

**CLIENT**

**CLIENT**

**DATA FORM**

**Business Insurance**

CLIENT DATA FORM

Business Insurance

Business details

|  |  |
| --- | --- |
| Date |  |
| Time/Location |  |
| Client Name |  |
| Business Name |  |

Financial adviser details

|  |  |
| --- | --- |
| Adviser Name |  |
| Company Name |  |

The above mentioned adviser is an authorised representative of [Licensee Name]

|  |  |
| --- | --- |
| Street Address |  |
| Postal Address |  |
| Phone Number |  |
| Email Address |  |
| Website |  |

Licensee details

|  |  |
| --- | --- |
| Licensee Name | [Licensee Name] |
| AFSL | [AFSL #] |
| ABN | [ABN] |
| Postal Address | [Address] [Suburb] [STATE] [POST CODE] |
| Phone Number | [Phone Number] |
| Email Address | [Email address] |
| Website | [AFSL website] |

|  |  |
| --- | --- |
| Please attach current copies of balance sheet, profit and loss statement and cash flow statements |  |

Reasons for seeking advice

|  |
| --- |
| *Initial reasons why seeking advice in client’s own words* |
|  |

Goals and Objectives

*Objectives should be specific and measurable. Consider time and quantum*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goal and objectives | Owner | Time Frame | Amount | Priority |
| *e.g. You would like to establish Key Person protection for your business to assist the business in the event a key person or shareholder dies, becomes disabled or suffers a serious medical condition.* | *Business* | *Short Term* | *$1,000,000* | *High* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- |
| **Notes** |
|  |

Business Details

Contact Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business name | |  | | |
| Australian Business Number (ABN) | |  | | |
| Tax File Number (TFN) | |  | | |
| **Business Address** | | | | |
| Street | |  | | |
|  | | |
| Suburb | |  | | |
| State | |  | | |
| Postcode | |  | | |
| Postal address (please tick if same as above) | | | | |
| Street | |  | | |
|  | | |
| Suburb | |  | | |
| State | |  | | |
| Postcode | |  | | |
| **Phone, Fax and Email** | | | | |
| Business phone | |  | | |
| Business fax | |  | | |
| Mobile | |  | | |
| Email | |  | | |
| Preferred contact method | |  | | |
| Social networking | | Facebook  LinkedIn | Twitter  Skype: | |
| Additional details: | | | | |
| **Authorised Officer(s) Details** | | | | |
| Full name(s) |  | | |  |
|  | | |  |
| Position |  | | |  |
|  | | |  |
| Business phone |  | | |  |
| Email |  | | |  |
| Additional details: | | | | |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Structure** | | | | | | | | | | | | | |
| **Business Structure** | | Private Company | | Partnership | | | Unit Trust | | | | | Public Company | |
| Family Trust | | Service Trust | | |  | | | | | | |
| Insert diagram of business structure/ownership: | | | | | | | | | | | | | |
| Nature of business | | |  | | | | | | | | | | |
| Year business purchased/started | | |  | | | | | | | | | | |
| Number of employees | | | Full-time: | |  | | | | Part-time: | |  | | |
| Casual: | |  | | | | Other: | |  | | |
| Number of proprietors | | |  | | | | | | | | | | |
| Additional details: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Principal(s), Director(s) or Key Person(s) Details | | | | | | | | | | | | | |
| **Name** | **Date**  **of Birth** | | **Key Person** | | | **Responsibilities** | | **Business Interest** | | **Date Acquired** | | | **Purchase Amount** |
|  |  | | Yes  No | | |  | | % | |  | | | $ |
|  |  | | Yes  No | | |  | | % | |  | | | $ |
|  |  | | Yes  No | | |  | | % | |  | | | $ |
|  |  | | Yes  No | | |  | | % | |  | | | $ |
|  |  | | Yes  No | | |  | | % | |  | | | $ |
| Additional details e.g. income, duties etc.: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

Current Position Analysis

Business Financials

|  |  |  |  |
| --- | --- | --- | --- |
| Annual business gross turnover/net profit | $ | | |
| Annual business gross expenditure | $ | | |
| **Surplus/(Deficit)** | $ | | |
| Business loans/debts | $ | | |
| Business overdraft | $ | | |
| Estimate of business value | $ | | |
| Date of estimate |  | | |
| Provided by | Business owner | Accountant | Solicitor |
| Adviser |  | |
| Methodology |  | | |
|  | | |
| Do you have a buy/sell arrangement and supporting agreements? | Yes | No | n/a |
| Additional details: | | | |
|  | | | |

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| --- |
| **Notes** |
|  |

Existing Business Insurance Policies

Existing Insurance Policies

Do you have any existing insurance policies i.e. Life, TPD or Trauma? If yes, list below.  Yes  No

Insurance Details including Life, TPD, Trauma and Business Expenses

Please provide details of existing insurance policies or rider benefits

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Policy 1** | **Policy 2** | **Policy 3** | **Policy 4** | **Policy 5** |
| Policy Number |  |  |  |  |  |
| Purpose e.g. key person |  |  |  |  |  |
| Insurer |  |  |  |  |  |
| Plan name |  |  |  |  |  |
| Premium amount | $ | $ | $ | $ | $ |
| Premium Type |  |  |  |  |  |
| Start date |  |  |  |  |  |
| Policy owner |  |  |  |  |  |
| Insured name | | | | | |
| **Benefit amounts** |  |  |  |  |  |
| Life insurance |  |  |  |  |  |
| TPD insurance |  |  |  |  |  |
| Trauma insurance |  |  |  |  |  |
| Severity based |  |  |  |  |  |
| Income protection |  |  |  |  |  |
| Waiting period (if applic.) |  |  |  |  |  |
| Benefit period (if applic.) |  |  |  |  |  |
| Business expenses | $ | $ | $ | $ | $ |
| Waiting period (if applic.) |  |  |  |  |  |
| Benefit period (if applic.) |  |  |  |  |  |
| Options/Benefits |  |  |  |  |  |
| Loadings/Exclusions |  |  |  |  |  |
| In super |  |  |  |  |  |

|  |
| --- |
| **Notes** |
|  |

General Health Details

| **Insured person** |  | |  | |  | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of insured Person |  | |  | |  | |  | |
| What is your current health? | Poor  Fair  Good  Very good  Excellent  Congenital Conditions  Health concerns | | Poor  Fair  Good  Very good  Excellent  Congenital Conditions  Health concerns | | Poor  Fair  Good  Very good  Excellent  Congenital Conditions  Health concerns | | Poor  Fair  Good  Very good  Excellent  Congenital Conditions  Health concerns | |
| What is your height? |  | |  | |  | |  | |
| What is your weight? |  | |  | |  | |  | |
| Have you smoked cigarettes in the last twelve months? | Yes | No | Yes | No | Yes | No | Yes | No |
| Do you drink alcohol? | Yes | No | Yes | No | Yes | No | Yes | No |
| If yes, how many standard drinks per week? |  | |  | |  | |  | |
| Are you presently or do you intend to receive medical treatment for any medical issue? | Yes | No | Yes | No | Yes | No | Yes | No |
| If yes, please provide details |  | |  | |  | |  | |
|  | |  | |  | |  | |
| Have you been diagnosed with any significant illness/illnesses in the last five years? | Yes | No | Yes | No | Yes | No | Yes | No |
| If yes, please provide details |  | |  | |  | |  | |
|  | |  | |  | |  | |
| Has any member of your immediate family been diagnosed with any significant illness/illnesses? | Yes | No | Yes | No | Yes | No | Yes | No |
| If yes, please provide details |  | |  | |  | |  | |
|  | |  | |  | |  | |
| Do you play any sports or pursue outdoor activities e.g. scuba diving, motor racing, football etc.? | Yes | No | Yes | No | Yes | No | Yes | No |
| Additional details: | | | | | | | | |
|  | | | | | | | | |

Business Insurance Needs Analysis

Buy/Sell Protection

Would you like an analysis of your buy/sell requirements?  Yes  No  n/a

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Owner** |  | |  | |  | |  | |
| Name of owner |  | |  | |  | |  | |
| Value of business interest | $ | | $ | | $ | | $ | |
| Would you like to allow for CGT liability associated with transfer of business interest? | Yes | No | Yes | No | Yes | No | Yes | No |
| **Insurance payout required in event of:** | | | | | | | | |
| Owner death | Yes | No | Yes | No | Yes | No | Yes | No |
| Owner TPD | Yes | No | Yes | No | Yes | No | Yes | No |
| Owner trauma | Yes | No | Yes | No | Yes | No | Yes | No |

Personal Guarantees

Would you like an analysis of your personal guarantee requirements?  Yes  No  n/a

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Person providing guarantee** |  | |  | |  | |  | |
| Name of guarantee provider |  | |  | |  | |  | |
| Lender |  | |  | |  | |  | |
| Amount guaranteed | $ | | $ | | $ | | $ | |
| **Insurance payout required in event of:** | | | | | | | | |
| Guarantor death | Yes | No | Yes | No | Yes | No | Yes | No |
| Guarantor TPD | Yes | No | Yes | No | Yes | No | Yes | No |
| Guarantor trauma | Yes | No | Yes | No | Yes | No | Yes | No |
| Additional details: | | | | | | | | |
|  | | | | | | | | |

Key Person Cover | Revenue

Would you like an analysis of your key person revenue requirements?  Yes  No  n/a

| **Key person** |  | |  | |  | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Key Person |  | |  | |  | |  | |
| Reason they are a key person |  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
| 1. Salary cost of replacement e.g. extra cost to replace key person on short notice | $ | | $ | | $ | | $ | |
| 1. Period required (years) |  | |  | |  | |  | |
| 1. **Subtotal (a x b)** | $ | | $ | | $ | | $ | |
| 1. Recruitment costs e.g. a one-off expense associated with the use of a recruitment firm/agency to replace the select person – does not include salary | $ | | $ | | $ | | $ | |
| 1. Reduction in business turnover e.g. do you want to protect against the revenue impact of losing a key person e.g. reduced sales? | $ | | $ | | $ | | $ | |
| 1. Period required (years) |  | |  | |  | |  | |
| 1. **Subtotal (e x f)** | $ | | $ | | $ | | $ | |
| 1. Other | $ | | $ | | $ | | $ | |
| 1. **Sub-total key person revenue required (c + d + g + h)** | $ | | $ | | $ | | $ | |
| 1. Company tax (i x 30%) | $ | | $ | | $ | | $ | |
| 1. **Grand Total (i + j)** | $ | | $ | | $ | | $ | |
| **Insurance payout required in event of:** | | | | | | | | |
| Key person death | Yes | No | Yes | No | Yes | No | Yes | No |
| Key person TPD | Yes | No | Yes | No | Yes | No | Yes | No |
| Key person trauma | Yes | No | Yes | No | Yes | No | Yes | No |
| Additional details: | | | | | | | | |
|  | | | | | | | | |

Key Person Cover | Capital

Would you like an analysis of your key person capital requirements?  Yes  No  n/a

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key person** |  | |  | |  | |  | |
| Name of Key Person |  | |  | |  | |  | |
| Reason they are a key person |  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
| 1. Reduction in business value e.g. do you want to protect against the capital impact of losing a key person e.g. reduced goodwill | $ | | $ | | $ | | $ | |
| 1. Liabilities to be settled on the loss of a key person e.g. creditors, overdrafts and business loans | $ | | $ | | $ | | $ | |
| **Total key person capital required (a + b)** | $ | | $ | | $ | | $ | |
| **Insurance payout required in event of:** | | | | | | | | |
| Key person death | Yes | No | Yes | No | Yes | No | Yes | No |
| Key person TPD | Yes | No | Yes | No | Yes | No | Yes | No |
| Key person trauma | Yes | No | Yes | No | Yes | No | Yes | No |
| Additional details e.g. stamp duty etc.: | | | | | | | | |
|  | | | | | | | | |

Business Expense Insurance Needs

Do you require an analysis of your business expense needs?  Yes  No  n/a

|  |  |  |
| --- | --- | --- |
| Waiting period | 14 days  30 days  90 days | |
| *Please provide an estimate of the business expenses as an annual amount or attach the most recent profit and loss statement* | |  |
| Accounting fees | $ | |
| Rent | $ | |
| Property rates and taxes | $ | |
| Lease costs | $ | |
| Allowable salaries – Employees | $ | |
| Other employee costs | $ | |
| Telephone | $ | |
| Electricity | $ | |
| Gas/Heating/Water | $ | |
| Cleaning | $ | |
| Other: | $ | |
| **Total** | $ | |
| Additional details: | | |
|  | | |

Professional Advisers

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Solicitor** | **Accountant** | **Other:** |
| Company name |  |  |  |
| Contact name |  |  |  |
| Address |  |  |  |
|  |  |  |
|  |  |  |
| Telephone/Fax |  |  |  |
| Email |  |  |  |
| Authority to contact | Yes  No | Yes  No | Yes  No |
| Additional details: | | | |
|  | | | |

Client declaration

I hereby declare and acknowledge the following:

**Financial Services Guide**

|  |  |
| --- | --- |
| **•** | I have received, read and understood a copy of the Financial Services Guide. |

**The information you provide**

|  |  |
| --- | --- |
| **•** | I declare that the information provided in this Client Data Form 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 by not fully or accurately completing the Client Data Form any financial services provided may not be appropriate to my needs. |

**Your privacy and confidentiality**

|  |  |  |
| --- | --- | --- |
| **•** | I give permission for the information provided in this Client Data Form to be disclosed to and used by those who will be involved in providing or implementing financial advice to us, including: | |
|  | o | [Licensee Name] (the Licensee), |
|  | o | Financial product providers that my financial adviser recommends to me, |
|  | o | Service providers (including offshore providers) engaged to provide financial planning-related services including but not limited to paraplanning, compliance, administration, estate planning and financial services software, and |
|  | o | Companies involved in communicating the information in this Client Data Form to any of the above parties, such as by electronic mail services, cloud storage services and/or document creation services. |
| **•** | My permission extends to electronic communication of the information provided in this Client Data Form and for record keeping purposes. | |

|  |  |
| --- | --- |
|  | I give permission to receive marketing and advertising materials on products, services, events, promotions and offers from our adviser and their related parties. |
|  | I give permission for the information provided in this Client Data Form to also be disclosed to the following people/parties (e.g. name of our spouse / solicitor / accountant / offshore provider including country) |
|  |  |
|  |  |

**Tax file numbers**

|  |  |  |
| --- | --- | --- |
| **•** | I give permission for our tax file number (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 understand that: | |
|  | o | 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 |
|  | o | 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. |

Business Representative(s) Authorisation

|  |  |  |  |
| --- | --- | --- | --- |
| **Representative 1 Signature** | | | |
| Signature |  | | |
| Full name |  | Date |  |
| Position (if applicable) | Director/Owner  Trustee  Authorised Officer | | |
| **Representative 2 Signature** | | | |
| Signature |  | | |
| Full name |  | Date |  |
| Position (if applicable) | Director/Owner  Trustee  Authorised Officer | | |
| **Representative 3 Signature** | | | |
| Signature |  | | |
| Full name |  | Date |  |
| Position (if applicable) | Director/Owner  Trustee  Authorised Officer | | |
| **Representative 4 Signature** | | | |
| Signature |  | | |
| Full name |  | Date |  |
| Position (if applicable) | Director/Owner  Trustee  Authorised Officer | | |

Adviser declaration

Documentation checklist

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The information recorded in this Client Data Form was provided during a discussion held on | | | |  | |
| The FSG and Adviser Profile were provided to the above mentioned client(s) on | | | |  | |
| The version number of the FSG provided was | | | |  | |
| Financial Adviser signature | | | | | |
| Signature |  | | | |  |
| Full name |  | | Date | |  |
| Authorised Representative Number (if applicable) | |  | | | |

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| **Notes** |
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**Authorisation to collect information or transfer servicing rights of financial products**

|  |  |
| --- | --- |
| Client: |  |

|  |  |
| --- | --- |
| Provider Name: |  |
| Provider Address: |  |

|  |  |
| --- | --- |
| Product: |  |
| Account/Policy No: |  |

To whom it may concern,

|  |  |
| --- | --- |
|  | I authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments. |
|  | I authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new authorised representative. |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name: |  | Authorised Representative No. (if applicable): |  |
| Advisory Team: |  |  | |
| Telephone: |  | Fax: |  |
| Email: |  | | |
| Business Name: |  | | |
| Business Address: |  | | |
| Licensee: |  | | |
| AFS Number: |  | ABN: |  |

Please accept this scanned copy/photocopy as authority, as the original will stay on file at the address shown above.

Yours faithfully,

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Address: |  |

**Authorisation to collect information or transfer servicing rights of financial products**

|  |  |
| --- | --- |
| Client: |  |

|  |  |
| --- | --- |
| Provider Name: |  |
| Provider Address: |  |

|  |  |
| --- | --- |
| Product: |  |
| Account/Policy No: |  |

To whom it may concern,

|  |  |
| --- | --- |
|  | I authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments. |
|  | I authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new authorised representative. |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name: |  | Authorised Representative No. (if applicable): |  |
| Advisory Team: |  |  | |
| Telephone: |  | Fax: |  |
| Email: |  | | |
| Business Name: |  | | |
| Business Address: |  | | |
| Licensee: |  | | |
| AFS Number: |  | ABN: |  |

Please accept this scanned copy/photocopy as authority, as the original will stay on file at the address shown above.

Yours faithfully,

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Address: |  |

**Authorisation to collect information or transfer servicing rights of financial products**

|  |  |
| --- | --- |
| Client: |  |

|  |  |
| --- | --- |
| Provider Name: |  |
| Provider Address: |  |

|  |  |
| --- | --- |
| Product: |  |
| Account/Policy No: |  |

To whom it may concern,

|  |  |
| --- | --- |
|  | I authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments. |
|  | I authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new authorised representative. |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name: |  | Authorised Representative No. (if applicable): |  |
| Advisory Team: |  |  | |
| Telephone: |  | Fax: |  |
| Email: |  | | |
| Business Name: |  | | |
| Business Address: |  | | |
| Licensee: |  | | |
| AFS Number: |  | ABN: |  |

Please accept this scanned copy/photocopy as authority, as the original will stay on file at the address shown above.

Yours faithfully,

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Address: |  |

**Authorisation to collect information**

|  |  |
| --- | --- |
| Professional Adviser Type: |  |
| Professional Adviser: |  |
| Business Name: |  |
| Email: |  |
| Phone: |  |

To whom it may concern,

|  |  |
| --- | --- |
| Client Name |  |
| Associated Entities |  |

|  |  |
| --- | --- |
|  | I authorise you to provide representatives of the business named below with any information and documentation they require regarding my personal situation including any related entities. |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name: |  | Authorised Representative No. (if applicable): |  |
| Advisory Team: |  |  | |
| Telephone: |  | Fax: |  |
| Email: |  | | |
| Business Name: |  | | |
| Business Address: |  | | |
| Licensee: |  | | |
| AFS Number: |  | ABN: |  |

Please accept this scanned copy/photocopy as authority, as the original will stay on file at the address shown above.

Yours faithfully,

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Address: |  |