car 1 ________	☐	________	$________	$________
Car 2 ________	☐	________	$________	$________
Private Health – Client 1	☐	________	$________	$________
Private Health – Client 2	☐	________	$________	$________
Other – please list below				
________	☐	________	$________	$________
________	☐	________	$________	$________

Insurance Questionnaire

Determining Your Needs	Client 1	Client 2
In the event you were unable to work because of prolonged sickness or injury, could you:		
Pay for medical treatment in relation to sickness or injury?	Yes ☐ No ☐	Yes ☐ No ☐
Continue to maintain your current standard of living?	Yes ☐ No ☐	Yes ☐ No ☐
Continue to meet loan repayments (or pay off debts)?	Yes ☐ No ☐	Yes ☐ No ☐
If yes to any of the above, for how long could you do this?	_________ Mths / Yrs	_________ Mths / Yrs
In the event you endured a temporary or permanent disablement, could you:		
Fund related medical costs?	Yes ☐ No ☐	Yes ☐ No ☐
Fund lifestyle or home alterations?	Yes ☐ No ☐	Yes ☐ No ☐
Provide for your children's education?	Yes ☐ No ☐	Yes ☐ No ☐
Would you require an income stream*****?	Yes ☐ No ☐	Yes ☐ No ☐
In the event you died, could you:		
Pay out all outstanding debt and liabilities?	Yes ☐ No ☐	Yes ☐ No ☐
Provide for your children's education?	Yes ☐ No ☐	Yes ☐ No ☐
Fund funeral costs?	Yes ☐ No ☐	Yes ☐ No ☐
Provide an income stream (for family/partner)?	Yes ☐ No ☐	Yes ☐ No ☐
Current measures you have in place are:		
Sick leave Long service leave Annual Leave *If yes, detail days / months*	_________ d / m _________ d / m _________ d / m	_________ d / m _________ d / m _________ d / m
Cash reserve *If yes, detail amount*	Yes ☐ No ☐ $_________________	Yes ☐ No ☐ $_________________
Investment income / Income from other sources *If yes, detail amount per annum*	Yes ☐ No ☐ $_________________	Yes ☐ No ☐ $_________________
Comprehensive Health Insurance	Yes ☐ No ☐	Yes ☐ No ☐
Funeral / Insurance Bond *If yes, detail amount*	Yes ☐ No ☐ $_________________	Yes ☐ No ☐ $_________________

Authorisation

Information in this form

The information provided in this form is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing the Fact Find, any recommendation or advice given by the adviser in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment that may be inappropriate to my needs.

Type of Advice being sought

□ Full financial plan (Statement of Advice - SoA)

or

□ Limited advice:

- □ a specific source of money
- □ a specific amount of money
- □ superannuation
- □ self managed superannuation funds (SMSFs)
- □ insurance
- □ managed funds
- □ wrap accounts
- □ shares
- □ matters in relation to a particular investment holding only
- □ margin lending
- □ retirement income
- □ rollover of superannuation
- □ social security entitlements
- □ Aged Care
- □ other

Notes

Financial Services Guide

I/We have been provided, read and understood the Financial Services Guide Version _______ ________prior to obtaining financial services advice.

Authority to Adviser

I/We authorise Catalyst Financial Group authorised under Lonsdale Financial Group to prepare a Statement of Advice.

Authority for current Adviser

I/We authorise Catalyst Financial Group to contact any of my/our existing advisers whose details I/we have provided.

Client Declaration & Tax File Number Authorisation

(a) I/we advise that there has been sufficient opportunity to read and understand the information in this form and the answers provided, and the information provided in this document is complete and accurate to the best of my/our knowledge;

(b) I/we understand that if complete and accurate information on personal and financial matters is not provided that this may lead my adviser to provide inappropriate advice;

(c) I/we understand in relation to insurance matters that by not providing complete and accurate information an insurance policy may be recommended which may not be appropriate to my/our needs;

(d) I/we advise that I/we have read and understood the Financial Services Guide before any services were provided;

(e) I/we understand that my adviser may forward direct marketing material to me in relation to financial services. I/we also understand that my adviser will cease to send this material on receipt of my/our written instructions;

(f) by completing and signing this form I/we am/are allowing Lonsdale Financial Group Limited an Australian Financial Services licensee or its Authorised Representative to hold my Tax File Number in a secure location (The collection of Tax File Numbers is authorised by tax laws and the Privacy Act 1988); and

(g) I/we will allow Lonsdale Financial Group Limited to disclose my/our Tax File Number(s) to the following bodies and for the following purposes:

- to the tax office for taxation purposes; and
- to investment bodies when making investments on my behalf.

Client 1	Signed	Date
		/ /

Client 2	Signed	Date
		/ /

Financial Adviser	Signed	Date
		/ /

Supporting Documents

Please provide copies of the following documentation which is relevant to your situation at your earliest convenience.

Subject	Documentation	Attached
Construct & Protect		
Estate Planning	Wills	☐
	Powers of Attorney	☐
Insurance	Original policy documents	☐
	Current insurance statements (including via superannuation)	☐
Structures & Entities	Trust Deeds (e.g. SMSF / Family trusts etc.)	☐
	SMSF Investment Strategy	☐
Cash Management		
Inflows	Prior year tax returns and notices of assessment	☐
	Pay slips	☐
Pensions	Centrelink or DVA rate of payment letter	☐
	Current allocated pension and /or annuity statements	☐
	Defined benefit pension statement	☐
Equity / Lending		
Loans	Current loan statements including balance, rate and repayments	☐
Investments		
Superannuation	Current superannuation statements	☐
	Last financial year's Financial Statements (for Self Managed Super Funds only)	☐
Investments	Australian Share statements (including SRN/HIN) from share registry	☐
	All Bank Statements	☐
	Managed Fund Statements	☐
	Cost base history of all investments	☐

If there is there is any other documentation which you believe is relevant to your situation could you also please provide these details.

CATALYST FINANCIAL GROUP

guiding you to financial freedom

Information Release Form

To Whom It May Concern,

I/We, ____

Full Client Name 1 **Full Client Name 2**

DOB: 1 ___ / ___ / ___ **DOB: 2 ____ / ____ / ____**

Member No: ___________________________ **Member No: _____________________________**

of ____

Postal Address

request that all relevant information on my/our investments, insurances, taxation, superannuation, bank accounts or other financial information be released to:

Kathy Havers, Michael Forer and staff of Catalyst Financial Group

Authorised Representatives of Lonsdale Financial Group

The adviser's address and contact number are as follows:

PO Box 1205, Camberwell Post Shop
CAMBERWELL VIC 3124

Ph: (03) 9853 3630 Fax: (03) 9853 0458

Thank you,

Client 1 Signature

Client 2 Signature

_____/_____/_____

Date

_____/_____/_____

Date

* The adviser certifies that this information will be used only for the preparation of financial planning services for the aforementioned client.

Client ID <100 points – Drivers Licence / Medicare / Credit Card / Passport / Birth/Citizenship Certificate / Centrelink Pension Card>

☐ **Client 1** ☐ **Client 2**

LONSDALE

Catalyst Financial Group is an Authorised Representative of Lonsdale Financial Group Limited Australian Financial Services Licensee Licence no: 246934 ABN 76 006 637 225