Client fact sheet

Strictly Private and Confidential

Personal details

	Client (C)	Partner (P)
Member no.		
Date of birth *(dd/mm/yyyy)*	____ / ____ / ____	____ / ____ / ____
Title *(e.g. Mr/Mrs/Ms/Miss/Dr)*		
Family name		
Given name(s)		
Preferred name		
Postal address	No. / Street	
	Suburb	Postcode
Home address (if different)	No. / Street	
	Suburb	Postcode
Contact phone Home		
Work		
Mobile		
E-mail address		

Assets (J = Joint)

Home	J ☐	$	
Home contents	J ☐	$	
Car	J ☐	$	
Other	J ☐	$	

Liabilities (J = Joint)

Mortgage	J ☐	$		
Interest rate			% pa	IO / P & I
Minimum repayments		$		w / f / m / y
Actual repayments		$		w / f / m / y

Client

Investment property	J ☐	$	
Bank	J ☐	$	
Shares	J ☐	$	
Other	J ☐	$	
Super fund 1		$	
Super fund 2		$	
Long service leave (gross)		$	
Annual leave (gross)		$	
Sick leave (gross)	Transitional ☐	$	
SSB (gross)	Transitional ☐	$	

Investment loan:	J ☐	$		
Interest rate			% pa	IO / P & I
Minimum repayments		$		w / f / m / y
Actual repayments		$		w / f / m / y
Personal loan		$		
Credit card		$		
Other		$		

Partner

Investment property	J ☐	$		Investment loan:	J ☐ $	
Bank	J ☐	$		Interest rate	% pa	IO / P & I
Shares	J ☐	$		Minimum repayments	$	w / f / m / y
Other	J ☐	$		Actual repayments	$	w / f / m / y
Super fund 1		$				
Super fund 2		$				
Long service leave (gross)		$		Personal loan	$	
Annual leave (gross)		$		Credit card	$	
Sick leave (gross)	Transitional ☐	$		Other	$	

Non-concessional contribution (NCC) history (eg undeducted, spouse contributions)

If you have made NCCs in the last 3 financial years, please list the total amount made each financial year below:

Date		Client (C)		Partner (P)
	$		$	
	$		$	
	$		$	

Employment and income details (gross annual)

		Client (C)		Partner (P)
Date joined current employer		_____ / _____ / _____		_____ / _____ / _____
Employer name				
Occupation				
Salary / wages	$		$	
Centrelink / DVA benefits	$		$	
Rental income (net of expenses)	$		$	
Bank interest	$		$	
Dividends / distributions	$		$	
Other	$		$	
TOTAL GROSS INCOME	$		$	
ESTIMATED AFTER-TAX INCOME (A)	$		$	
Less Loan repayments	$		$	
Less Contributions to super	$	(pre/post-tax)	$	(pre/post-tax)
Less Regular investments	$		$	
Less Education costs – primary*	$		$	
Less Education costs – secondary*	$		$	
Less Education costs – other*	$		$	
Less Estimated cost of living	$		$	
TOTAL EXPENDITURE (B)	$		$	
CURRENT SURPLUS INCOME	$	(A) less (B)	$	(A) less (B)

* Important if you wish for an insurance needs analysis to be conducted

Total Remuneration Package (TRP)

If you are a contractor and/or on a TRP, please complete the details of your package below:

	Client (C)	Partner (P)
Base salary / wages	$	$
Superannuation	$	$
Car	$	$
Other	$	$
TOTAL TRP	$	$

Personal Insurance

List all your current insurance policies. These may include whole of life and endowment policies. Please also include insurance cover held as part of your superannuation benefit and/or employment contract.

Insurance Provider and Type of Policy	Life Insured (C / P / J)	Owner (C / P / J)	Premium (pm / pa)	Sum Insured	Surrender Value (if applicable)
			$	$	$
			$	$	$
			$	$	$

Estate Planning

	Client (C)	Partner (P)
Do you have a Will?	Yes / No	Yes / No
Date Will last reviewed	_____ / _____ / _____	_____ / _____ / _____
Amount of any anticipated inheritances	$	$
Do you have a power of attorney?	Yes / No	Yes / No
Is your power of attorney enduring?	Yes / No	Yes / No
Do you have an enduring guardianship?	Yes / No	Yes / No

Planned capital expenses

Please list any anticipated capital expenses (home renovations, new car, holiday etc) below

Description	Expected date	Estimated amount
		$
		$
		$

Matters you wish to discuss (please list)

✍

Client acknowledgement

- I/We declare the information contained in the attached Client Fact Sheet is complete and accurate to the best of my/our knowledge.
- I/We are not aware of any other material information relevant to the provision of investment recommendations and understand that this information is the basis on which advice and written recommendations will be made.
- I/We understand that where partial or inaccurate completion of the Client Fact Sheet occurs, our/my full needs and objectives may not be taken into account and therefore the appropriateness of the recommendations will be limited to the information supplied. LGSS Pty Limited (Local Government Super) AFSL No. 383558, cannot be held liable for inappropriate advice where the information provided was incomplete or inaccurate.
- For Privacy purposes, I/we also authorise Local Government Super or its representatives to obtain any information in relation to my/our superannuation entitlements within the Scheme. This authority will continue until cancelled in writing by me/us.
- I have received, read and understood the Financial Services Guide issued by Local Government Super.

Client signature: Date: / /

Partner signature: Date: / /

Authorised representative (AR) acknowledgement (for telephone based advice)

I declare that

- the information recorded in this Client Fact Sheet has been obtained from; and
- I have explained all of the above Client acknowledgement information to,

the client over the telephone at ______:______ am / pm.

AR name:

AR signature: Date: / /