

Aged care questionnaire

Private and confidential

This fact find questionnaire is designed to gather your personal financial information and goals. We use this fact find questionnaire, along with our discussions, to help develop a financial strategy that is tailored to your needs.

Client name(s) _____

What is important to you?

Important information

The Corporations Act requires that a financial adviser act in the best interest of their clients and provide appropriate advice. As such, financial advisers must make reasonable enquiries to determine a client's objectives, needs and circumstances. The information requested in this fact find and/or on any subsequent occasions is necessary to ensure the recommendation made or advice provided to you is appropriate to your needs.



About you

Personal details

	Client 1	Client 2
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
Health status	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Private health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependants

Name	Date of birth	Relationship	Financial dependant	Support to age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Contact details

Please provide your contact details and tick your preferred communication channels.

Home address	<input type="checkbox"/>	<input type="text"/>
Postal address	<input type="checkbox"/>	<input type="text"/>
Home phone	<input type="checkbox"/>	<input type="text"/>
Work phone	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="checkbox"/>	<input type="text"/>
Email	<input type="checkbox"/>	<input type="text"/>

Additional details

	Client 1	Client 2
Receive documentation via email	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other entities	<input type="checkbox"/> SMSF <input type="checkbox"/> Trust <input type="checkbox"/> Company	<input type="checkbox"/> SMSF <input type="checkbox"/> Trust <input type="checkbox"/> Company
Native language	<input type="text"/>	<input type="text"/>

Future Changes to Your Situation

Are you aware of any future changes to your financial or personal situation that could potentially impact the advice we provide? Examples might include future study or a career change, financial assistance for children, parents that need help as they age, your own expected longevity or leaving a legacy to loved ones.



Carer details

Tick if not applicable

Client 1

Client 2

Do you have a carer Yes No

Yes No

If you have a carer, please enter in the details of the carer/s below

Client 1 carer details

Client 2 carer details

Relation to client	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Home address	<input type="text"/>	<input type="text"/>
Postal address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
(tick if this is the same as home address)	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

Notes



Aged care provider details

Tick if not applicable

Client 1

Type of care required
(Assessed by ACAT)

- Residential care
- Residential respite care days
- Home care level 1 and 2
- Home care level 3 and 4

Date approval ceases
if time limited

Service providers name

Client 2

- Residential care
- Residential respite care days
- Home care level 1 and 2
- Home care level 3 and 4

Aged care cost

Client 1

Refundable
accommodation costs

Daily accommodation
payment

Extra service fee

Client 2

Family home

Client 1

Does a protected person
live in the home*

- Yes No

What are your intentions
for the family home

- Sell Rent

Client 2

- Yes No

- Sell Rent

* A protected person can be a spouse, carer or person receiving a qualifying social security payment.

Notes



Estate planning

	Client 1	Client 2
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Will	<input type="text"/>	<input type="text"/>
Will date last reviewed	<input type="text"/>	<input type="text"/>
Is your Will relevant to your current situation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Executor of Will	<input type="text"/>	<input type="text"/>
Beneficiary(s) of Will	<input type="text"/>	<input type="text"/>
Location of Will	<input type="text"/>	<input type="text"/>
Power of Attorney (POA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
POA type	<input type="text"/>	<input type="text"/>
Name of POA	<input type="text"/>	<input type="text"/>
Is the POA being acted on behalf of	<input type="text"/>	<input type="text"/>
Enduring guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of enduring guardian	<input type="text"/>	<input type="text"/>

Notes



Other professional advisers

Tick if not applicable

Type	Name	Contact number	Email address	Permission to contact
Accountant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solicitor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes



Social security

	Client 1		Client 2	
Benefit name	<input type="text"/>		<input type="text"/>	
Centrelink ref number	<input type="text"/>		<input type="text"/>	
	Amount gifted	Date gifted	Amount gifted	Date gifted
Centrelink gifting	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Centrelink gifting	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Centrelink gifting	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Notes



Income and expenses

Income

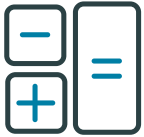
	Client 1	Client 2
Investment income	\$	\$
Gross rental income	\$	\$
Centrelink payments	\$	\$
Business income	\$	\$
Super pension income	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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Expenses

	Client 1	Client 2
Living expenses	\$	\$
Mortgage repayment	\$	\$
Credit card repayment	\$	\$
	\$	\$
	\$	\$
	\$	\$

Notes



Assets and liabilities

Lifestyle assets

	Owner	Value
Family home		\$
Home contents		\$
Car 1		\$
Car 2		\$
Boat/caravan		\$
Land/holiday home		\$
Art work/jewellery		\$
		\$
		\$

Notes

Financial assets

	Owner	Value
Cash		\$
Term deposits		\$
Share portfolio		\$
Managed funds		\$
Investment property 1		\$
Investment property 2		\$
		\$
		\$

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Liabilities

	Balance	Interest rate	Owner	Repayment amount	Repayment frequency
Mortgage	\$	%		\$	
Personal loan	\$	%		\$	
Credit card 1	\$	%		\$	
Credit card 2	\$	%		\$	
Investment loan	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
	\$	%		\$	

Notes



Your goals and objectives

What is the primary reason for you seeking aged care advice?

What expectations do you have about seeking advice?

Please include any goals that you want to work towards.

Description	Owner	Amount	Target date	Priority (1-9) 1 = high 9 = low


Please tick any priorities that are important to you and add any that do not appear on the list.

Description	C1	C2
To be able to fund my residential aged care costs	<input type="checkbox"/>	<input type="checkbox"/>
Strategies to minimise my aged care fees	<input type="checkbox"/>	<input type="checkbox"/>
Strategies to maximise my Centrelink or government benefits	<input type="checkbox"/>	<input type="checkbox"/>
Strategies to minimise taxation	<input type="checkbox"/>	<input type="checkbox"/>
To be able to provide for my dependants in the event of my death	<input type="checkbox"/>	<input type="checkbox"/>
Provide authority for others to help me	<input type="checkbox"/>	<input type="checkbox"/>
Review existing financial arrangements	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Notes

For each of the below objectives, please include a priority or time frame and a value in today's dollars.

<p>Residential aged care: What is your (and/or your partner's) anticipated cost of living, personal and medical expenses (excluding aged care fees)?</p>	<p>Priority or time frame</p>
<p>Anticipated capital expenses: What lump sum expenditure are you planning now or in the future.</p>	<p>Priority or time frame</p>
<p>Anticipated capital inflows: What lump sums do you anticipate receiving in the future eg sale of assets, inheritance.</p>	<p>Priority or time frame</p>
<p>Family home: What requirements or constraints do you have for retaining and/or selling the family home? Please provide budget details (eg sale prices, expenses, settlement date)</p>	<p>Priority or time frame</p>
<p>Home rental: What requirements or constraints do you have for renting the family home? If applicable, provide budget details (eg net rental, landlord expenses)</p>	<p>Priority or time frame</p>
<p>Giftng: What intentions do you have regarding gifting as a means of distributing your assets prior to death?</p>	<p>Priority or time frame</p>
<p>Estate planning: What are your intentions with the distribution of your assets after your death? What is the maximum/minimum value you would want to leave to your estate?</p>	<p>Priority or time frame</p>



Acknowledgements

I confirm the following:

Client declaration

I declare that the information provided in this fact find is complete and accurate to the best of my knowledge (except where I have indicated that I have chosen not to provide the information). I understand and acknowledge that if I do not fully or accurately complete the fact find, then any recommendation or advice given by my Consultum Authorised Representative may be inappropriate to my needs and that I risk making a financial commitment to a financial product or strategy that may be inappropriate for the needs I have identified. I understand that if I do not provide all the requested information, my Consultum Authorised Representative may not be able to provide me with financial advice or other requested services or products.

If a Statement of Advice is prepared for my consideration, I acknowledge that it will be subject to the payment model outlined in the Adviser Profile provided by my Consultum Authorised Representative.

Privacy

I understand that Consultum and my Consultum Authorised Representative may be required to collect my personal information under the Corporations Act 2001 and/or the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

I have received and read the Consultum Financial Services Guide (FSG) and Adviser Profile and the contents have been explained to me.

I understand that my personal information will be used for the purpose of providing me with financial advice and for other purposes detailed in the FSG and Adviser Profile.

I am aware that my personal information will be handled in accordance with the Consultum Privacy Policy, which contains information about how I may access or correct my personal information and how I may complain about a breach of my privacy. I understand that I may obtain a copy of the Consultum Privacy Policy by contacting Consultum on 1800 062 134 or visiting their website at www.consultum.com.au/privacy.

I understand that, in connection with providing services to me, my personal information (such as, name, contact details and account information) may be disclosed to Consultum's related bodies corporate, to a person with whom I receive joint financial services, my financial and professional advisers, businesses that may have referred me to Consultum, service providers, credit unions, building societies, banks and other financial institutions. I understand that my personal information (including sensitive health information) may be disclosed to life companies to establish and maintain requested insurance.

I understand that if I have provided the personal information of other persons, it is my responsibility to inform those persons and to refer them to Consultum's Privacy Policy.

Electronic communication acceptance

Unless stated otherwise on page two, I understand that Consultum and my Consultum Authorised Representative is required by law to provide us with Advice Documents and Product Disclosure Statements for each product and investment option that they recommend.

I confirm that I am willing and able to receive and access these documents in electronic format (including by email, web link or USB) and understand that I can keep a copy of these documents so that I may access them in the future.

I understand that paper documents can be provided free of charge on request.

Disclaimer: Consultum and/or your Consultum Authorised Representative will not be held accountable if the email address provided can be viewed and/ or manipulated by multiple users. If at any time you believe your email address is insecure, please notify your financial adviser either in person or over the telephone.

No call/no contact

Please tick the box if you **DO NOT** want us to contact you without your expressed consent.

I understand that I may request that my Consultum Authorised Representative place me on a 'no call/no contact register' which means I will not be contacted regarding any financial products without my express consent, unless otherwise directed.

Client 1 Client 2

Tax file number authority

I agree to the collection and retention of my Tax File Number (TFN) by my Consultum Authorised Representative and Consultum. I understand that my TFN will be used in connection with providing me with financial product and strategy recommendations and only in accordance with legislative requirements (e.g., relevant tax and superannuation laws).

I understand that my TFN may be provided to financial institutions (e.g. life insurance companies or fund managers) or Government bodies (e.g. the Australian Taxation Office or Centrelink) if required and authorised by law. I understand that it is not an offence if I choose not to provide my TFN but providing it has advantages, including that, other than the tax that may ordinarily apply, I will not pay more tax than I need to. I understand that my TFN will be stored and treated as confidential and that reasonable steps will be taken to prevent the loss, disclosure and/or misuse of my TFN by third parties. I understand that reasonable steps will be taken to destroy or permanently de-identify my TFN when it is no longer needed for an authorised purpose.

	Client 1	Client 2
Name	<input type="text"/>	<input type="text"/>
Tax file number	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Client declaration

By signing the below, I confirm and agree to the above acknowledgements.

	Client 1	Client 2
Signature	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Financial adviser declaration

By signing below, I declare that I have provided you with a copy of the Consultum Financial Services Guide and Adviser Profile prior to making any financial product or strategy recommendations.

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Office use only

	Client 1	Client 2
Adviser profile version date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
FSG version date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date FSG was supplied to client	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>



Your client profile

Scope of advice

Adviser: Please ensure all sections of the fact find are completed. Do not leave any sections blank. If a question is not answered because the topic is not in scope, indicate as such on that page. If a question is relevant to the scope, and information has not been provided, explain why on the following pages. For all advice areas that are relevant and in scope, ensure the sub-advice areas are completed on the following pages.

Aged care

Sub-advice area	In/Out		If in, explain if: • will be limited, • any products are excluded, or • any information is missing	If out, explain: • reason for scoping out
Home care	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Residential aged care	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		

Politically exposed persons (PEP)

	Client 1	Client 2
Is the client a politically exposed person?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)
Date of PEP review	/ /	/ /
PEP category	<input type="checkbox"/> Domestic PEP <input type="checkbox"/> Foreign PEP	<input type="checkbox"/> Domestic PEP <input type="checkbox"/> Foreign PEP
PEP type	<input type="checkbox"/> PEP <input type="checkbox"/> PEP associate <input type="checkbox"/> PEP close family <input type="checkbox"/> PEP related entity <input type="checkbox"/> Legal entity associated with PEP	<input type="checkbox"/> PEP <input type="checkbox"/> PEP associate <input type="checkbox"/> PEP close family <input type="checkbox"/> PEP related entity <input type="checkbox"/> Legal entity associated with PEP

Vulnerable clients

	Client 1	Client 2
Is the client vulnerable?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> Over age 85* <input type="checkbox"/> Does not understand English <input type="checkbox"/> Exhibits a physical disability (eg blindness and/or hearing impairment) <input type="checkbox"/> Exhibits a mental impairment (eg dementia) <input type="checkbox"/> Has someone acting as a Power of Attorney, trustee or guardian <input type="checkbox"/> Financial abuse <input type="checkbox"/> Other (please specify): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> Over age 85* <input type="checkbox"/> Does not understand English <input type="checkbox"/> Exhibits a physical disability (eg blindness and/or hearing impairment) <input type="checkbox"/> Exhibits a mental impairment (eg dementia) <input type="checkbox"/> Has someone acting as a Power of Attorney, trustee or guardian <input type="checkbox"/> Financial abuse <input type="checkbox"/> Other (please specify): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>

* Reaching age 85 does not automatically make a client vulnerable. Your reasoning for whether a person over age 85 is vulnerable or not needs to be outlined below.

Additional information

Use this field to record details of your assessment of the client’s vulnerability status, or to capture any other relevant information.

Client 1	Client 2



Notes