GPS WEALTH

Important Client Information

PLAN2day
Financial Strategies

Important Client Information Form

Strictly Private & Confidential

This document collects your financial and personal information to aid us in providing advice to you. Please be thorough with your answers as we can only provide advice to you on what we know. It is important that you answer honestly so that we can provide you with advice that is relevant to you. If you need to change any of the information that you have provided us, please do so using any of the contact methods below as soon as possible. For information on investing and financial advice, the government has provided a free website to consumers: www.moneysmart.gov.au

Date	
Client Name	
Adviser Name	
Adviser Contact Details	
Phone	
Email	
Street Address	
Postal	

IMPORTANT. This document is valid for a period of two years from the date of original completion. Should your circumstances change significantly before the expiration of the two year period, please contact me immediately to ensure your relevant information and the recommended strategy remain aligned.

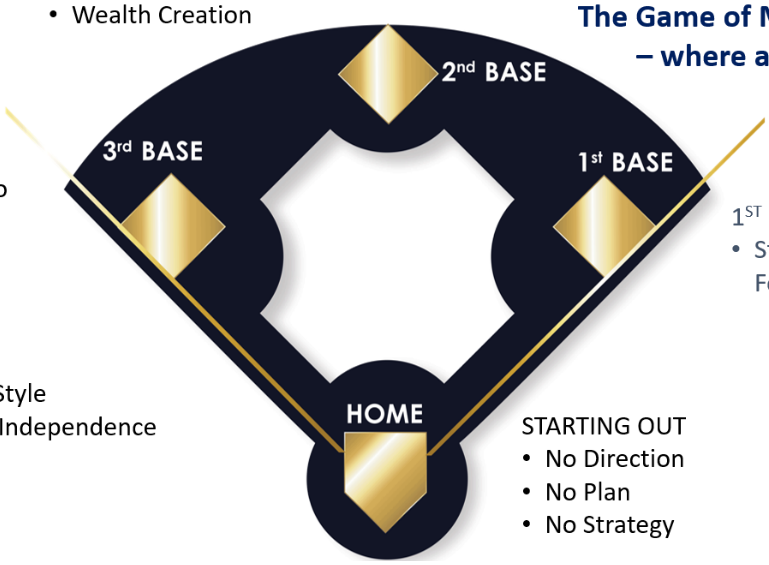
Table of Contents

The Five Phases of Financial Success

2ND BASE
- Wealth Creation

The Game of Money – where are you now?

3RD BASE
- Countdown to Retirement



1ST BASE
- Strong Financial Foundations

HOME RUN
- Retire in Style
- Financial Independence

STARTING OUT
- No Direction
- No Plan
- No Strategy

What's on your Mind?

This section captures why you have come to see us and any concerns or goals you may have. This will allow us to determine your needs and objectives in relation to the advice we provide.

Personal Details

	Client 1	Client 2
First name		
Last name		
Salutation		
Preferred name		
Gender		
Marital status		
Date of birth		
Tax Resident of Australia		
Tax File Number		

Contact Details

	Client 1	Client 2
Phone number 1		
Phone number 2		
Email		
Street Address		
City		
State		
Postcode		
Postal Address		

Dependants

☐ No Dependants

Name	Date of Birth	Financially Dependent
	Age:	Yes ☐ No☐
	Age:	Yes ☐ No☐
	Age:	Yes ☐ No☐
	Age:	Yes ☐ No☐

Employment

	Client 1	Client 2
Name of employer		
Occupation		
Employment type		
Employment status		
Employment start date		
Available Leave		

Cash Flow Details

Income

	Client 1 ($ per annum)	Client 2 ($ per annum)
Income Paid	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Yearly	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Yearly
Value of Salary Package		
Bonus/Commissions		
Investment Income – unfranked		
Investment Income – franked	$ % Franked	$ % Franked
Rental Income		
Annuity/Pension Income		
Is any proportion of the above income non-taxable?	☐ Yes ☐ No	☐ Yes ☐ No
If "yes", please provide details		
Deductible amount Annuity/Pension		
Non-taxable payment		
Social security entitlements (refer to table below)		
Maintenance Income		
Other taxable income		
Other non-taxable income		
TOTAL ANNUAL INCOME	**$**	**$**

Is your income likely to change in the next few years? ☐ Yes ☐ No
If yes, please provide details:
Are you expecting to receive any lump-sum payments in the next 12 months? ☐ Yes ☐ No
If yes, please provide details:

Social Security Entitlements ☐ Not applicable

	Client 1	Client 2
What Centrelink/DVA benefits do you currently receive?		
How much are your fortnightly payment/s?		
Have you gifted any assets? If “yes”, please provide value and date	☐ Yes ☐ No $ Date	☐ Yes ☐ No $ Date

Expenses

Name	Description	Amount ($)	Frequency	Taxable (%)	Owner
Total Annual Expenses					
Do you have any planned significant expenditure? ☐ Yes ☐ No					
If yes, please provide details:					

Annual Surplus & Deficit

Gross Income	$
Tax	$
Net income	$
Expenses	$
Surplus	**$**

Assets & Liabilities

	Assets		Liabilities		
Description	**Amount ($)**	**Owner**	**Debt**	**Repayment**	**Interest Rate**
Lifestyle Assets					
Home					
Home Contents					
Motor Vehicles					
Motor Vehicles					
Caravan/Boat					
Other					
Total					
Nest Egg Assets					
Investment Property					
Investment Property					
Cash Bank Accounts					
Managed Funds					
Direct Shares					
Superannuation					
Term Deposit					
Other I.E. Additional					
Total	**$**		**$**		
Do you have enough cash or investments accessible in case of an emergency or unplanned expense? ☐ Yes ☐ No					
If no, how much do you require?					

Super/Pension Details ☐ Details attached

Fund Name	Owner	Account Number	Super/Pension	Value

Have concessional (tax deductible) contributions been made to any superannuation fund in the current financial year?		Yes ☐ No ☐
If yes, provide full details of	$	
Do you intend to claim a personal tax deduction for all or part of these contributions?		Yes ☐ No ☐
Have you made non-concessional (non-tax deductible) contributions to any superannuation fund in the current or previous two financial years?		Yes ☐ No ☐
If yes, provide full details of	$	
Have you made, or do you intend to make, a personal contribution, which will entitle you to the Government co-contribution?		Yes ☐ No ☐
If yes, provide full details of	$	
Additional Details:		

* If your funds hold a SMSF please complete the SMSF Details section in the appendix

Investment Details

Asset Name	Owner	Account Number	No. options	Value
Additional Details:				

Investment Preferences

Do you have any issues with respect to environmental, social, or ethical standards that you would like your Financial Adviser to consider in providing you with investment advice, in addition to financial returns?	Yes ☐ No ☐
If Yes, provide details:	

Wealth Protection

Please complete this section or tick the relevant box ☐ Not disclosed ☐ Not applicable

Reason why:

Existing Insurance Cover

Policy Owner	Product Name	Premium	Frequency	Premium Basis	Type	Cover Amount

Insurance Needs Analysis

Client 1 Life, TPD and Trauma	Client 1 Life ($)	Client 1 TPD ($)	Client 1 Trauma ($)
Replacement of ongoing expenses			
Capital for ongoing expenses			
Liabilities to be covered			
Funeral/Medical costs			
Other expenses (e.g. Education)			
Capital for adequate cover			
Superannuation			
Non-super investments			
Other provisions			
Existing cover (to be retained)			
Total proceeds available			
Shortfall of capital (Gap)			
Client 2 Life, TPD and Trauma	**Client 2 Life ($)**	**Client 2 TPD($)**	**Client 2 Trauma ($)**
Replacement of ongoing expenses			
Capital for ongoing expenses			
Liabilities to be covered			
Funeral/Medical costs			
Other expenses (e.g. Education)			
Capital for adequate cover			
Superannuation			
Non-super investments			
Other provisions			

Existing cover (to be retained)			
Total proceeds available			
Shortfall of capital (Gap)			

Income Protection	Client 1 ($)	Client 2 ($)
Current Income		
Percentage of income to cover	75% or ________	75% or ________
Super contributions to be covered (%)		
Monthly Benefit		
Benefit Period		
Waiting Period		

Further Information	Client 1	Client 2
Health status		
Smoker status		
Do you have current health issues or concerns		
Occupational duties		
Degree qualified		
Hours employed per week		
Current exclusions/loadings		
Sports, hobbies, other interests e.g. aviation, water diving, motor bike riding, horse riding, motor racing, rock climbing, hang gliding		
Family health history – has someone in your immediate family experienced a heart attack, stroke, cancer, coronary bypass etc.		
What policy features are important to you? For example: Ability to pay for insurance premium through super fund balance Ability to delink life and TPD insurance Ability to choose either stepped or level premiums		
Do you foresee any changes to your personal or financial situation? E.g. inheritance, new baby, home renovations, divorce etc.		
Private health - Provider - Cover	Yes☐ No☐ Hospital☐ Extras☐	Yes☐ No☐ Hospital☐ Extras☐
Notes/ Other relevant information		

Estate Planning

Please complete this section or tick the relevant box ☐ Not disclosed ☐ Not applicable

Reason why:

	Client 1		Client 2	
Power of Attorney (POA)				
Do you have a current POA?	☐ Yes ☐ No		☐ Yes ☐ No	
If yes, please state type:	☐ Enduring ☐ Medical ☐ Normal	☐ General ☐ Other	☐ Enduring ☐ Medical ☐ Normal	☐ General ☐ Other
Who is (are) the Attorney(s)?				
Will				
Do you have a Will?	☐ Yes ☐ No		☐ Yes ☐ No	
What is the date of your Will?	/ /		/ /	
Is your Will current?	☐ Yes ☐ No		☐ Yes ☐ No	
If yes, who is (are) the executor(s)?				
Testamentary Trusts				
Do you have any Testamentary Trusts in place?	☐ Yes ☐ No		☐ Yes ☐ No	
If yes, who is (are) the Trustee(s)?				
Enduring Power of Guardianship				
Do you have an Enduring Power of Guardianship in place?	☐ Yes ☐ No		☐ Yes ☐ No	
If yes, who is (are) the appointed Guardian(s)?				
Advanced Care Directive				
Do you have an Advanced Care Directive in place?	☐ Yes ☐ No		☐ Yes ☐ No	
Adequacy and Equity				
Will sufficient funds be available to your dependents between your death and the distribution of your Estate?	☐ Yes ☐ No		☐ Yes ☐ No	
Have you considered Capital Gains Tax on any assets you bequeath directly to beneficiaries?	☐ Yes ☐ No		☐ Yes ☐ No	
Superannuation and Income Stream Assets or ☐ See 'Superannuation and Income Streams' Details				
Have you made nominations on death?	☐ Yes ☐ No ☐ Unsure ☐ Binding ☐ Non-binding		☐ Yes ☐ No ☐ Unsure ☐ Binding ☐ Non-binding	
If yes, please provide nomination details?				

Other Professional Advisers

Please provide details of other people you rely on in your decision making process.

☐ No associations

Name	Profession (e.g. solicitor, accountant, etc)	Contact number

Scope of this Advice

Area	In Scope	Out of Scope	Out of Scope Reason
Superannuation	☐	☐	
Insurance	☐	☐	
Non-Super Investments	☐	☐	
Estate Planning	☐	☐	
Retirement Planning	☐	☐	
Debt Management	☐	☐	
Budgeting and Cashflow	☐	☐	
Social Security	☐	☐	
Aged Care	☐	☐	
Taxation Advice	☐	☐	
Borrowing to Invest	☐	☐	
Voluntary | Personal | additional Super Contributions	☐	☐	
Other	☐	☐	

Your Goals and Objectives

Retirement Goals

Desired Retirement Age	
Regular Income to pay for life each year	
Extra amount each year for lifestyle requirements (the nice things)	
One Off Lump Sums for Toys / Possessions	
One Off Lump Sums for Helping Others (Family / Charity / Other)	

Goals

Goals	Date	Amount	Priority (H/L)

Client Acknowledgement, Tax file number authorisation Client Declaration

General Acknowledgement

I/We have read and understood the information detailed below. I/We hereby authorise GPS Wealth Ltd to use this information for the purposes of preparing, implementing and reviewing a Statement of Advice and related activities.

I/We also acknowledge that the information detailed in the Relevant Information Collection Form was either entered by myself/ourselves or on my behalf by the adviser and is an accurate representation of my current position and needs. The information set out in this form accurately represents my/our objectives, financial situation and or particular needs.

I/We are not aware of any other information which may be relevant to the preparation of my /our Statement of Advice. I/we understand that a financial product recommendation will be based solely on the information supplied in this form within a period of thirty (30) days. Should I/we not proceed with implementation of the Statement of Advice I/we understand that it will be necessary to review the information which has been supplied.

I/We acknowledge that if the information provided is inaccurate or incomplete, I/we should consider the appropriateness of the recommendations in the Statement of Advice, having regard to my/our personal circumstances.

Other Documents
I/We acknowledge that I have also received the following document:

☐ **Financial Services Guide (FSG) Version Number:___________________**

Privacy Policy
The Adviser has informed me the privacy policy of GPS Wealth Ltd, has been adopted to ensure the privacy and security of personal information. I/we am aware that I may request a copy from my Adviser at any time or retrieve it from the website, therefore I/we have received a copy of the GPS Wealth Ltd Privacy Policy.

Tax File Number ©
I/we give authority for my Tax File Number/s to be kept on my client file and to be forwarded to financial institutions as requested or as necessary in connection with financial planning advice, which is being provided to me/us.

Tax File number/s is:			
Client 1 Signature		Client 1 Full Name	
Date:			
Client 2 Signature		Client 2 Full Name	
Date:			
Authorised Representative's Signature		Authorised Representative's Name	
Date:			

Appendix A: Self-Managed Superannuation Funds

Name of Superannuation Fund		SFN:
Trustee (Company or Individuals)		ABN:
Establishment Date		
Type of Fund	☐ ATO SMSF ☐ Small APRA fund (SAF) ☐ Non-complying Fund	
Last investment strategy update/review		
☐ Investment Strategy of Trust Deed must be provided		
Fund Liabilities:		
Fund Administrator:		
Fund Liquidity Requirements (short and long term)		

Member Name	Date of Birth	Eligible service date	Contributions Amount and Type	Current Balance	Pension/ Accum. Phase

Investment Details ☐ Details attached

Investment/ Product Name	Date invested	Amount Invested ($)	No. units / shares	Current Value ($)	Sell/Re-allocate
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Notes

Appendix B: Trust Details

Name of Trust			
Trustee (Company or Individuals)		ABN:	
Establishment Date			
Nature of Trust (Family, Unit, Testamentary			
Type of Trust	☐ Discretionary ☐ Fixed ☐ Hybrid		
Is the trust used for business purposes	☐ Yes ☐ No		
Trustees:			
Beneficiaries Name:		Percent:	Age:
Beneficiaries Name:		Percent:	Age:
Beneficiaries Name:		Percent:	Age:
Beneficiaries Name:		Percent:	Age:

Trust Income Distribution

Name	Salary ($)	Superannuation ($)	Dividends ($)	Other

Trust Investment Details

Investment/Product Name	Date invested	Amount Invested	No. units / shares	Current Value	Sell/Re-allocate
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Notes

Appendix C: Business Details

Details of Your Business and/or Private Company		
Business/Company Name		ABN:
Establishment Date		
Nature of Business		
Shareholders:		
Directors/Owners/Partners:		
Employees:		

Business/Private Company Income Distribution

Name	Salary ($)	Superannuation ($)	Dividends ($)	Other

Business/Private Company Investment Details

Investment/Product Name	Date invested	Amount Invested	No. units / shares	Current Value	Sell/Re-allocate
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Business Protection Needs (for self-employed or business partners	**Client 1**	**Client 2**
Are your responsible for the operating costs of your business	☐ Yes ☐ No	☐ Yes ☐ No
If 'Yes", please indicate percentage and attached P&L or latest tax return etc.	%	%
If you have a business partner, what would you do if you or your business partner were unable to work due to premature death or injury/illness?		
Will your business continue to incur expenses if you are disabled an unable to work?	☐ Yes ☐ No	☐ Yes ☐ No

Existing Business Protection

	Client 1	Client 2
Insurer		
Policy Owner		
Policy type		
Commenced	Date:	Date:
Sum Insured ($)		
Total Premium ($)		
Monthly Benefit ($)		
Benefit Period		
Waiting Period		
Indexed to CPI	☐ Yes ☐ No	☐ Yes ☐ No

Amount Required for Business Protection – Business Expenses

Please provide details of regular fixed business expenses that need to be covered	**Client 1 ($)**	**Client 2 ($)**
Accounting and Auditing		
Advertising		
Business Insurance Premiums		
Cleaning/electricity/gas/heating/laundry/telephone/water		
Depreciation or leasing costs of equipment and vehicles		
Property rates and taxes		
Rent or mortgage interest payments		
Salaries of non-income producing employees including related costs such as payroll tax and superannuation		
Subscriptions to professional bodies and publications		
Other fixed expenses usually incurred		
Other		
Total		

Notes

Appendix D: Detailed Expense report

Please select the column, which is easiest for you to capture your expenditure items

Category	Description	Weekly	Fortnightly	Monthly	Annually
Personal Debt Commitments	Home mortgage repayments	$	$	$	$
	Credit card repayments	$	$	$	$
	Car loan/Lease repayments	$	$	$	$
	Personal Loan repayments	$	$	$	$
	Other:	$	$	$	$
Investment Costs	Investment property repayments	$	$	$	$
	Other debt repayments	$	$	$	$
	Other:	$	$	$	$
Housing	Rent	$	$	$	$
	Council/Shire rates	$	$	$	$
	Water/Electricity/Gas	$	$	$	$
	Internet/Telephone connection	$	$	$	$
	House and contents insurance	$	$	$	$
	Household repairs/Maintenance	$	$	$	$
	Furnishings/Appliances	$	$	$	$
	Other:	$	$	$	$
Transport	Running Costs/ Petrol/ Fuel	$	$	$	$
	Registration & Compulsory third	$	$	$	$
	Comprehensive insurance	$	$	$	$
	Maintenance/ Service/ Repairs	$	$	$	$
	Other:	$	$	$	$
Consumables	Groceries	$	$	$	$
	Alcohol/ Cigarettes	$	$	$	$
	Other:	$	$	$	$
Heath	Private health insurance	$	$	$	$
	Medical/Dental/Optical/chemist	$	$	$	$
	Other:	$	$	$	$
Personal	Clothing/Footwear	$	$	$	$
	Entertainment/Dinning out	$	$	$	$
	Transport/Recreation/Hobbies	$	$	$	$
	Gifts/Presents/Christmas	$	$	$	$
	Vacations/Holidays	$	$	$	$
	Subscription/Books/Newspapers	$	$	$	$
	Life/TPD/Trauma/Income Protect	$	$	$	$
	Other:	$	$	$	$
	School fees	$	$	$	$
	Child care	$	$	$	$
	Child Support Maintenance	$	$	$	$
	Other:	$	$	$	$
	Pets/Vet fees	$	$	$	$
	Charities/Donations	$	$	$	$
	Miscellaneous:	$	$	$	$
Total		**$**	**$**	**$**	**$**

Appendix E: Let's Understand Your Family Situation

In the event a family member suffered financial loss due to an accident, illness, disability or premature death, would you assist financially if required?

Do you feel there are any other family members who can benefit from a no obligation meeting to discuss their planning and insurance needs?

GPS Wealth Ltd

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