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Navra Group Pty Ltd.

Financial Planning and Investment Advice

Australian Financial Services
Licence No: 292 605
ABN: 51 103 395 295

Financial Fact Finder

IMPORTANT NOTICE TO CLIENTS

The Corporations Law requires that an adviser making investment recommendations must have reasonable grounds for making those recommendations. This means that an adviser must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the clients. The information requested in the form is necessary to enable recommendations to be made and will be used solely for that purpose. If you require only restricted advice and/or do not wish to provide full financial details, you should strike out any unanswered sections of this form. We accept no liability for any advice given on the basis of inaccurate or incomplete information. Please refer to our Privacy Policy Statement which explains the collection, use and access to your personal information.

Please write clearly and strike out any sections of this form that is not applicable.

PERSONAL DETAILS

	Client 1		**Client 2**	
Title:	______________		______________	
Given Names:	______________		______________	
Preferred Name:	______________		______________	
Surname:	______________		______________	
Date of Birth:	______________		______________	
Sex:	☐ Male	☐ Female	☐ Male	☐ Female
Marital Status:	______________		______________	
Home Telephone:	______________		______________	
Work Telephone:	______________		______________	
Mobile:	______________		______________	
Fax:	______________		______________	
Email:	______________		______________	

Home Address: ____

Suburb/Town: ____________________ State: __________ Postcode: __________

Years at this address: ____________________

If less than 3 years – Previous

Address:____

Postal Address (if different):

____

DEPENDANTS/CHILDREN

Name:____________________ DOB:____________ Age:_____ Financially Dependent? Y / N

Name:____________________ DOB:____________ Age:_____ Financially Dependent? Y / N

Name:____________________ DOB:____________ Age:_____ Financially Dependent? Y / N

Name:____________________ DOB:____________ Age:_____ Financially Dependent? Y / N

EMPLOYMENT DETAILS

	Client 1	**Client 2**
Position Title:	______________	______________
Employer Name:	______________	______________
Industry/Type of Bus:	______________	______________
Employment Type:*	______________	______________
Employment Status:**	______________	______________
Work Address:	______________	______________
	______________	______________
Approximate Start Date:	______________	______________
Hours worked per week:	______________	______________
Is your job secure?	☐ Yes ☐ No	☐ Yes ☐ No

<u>If in current job less than 3 years</u>:

Position Title:	______________	______________
Employer Name:	______________	______________
Employment Type:*	______________	______________
Employment Status:**	______________	______________
Length of employment:	______________	______________

* Employment Type	=	Employee, Self Employed, Pensioner, Unemployed, Retired
** Employment Status	=	Permanent, Part-time, Casual, Contractor, Other

INCOME

Personal Income	**Client 1**	**Client 2**
Salary (excluding super):	______________	______________
Other non investment Taxable Income:	______________	______________
Other Tax Free Income:	______________	______________
Social Security Payments:	______________	______________
Directors Fees\Gratuities:	______________	______________
Super Contributions:	______________	______________
Tax Paid:	______________	______________
Do you salary sacrifice?	☐ Yes ☐ No	☐ Yes ☐ No

If Yes, please provide details: ______________________________

____

____

What is your savings capacity?	$__________ per month/year	$__________ per month/year
Do you have Private Health Insurance?	☐ Yes ☐ No	☐ Yes ☐ No
What level of cover?	Hospital / Ancillary	Hospital / Ancillary

CLIENT OBJECTIVES

	Client 1	Client 2
At what age would you like to attain financial independence/retire?	___________	___________
What is your desired annual retirement income (in today's dollars)? Net/Gross	$__________	$__________
Do you foresee any substantial changes to your income in the next five years? *	Yes / No	Yes / No
Are you contemplating leaving your current employer?*	Yes / No	Yes / No
On retirement do you intend to work on either a full or part time basis? *	Yes / No	Yes / No

(* If yes please provide details) ____

____

____

<u>Goals</u>: Please provide details of your short, medium and long term goals and provide estimated costs (examples: fund children's education, home renovations, travel, new home, new car, luxury items, retirement plans, etc.)

Short Term Goals (next 2 years): ____

____

____

____

____

Medium Term Goals (2 to 5 years): ____

____

____

____

____

Long Term Goals (more than 5 years): ____

____

____

____

____

How much cash would you like to have readily available for emergencies/buffers? $____________________

ASSETS AND LIABILITIES

Details / Description	Owner	Date Acq. (approx)	Purchase Price	Current Market Value	Liabilities
Home:					
Property 1:					
Property 2:					
Property 3:					
Property 4:					
Property 5:					

Details	Owner	Purchase Price	Current Market Value	Liabilities	Monthly Loan Repayments
Motor Vehicle					
Motor Vehicle					
Shares/Managed Funds/ Bonds/Equity Trusts *					
Cash/Savings					
Superannuation Client 1					
Superannuation Client 2					
Household Contents					
Other Assets					
Personal Loan					
Personal Loan					
Loans to third parties					

* If you have more than one investment please provide further details on page 6.

If renting, rent paid per week $____________________

Home Insurance Company: ______________________ Insured Amount: $_________________

Are your home and contents insured for at least their replaceable value? ☐ Yes ☐ No

LOAN / BORROWING DETAILS

Bank/Lender	Borrower	Property used as security for loan	Lender product name	Is the interest on loan tax-deductible?	P&I or IO	Year Started	Fixed or Variable	Current Amount Outstanding	Loan Limit/ Line of Credit Limit	Current Interest Rate (% p.a.)	Calendar Monthly Repayments
				Yes / No							
				Yes / No							
				Yes / No							
				Yes / No							
				Yes / No							
				Yes / No							
				Yes / No							
				Yes / No							

CREDIT CARD DETAILS

Card Type	Bank	Owner	Credit Limit	Balance Owing	Balance Paid Monthly
					Yes / No
					Yes / No
					Yes / No

CURRENT INVESTMENTS – i.e. Shares / Managed Funds / Property Trusts / Bonds

Description	Owner	Purchase Date	Purchase Cost	Current Value	Annual Income

CASH / SAVINGS DETAILS

Bank	Owner	Account Type	Amount	Interest Rate

LENDING PROFILE

What type of borrower are you? (Including your home loans)

Conservative (No borrowings) ☐

Moderately Conservative (LVR – up to 40%) ☐

Balanced (LVR – up to 60%) ☐

Moderately Aggressive (LVR – up to 80%) ☐

Aggressive (LVR – over 80%) ☐

(*LVR = Loan to Value Ratio)

FINANCIAL RESOURCES

The following resources are available in the construction of a strategic plan to achieve my financial objectives.

Home	☐ Yes	☐ No
Investment Properties	☐ Yes	☐ No
Other asset	☐ Yes	☐ No
Shares/Managed Funds	☐ Yes	☐ No
Savings	☐ $_________ or _________%	☐ No
Other (e.g. cash funds to be used)	☐ $_________ or _________%	☐ No

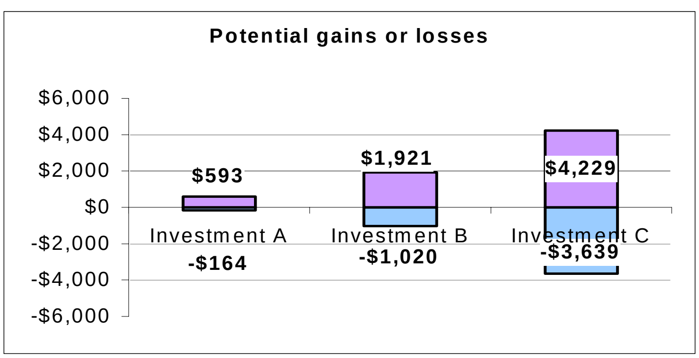
RISK PROFILE

Please answer all questions below.

1. Compared to others, how do you rate your willingness to take financial risks?	☐ Average	☐ Less willing	☐ More willing
2. When you think of 'risk' in a financial context, which comes to mind first?	☐ Possible gains	☐ Could gain or lose	☐ Possible loss
3. How easily do you adapt when things go wrong financially?	☐ With ease	☐ Can adapt	☐ With difficulty
4. How much confidence do you have in your ability to make good financial decisions?	☐ I am not very confident about financial decisions	☐ I am very confident in my financial decisions	☐ I am reasonably confident in my financial decisions
5. If you had to choose between more job security with a small pay rise, or less job security and a big pay rise, which would you pick?	☐ I am not sure	☐ I'd take more job security & a small pay rise	☐ I'd take less job security & a big pay rise
6. When faced with a major financial decision, do you concentrate more on possible gains or possible losses?	☐ Usually, if not always, the gains	☐ Usually, if not always, the losses	☐ Usually the gains, but sometimes the losses.
7. Would you borrow money to make an investment?	☐ Possibly	☐ Yes	☐ No
8. How much of your investment portfolio would you be willing to place in an investment that you thought had the potential for high returns but *also* had the potential for large losses?	☐ Less than 10%	☐ More than 50%	☐ 25% to 35%
9. How big a loss across all your investments would have to occur before you began to feel uncomfortable?	☐ I would be uncomfortable by the time my losses reached 10%	☐ I would get uncomfortable when my losses were between 10% to 20%	☐ It would take losses of at least 25% before I became uncomfortable

10. This chart below shows the highest one-year gain and the highest one-year loss on three different hypothetical investments of $10,000. Which one would you see as your preferred investment?

☐ I would pick Investment A ☐ I would pick Investment B ☐ I would pick Investment C



Are there any specific investments you would not wish to consider?______________________________

BUSINESS ENTITIES

ENTITY TYPE	Entity 1	Entity 2	Entity 3
Registered (Proper) Name			
Description *(Company, Partnership, Super Fund, Trust)*			
If you have a trust, is it a discretionary, hybrid structure or a unit trust?	Discretionary / Hybrid / Unit	Discretionary / Hybrid / Unit	Discretionary / Hybrid / Unit
Please detail what was the purpose of setting up the trust?			
Executor			
Director			
Beneficiary			
Partner			
Trustee			
Other			

PROFESSIONAL ADVISERS

	Name	Company	Telephone
Accountant:			
Solicitor:			
Financial Adviser:			
Other (eg Bank Mgr):			

Authority to Contact ☐ Accountant ☐ Solicitor ☐ Financial Adviser ☐ Other

ADVISER NOTES

SUPERANNUATION DETAILS

To help us understand your superannuation please complete below and provide copies of latest super statements:

Client 1	**Super Account 1**	**Super Account 2**	**Super Account 3**
Fund Name			
Current Value of super			
Regular Employer Contributions (% of salary or $ pa)			
Salary Sacrifice Contributions (from pre tax income) (% of salary or $ pa)			
Personal Contributions (from after tax income) (% of salary or $ pa)			
Personal Contributions (for Self Employed) (% of salary or $ pa)			
Do you have a Binding Nomination of Beneficiary in place?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, does this reflect your current wishes?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Are you eligible for superannuation choice? ☐ Yes ☐ No ☐ Don't Know

Notes: ____

____

Client 2	**Super Account 1**	**Super Account 2**	**Super Account 3**
Fund Name			
Current Value of super			
Regular Employer Contributions (% of salary or $ pa)			
Salary Sacrifice Contributions (from pre tax income) (% of salary or $ pa)			
Personal Contributions (from after tax income) (% of salary or $ pa)			
Personal Contributions (for Self Employed) (% of salary or $ pa)			
Do you have a Binding Nomination of Beneficiary in place?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, does this reflect your current wishes?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Are you eligible for superannuation choice? ☐ Yes ☐ No ☐ Don't Know

Notes: ____

____

ESTATE PLANNING

	Client 1	**Client 2**
Do you have a Will?	☐ Yes ☐ No	☐ Yes ☐ No
Is it up to date?	☐ Yes ☐ No	☐ Yes ☐ No
When was it last reviewed?	____________	____________
Do you have power of attorney in place?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, what type is it? (limited, enduring, medical)	____________	____________
Do you have a testamentary trust as part your Will?	☐ Yes ☐ No	☐ Yes ☐ No

EXISTING RISK INSURANCE COVER

Please complete below, and supply copies of latest insurance policy statements (* TPD = Total and Permanent Disability):

Client 1	Life Insurance	TPD* Insurance	Trauma Insurance	Income Protection
Is policy inside *Super?*	☐ Yes ☐ No	☐ Yes ☐ No	N/A	☐ Yes ☐ No
Life Insured				
Policy Owner				
Sum Insured				
Name of Company				
Name of Policy				
Policy Number				
Commencement Date				
Premium				
Premium Frequency				
Waiting Period				
Benefit Period				

Notes: ____

____

Client 2	Life Insurance	TPD* Insurance	Trauma Insurance	Income Protection
Is policy inside *Super?*	☐ Yes ☐ No	☐ Yes ☐ No	N/A	☐ Yes ☐ No
Life Insured				
Policy Owner				
Sum Insured				
Name of Company				
Name of Policy				
Policy Number				
Commencement Date				
Premium				
Premium Frequency				
Waiting Period				
Benefit Period				

Notes: ____

____

RISK ANALYSIS QUESTIONNAIRE

Risk Insurance Background	***Client 1***	***Client 2***
Do you smoke?	☐ Yes ☐ No	☐ Yes ☐ No
Are you aware of any medical condition which may affect your ability to obtain personal insurance?	☐ Yes ☐ No	☐ Yes ☐ No
Describe your health	Excellent / Good Average / Poor	Excellent / Good Average / Poor
Provide details of any formal qualifications		
What duties does your occupation entail?		

Personal Priorities (Rank from 1 - 4 in order of highest to lowest priority)	***Priority***
Protecting family/assets in the event of death	
Protecting current income in the event of sickness or accident	
Protecting family/assets in the event of serious illness or trauma	
Maintaining current standard of living if permanently disabled	

1.a If you were unable to work for a long period of time due to illness or an accident, what percentage of your current income would your family require to meet everyday living expenses and ongoing medical expenses? (max. 75%)	__________%	__________%
1b. How long should the income in 1a continue for? (e.g. 2yrs, 5 yrs, to age 60 or age 65)	_________age/yrs	________age/yrs
1c. If you were unable to work due to accident or illness how long could you reasonably last without your income? (days)	__________days	__________days
2a. No. of weeks of sick leave owing		
2b. No. of weeks of holiday pay owing		
2c. No. of weeks of long service leave owing		
3a. In the event of your untimely death, do you want the home mortgage paid out completely?	☐ Yes ☐ No ☐ Not if insurance payout will provide funds to continue to pay loan	☐ Yes ☐ No ☐ Not if insurance payout will provide funds to continue to pay loan
3b. In the event of your untimely death, do you want your investment debt paid out completely?	☐ Yes ☐ No ☐ Debt to be reduced to the point where properties are neutrally geared	☐ Yes ☐ No ☐ Debt to be reduced to the point where properties are neutrally geared
4. If you are diagnosed with a trauma condition, what lump sum amount of money would you like to receive to get you through the treatment and recovery period? (1 in 3 people will suffer a trauma at some stage in their life)	☐ $50,000 ☐ $100,000 ☐ $150,000 ☐ Other $……………..	☐ $50,000 ☐ $100,000 ☐ $150,000 ☐ Other $……………..

PERSONAL EXPENDITURE / BUDGET

This budget sheet can be used to help you calculate your surplus living costs. Include only costs relating to personal expenditure and your home.

Description	Weekly	Annual
Personal		
Groceries		
Eating Out/Takeaways		
Alcohol		
Tobacco		
Clothing/Footwear		
Medical/Health		
Recreation		
Personal Care		
Mobile Phone		
Life/TPD/Trauma/Income Protection Insurance		
Personal Loan repayments		
Education		
Child Maintenance		
Holidays		
Gifts		
Other		
Other		

Description	Weekly	Annual
Housing		
Rent		
Mortgage Repayments (non-deductible debt only)		
Electricity		
Water		
Gas		
Council Rates		
House/Contents Insurance		
Home Phone, Post, Internet Accounts		
Repairs/Maintenance		
Furnishing/Equipment		
Transport		
Car Loan Repayments		
Fuel & Oil		
Registration/Insurance		
Repairs/Maintenance		
Fares		
Total		

INVESTMENT PROPERTY INCOME AND EXPENSES

If you would like your existing property income and costs to be included in your Statement of Advice (financial plan) please complete the table below. Alternatively an estimate for your existing property holding costs will be made when preparing your plan.

	Property 1	**Property 2**	**Property 3**	**Property 4**	**Property 5**
Property Description/Location					
Rent/Income per week					
TOTAL INCOME (per annum)					
Location of Property					
Estimated Land Value of Property					
Expenses					
Loan Repayments					
Council Rates					
Water Rates					
Property Management					
Body Corporate					
House Insurance					
Landlords Insurance					
Maintenance					
Miscellaneous					
TOTAL COSTS					
Yearly Depreciation Claimed					

CLIENT DECLARATION

Correct and Accurate Information

The information set out in this form accurately represents my/our investment objectives, financial situation and particular need. I/We am/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 statement of advice/investment recommendation will be based solely on the information supplied in this form within a period of two months. 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.

Tax File Numbers

I/We do/ do not give permission for The Navra Group Pty Ltd to retain my/our tax file number on my personal client file, and to disclose this information as necessary to other Financial Institutions with which I/we choose to do business. I/We understand this is the only purpose for which my/our tax file number(s) ('TFN') will be used.

Tax File Number: ____________________ Tax File Number: ____________________

Financial Services Guide

I acknowledge that I have received a Financial Services Guide on (date):_______________

Privacy Policy Statement

I acknowledge that I have received a Privacy Policy Statement from Navra Financial Services.

Risk Profile

I acknowledge that I discussed with my adviser and completed the risk profile within this fact finder.

Client 1: Name: ____________________ Signature*: __________________ Date: ____/____/____

Client 2: Name: ____________________ Signature*: __________________ Date: ____/____/____

* Signatures and dates are compulsory. By signing above you agree to the declarations and permissions as stated above.

ADVISER'S DECLARATION

The information recorded in this document was provided/reviewed during a discussion held on: ____/____/____

I acknowledge the Client has received a "Financial Services Guide" and "Privacy Policy" _____________

I acknowledge I have discussed and reviewed the client risk profile. _____________

Signed (Adviser) *: __________________________

* Signature and date compulsory