

Your Debt Fact Find

Before I make any recommendations, I need to ask you about and record your financial situation and goals. This questionnaire is designed to record this information.

My debt advice to you will be based on:

- the answers you provide in this document,
- any other information we receive from you such as bank statements, and
- our discussions either by phone or face to face.

This Fact Find is for:	
Your name(s)	
Date	

My contact details

Planner/Mortgage consultant:	Jacqueline Leigh Hannan
Practice name:	Hannans Financial Services Pty Ltd
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Email:	jacqueie@hannans360.com.au
Website:	www.hannans360.com.au

Notes

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Your personal details

This section captures information about your personal details, such as your current contact details and how you would like to be contacted by us.

Individual details

	Client 1	Client 2
Title		
Surname		
Given name/s		
Preferred name		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status		
Previous name or other names known by (give details)		
Date of birth		
Drivers licence No.		
Drivers licence date or registration	Date Issued: Expiry date:	
Tax resident of Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of residence	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:
Country of citizenship	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:

Contact details

	Client 1	Client 2
Home address		
Status (Eg. renting, home owner etc.)		
Occupancy dates:	Date moved in: Date moved out:	
If less than 2 years, previous address		
Status (Eg. renting, home owner etc.)		

Occupancy dates:	Date moved in: Date moved out:	
Other address		
Mailing address	<input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Other
Home phone		
Work phone		
Mobile phone		
Fax		
Email		
Contact me by		
Notes / other occupancy details		

About your family

This section captures information about your family, including your children and other family members that are dependent on you. This helps me consider both you and your family when I make my recommendations.

Dependants/Children

You have no children/dependants at this time.

You choose not to provide these details now.

	1	2	3	4
Surname				
Given names				
Date of birth				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is he/she financially dependent on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
– If yes, until when?				
Do any of your children have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any other financial dependants?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there other family matters I should know?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Notes

About your employment

This section captures information about your current employment situation. This helps me to understand any issues needing consideration when providing you with advice.

	Client 1	Client 2
Employment type	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Not working/retired <input type="checkbox"/> Contract Contract end date:	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Not working/retired <input type="checkbox"/> Contract Contract end date:.....
Occupation		
Date started		
Employer / Business name if self employed		
Employer / Business registered address		
ABN (if applicable)		
Employer Contact Payroll Name		
Employer Phone Number		
Employer Contact Email		

Previous employment (if less than 2 years in current position)

	Client 1	Client 2
Employment type	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Not working/retired <input type="checkbox"/> Contract Contract end date:	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Not working/retired <input type="checkbox"/> Contract Contract end date:
Occupation		
Date started / Date finished		
Employer / Business name if self employed		
Employer / Business registered address		
Employer Payroll Contact Name		

Employer Phone Number		
Employer Contact Email		
Comments if previous employment less than 2 years.		

About your income and expenses

This section captures information on your income and expenses to help me understand your current cashflow situation. This allows me to make appropriate recommendations while considering any cashflow shortages or surplus you have.

Income

Income description	Client 1 \$ a year	Client 2 \$ a year
Base salary or wages		
Bonus / allowance		
Annuity / allocated pension		
Rental income		
Share / investment income		
Foreign pension income		
Maintenance income		
Current Centrelink or Department of Veterans' affairs benefit amount	Amount: \$ Payment name: Centrelink reference number CRN:	Amount: \$ Payment name: Centrelink reference number CRN:
Other taxable income		
Other non-taxable income		
Total		
Reportable fringe benefits		
Are you expecting your income to change in the foreseeable future? Provide details		

Household expenses

Category	Description	Discretionary	Frequency	Amount \$
Housing	Rent	<input type="checkbox"/>		
	Council rates	<input type="checkbox"/>		
	Water rates	<input type="checkbox"/>		
	Telephone / internet	<input type="checkbox"/>		
	Electricity / gas	<input type="checkbox"/>		
	Insurance (building contents)	<input type="checkbox"/>		
	Furniture / appliances	<input type="checkbox"/>		
	Maintenance	<input type="checkbox"/>		
	Other	<input type="checkbox"/>		
Personal	Food / groceries / household	<input type="checkbox"/>		
	Clothing / shoes	<input type="checkbox"/>		
	Medical / dental costs	<input type="checkbox"/>		
	Mobile phone	<input type="checkbox"/>		
	Adult education	<input type="checkbox"/>		
	Donations	<input type="checkbox"/>		
	Other	<input type="checkbox"/>		
Transport	Registration / insurance	<input type="checkbox"/>		
	Maintenance / repairs	<input type="checkbox"/>		
	Public transport / taxis	<input type="checkbox"/>		
	Petrol	<input type="checkbox"/>		
	Parking	<input type="checkbox"/>		
	Other	<input type="checkbox"/>		
Leisure	Holidays	<input type="checkbox"/>		
	Restaurants / outings	<input type="checkbox"/>		
	Sports / membership	<input type="checkbox"/>		
	Magazines / CDs / books	<input type="checkbox"/>		
	Gifts (Christmas etc)	<input type="checkbox"/>		
	Other	<input type="checkbox"/>		
Dependants	Child care / school fees	<input type="checkbox"/>		
	Other	<input type="checkbox"/>		
Do you expect your expenses to change in the foreseeable future? Provide details:				
Notes (include drivers of discretionary expenses)				

Your financial and lifestyle goals

Goal	Expected cost	Timeframe	Priority
Debt		<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	
Investment		<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	
Lifestyle		<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	
Other		<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	

Loan purpose

	Owner occupied	Investment	Add to existing	New split	Amount
Purchase price of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refinance property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construction of new property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Debt consolidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Business use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other real estate (refer notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other personal usage (refer notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total loan amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total loan amount					

Notes

Loan term

5 years
 10 years
 15 years
 20 years
 25 years
 30 years
 Other

Loan features

Loan type	<input type="checkbox"/> Principal and interest	<input type="checkbox"/> Interest only	<input type="checkbox"/> Line of credit	<input type="checkbox"/> Interest in advance
Documentation	<input type="checkbox"/> Full doc	<input type="checkbox"/> Lo doc	<input type="checkbox"/> No doc	
Interest	<input type="checkbox"/> Variable	<input type="checkbox"/> Fixed	<input type="checkbox"/> Mixed	<input type="checkbox"/> Splits no:
Repayment frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	
Features	<input type="checkbox"/> Master limit	<input type="checkbox"/> Redraw facility	<input type="checkbox"/> Offset	<input type="checkbox"/> Additional payments
	<input type="checkbox"/> Cheque book	<input type="checkbox"/> Secure rate lock	<input type="checkbox"/> Internet banking	<input type="checkbox"/> Card access
	<input type="checkbox"/> Introductory rate			

Properties offered as security for the loan

Security property 1				Security property 2			
Exact name(s) to appear on Title				Exact name(s) to appear on Title			
Address				Address			
Suburb				Suburb			
State		Post code		State		Post code	
<input type="checkbox"/> Owner occupied <input type="checkbox"/> Investment				<input type="checkbox"/> Owner occupied <input type="checkbox"/> Investment			
Property type <input type="checkbox"/> House/Villa <input type="checkbox"/> Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Vacant land <input type="checkbox"/> Other				Property type <input type="checkbox"/> House/Villa <input type="checkbox"/> Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Vacant land <input type="checkbox"/> Other			
Purchase price		or	Estimated market value	Purchase price		or	Estimated market value
\$			\$	\$			\$
Contact details for access:				Contact details for access:			

For additional security properties, refer to attached schedule .

Current credit/asset position

Description	Owner				Estimated market value (\$)	Existing liability (\$)	Lender	Loan type	Interest (% pa)	Repayment amount (\$)	Freq.	Retain
	Client 1	Client 2	Joint	Other entity								
Home or principal residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Home contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Motor vehicle 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Motor vehicle 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Caravan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Boat / marine craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Investment property #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Investment property #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Shares/Managed funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Cash at bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limit \$	\$				\$		<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limit \$	\$				\$		<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Total					\$	\$				\$		

Notes:
Please specify vehicle make, model and year.

Current insurance details

Should circumstances e.g. sickness, accident, permanent disability or death, prevent you from earning an income, do you have any of the following insurance policies which would help to meet repayments or payout the debt?

Insurance policies	Client 1	Amount	Client 2	Amount
Life cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TPD cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trauma cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Insurance review	Client 1	Client 2
Would you like a qualified financial planner to review your insurance needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I will organise my own financial planner.	<input type="checkbox"/> Yes <input type="checkbox"/> No, I will organise my own financial planner.

Legal representation

<input type="checkbox"/> Solicitor	<input type="checkbox"/> Conveyancer				
Solicitor / Conveyancer contact details					
Name of firm					
Contact name					
Address					
Suburb					
State		Post code			
Phone		Mobile		Fax	

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
Do you have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of Power of Attorney?	<input type="checkbox"/> General <input type="checkbox"/> Enduring <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> Guardianship	<input type="checkbox"/> General <input type="checkbox"/> Enduring <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> Guardianship

Notes:

Your acknowledgment

Please read this information carefully

Important information

If incomplete or limited financial information has been provided:

- a) Your planner / mortgage consultant will not be able to undertake a full analysis of your individual goals, financial situation and particular needs.
- b) There is the possibility that any recommendation given to you may not be fully appropriate to your individual goals and needs, especially those that you have not disclosed.
- c) You must carefully assess whether the recommendations are appropriate for your individual goals, financial situation and particular needs before acting on them.

The information provided in this fact find is a true and accurate record of my current personal and financial position.

I am/We are not aware of any other information that you would need to be aware of before providing me/us with credit assistance.

I/we give permission for the information supplied in this fact find to be used for the preparation of providing credit product solutions.

I/we give permission for the information supplied in this fact find to be provided to relevant third parties.

Privacy statement

Your privacy is important to us. You have been provided with a copy of our Financial Services Credit Guide including the Appendix: Privacy Collection Statement which sets out how we collect and handle your personal information and details of how to access the AMP Privacy Policy.

Client declaration

This Fact Find was completed with information gathered during our meeting and from subsequent conversations.

Client signature 1

x

Date

Client signature 2

x

Date

Planner / Mortgage consultant declaration

This is an accurate and complete record of the information obtained from the client.

Planner / Mortgage consultant's signature

x

Date