

# Client Data Collection Booklet

Version 1.08 – October 2021

## Purpose of this Document

The Corporations Law requires that a Financial Planner making financial product recommendations must have reasonable grounds for making those recommendations. This means that a Financial Planner must conduct appropriate investigations as to the financial objectives, situation and particular needs of the customer. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose.

## Privacy Statement

This **Client Data Collection Form** is strictly confidential between you and **First Advice Solutions / ABN 41 610 508 284 / Australian Financial Services Licence 484091 / Level 4, 431 King William Street, ADELAIDE SA 5000.**

If you have any questions, please contact us on **1300 450 000** or [advice@firstadvice.com.au](mailto:advice@firstadvice.com.au).

<b>Client 1</b>	<b>Client 2</b>
<b>Adviser</b>	
<b>Date Completed</b>	/ /

### Initial Information (Office Use Only)

<i>Item</i>	<i>Details</i>
Clients referred by	
Date FSG Provided	/ /
AML ID Check completed	/ /
Date of First Appointment	/ /

### Initial Information

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
Preferred Title <i>(Dr, Mr, Mrs, Ms, Miss, Rev, etc.)</i>		
Full Name		
Marital Status		
Date of Birth		
Tax File Number		
Smoker	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Private Health Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Resident Status		

### Contact Details

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
Residential Address		
Suburb		State & Postcode
Postal Address		<input type="radio"/> Same as street address
Suburb		State & Postcode
Phone (Work)		
Phone (Home)		
Phone (Mobile)		
Email (Preferred)		

### Employment Details

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
Occupation Type	<input type="radio"/> Employee <input type="radio"/> Self Employed <input type="radio"/> Unemployed <input type="radio"/> Retired	<input type="radio"/> Employee <input type="radio"/> Self Employed <input type="radio"/> Unemployed <input type="radio"/> Retired
Main Occupation & duties		
Employer		
Tertiary Qualifications		
Pre-Tax Income from employment		
Superannuation Salary Sacrifice		
Salary Packaging	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Years of Service		
Hours worked/week		

### Dependant Details

Not Applicable

<i>Child's Name</i>	<i>Birthday</i>	<i>Sex</i>	<i>Financially Dependent</i>	<i>Dependent until Age</i>
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No	
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No	
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No	
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No	

### Estate Planning

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
Do you have a Will?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If 'Yes', who is executor?		
Do you have a Power of Attorney?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If 'Yes', who holds the POA?		

**Business Entities/Trust structures or SMSF's**
 Not Applicable

<i>Name of Entity</i>	<i>Entity type</i>	<i>Owner/Director(s)/Trustee(s)</i>

**Professional Details & Client Relationships (Accountant, Solicitor, etc.)**
 Not Applicable

<i>Firm</i>	<i>Name of Contact</i>	<i>Relationship</i>	<i>Permission to Contact</i>	<i>Telephone Number</i>
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	

**Financial Goals (Holidays, Renovations, Car/Caravan/Boat Purchase, Education, Inheritances, etc.)**

<i>Name of Goal</i>	<i>Expected Date</i>	<i>Amount (\$)</i>
	/ /	\$
	/ /	\$
	/ /	\$

**Lifestyle Goals – Needs & Objectives**

Short term
Medium term
Long term

**Inheritance – likelihood of receiving and when**

Short term
Medium term

**Scope of Advice (Reasons for seeking advice)**

Aged Care	Investment	Estate Planning
Debt Management	Retirement Income	Superannuation
Insurance	Centrelink	Cashflow management



**Income Details**

O Not in Scope

<i>Details</i>	<i>Client 1 (\$ per annum)</i>	<i>Client 2 (\$ per annum)</i>
Salary/wages	\$	\$
Other remuneration	\$	\$
Interest	\$	\$
Rent	\$	\$
Pension/annuity	\$	\$
Overseas pension/annuity	\$	\$
Centrelink/DVA	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Income (per annum)</b>	<b>\$</b>	<b>\$</b>

**Expense Details**

O Not in Scope

Household expenses (see attached budget)	\$	\$
Tax provision	\$	\$
	\$	\$
	\$	\$
<b>Total Expenses (per annum)</b>	<b>\$</b>	<b>\$</b>
<b>Surplus/Deficit (per annum)</b> <i>(Income Less Expenses)</i>	<b>\$</b>	<b>\$</b>

**Cashflow**

O Not in Scope

<i>Details</i>	<i>Client 1 (\$ per annum)</i>	<i>Client 2 (\$ per annum)</i>
Able to save?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If 'Yes', how much?	\$	\$
Use of savings over the last year?	\$	\$

**Social Security Benefits**

Not in Scope

<i>Details</i>	<i>Client 1 (\$ per annum)</i>			<i>Client 2 (\$ per annum)</i>		
Receiving any payments? (Type)	<input type="radio"/> Age Pension <input type="radio"/> Disability Support Pension <input type="radio"/> Newstart Allowance <input type="radio"/> Other:			<input type="radio"/> Age Pension <input type="radio"/> Disability Support Pension <input type="radio"/> Newstart Allowance <input type="radio"/> Other:		
Reference Number						
Centrelink assessed assets	\$	as at	/ /	\$	as at	/ /
Centrelink assessed income	\$	as at	/ /	<input type="radio"/> pa <input type="radio"/> pf	\$	as at / / <input type="radio"/> pa <input type="radio"/> pf
Renting?	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
Gifts in last 5 years						
PBS registered?	Date	<input type="radio"/> Yes /	<input type="radio"/> No /	Date	<input type="radio"/> Yes /	<input type="radio"/> No /
Commonwealth Seniors Health Card registered?	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
Annual entitlement?	\$			\$		

**Notes (Cashflow)**

*Discuss any other relevant cashflow details.*

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**Lifestyle Assets**

○ Not in Scope

<i>Asset</i>	<i>Owner</i>		<i>Value</i>
House	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Contents	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Car 1	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Car 2	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Van/Boat	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
	<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$

**Cash & Other Investments**

○ Not in Scope

<i>Account</i>	<i>Type</i>	<i>Owner</i>		<i>Value</i>
Bank account 1		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Bank account 2		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Term deposit		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Direct Shares		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Managed Investment		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$

**Liabilities**

○ Not in Scope

<i>Type</i>	<i>Provider</i>	<i>Owner</i>		<i>Value</i>
Mortgage		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Credit Cards		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
Personal Loan		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$
		<input type="radio"/> Client 1	<input type="radio"/> Client 2	\$



**Superannuation Assets**
 Not in Scope

<i>Details</i>	<i>Account 1</i>	<i>Account 2</i>	<i>Account 3</i>	<i>Account 4</i>
Owner	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2
Fund name				
Type				
Current value	\$	\$	\$	\$
Policy number				
Insurance cover	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Income Protection	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Income Protection	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Income Protection	<input type="radio"/> Death <input type="radio"/> TPD <input type="radio"/> Income Protection
Death cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Income protection cover	\$	\$	\$	\$
Waiting periods				
Benefit periods				
Beneficiary				
Beneficiary type	<input type="radio"/> Binding <input type="radio"/> None <input type="radio"/> Non-lapsing	<input type="radio"/> Binding <input type="radio"/> None <input type="radio"/> Non-lapsing	<input type="radio"/> Binding <input type="radio"/> None <input type="radio"/> Non-lapsing	<input type="radio"/> Binding <input type="radio"/> None <input type="radio"/> Non-lapsing
Binding nominations (end date/relationship/%)				

**Pension/Annuity Assets**
 Not in Scope

<i>Details</i>	<i>Account 1</i>	<i>Account 2</i>	<i>Account 3</i>	<i>Account 4</i>
Owner	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Client 1 <input type="radio"/> Client 2
Product/Provider name				
Account number				
Current value	\$	\$	\$	\$
Type	<input type="radio"/> A/C based pension <input type="radio"/> TTR pension <input type="radio"/> Lifetime annuity <input type="radio"/> Fixed term annuity <input type="radio"/> TAP	<input type="radio"/> A/C based pension <input type="radio"/> TTR pension <input type="radio"/> Lifetime annuity <input type="radio"/> Fixed term annuity <input type="radio"/> TAP	<input type="radio"/> A/C based pension <input type="radio"/> TTR pension <input type="radio"/> Lifetime annuity <input type="radio"/> Fixed term annuity <input type="radio"/> TAP	<input type="radio"/> A/C based pension <input type="radio"/> TTR pension <input type="radio"/> Lifetime annuity <input type="radio"/> Fixed term annuity <input type="radio"/> TAP
Beneficiary nomination	<input type="radio"/> None <input type="radio"/> Reversionary <input type="radio"/> Binding	<input type="radio"/> None <input type="radio"/> Reversionary <input type="radio"/> Binding	<input type="radio"/> None <input type="radio"/> Reversionary <input type="radio"/> Binding	<input type="radio"/> None <input type="radio"/> Reversionary <input type="radio"/> Binding
Annual income	\$	\$	\$	\$

**Personal Insurance**

Not in Scope

<i>Details</i>	<i>Policy 1</i>	<i>Policy 2</i>	<i>Policy 3</i>	<i>Policy 4</i>
Life insured				
Insurer/Product				
Policy number				
Life cover amount	\$	\$	\$	\$
TPD cover amount	\$	\$	\$	\$
Trauma cover amount	\$	\$	\$	\$
Income cover amount	\$	\$	\$	\$
Business expenses cover amount	\$	\$	\$	\$
Waiting periods				
Benefit periods				
Loadings or exclusions?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Details				
Premium amount	\$	\$	\$	\$
Premium frequency	<input type="radio"/> Month <input type="radio"/> Year	<input type="radio"/> Month <input type="radio"/> Year	<input type="radio"/> Month <input type="radio"/> Year	<input type="radio"/> Month <input type="radio"/> Year

**General Insurance**

<i>Details</i>	<i>Client 1</i>			<i>Client 2</i>	
Do you have general insurance?	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No	
<i>Insurer</i>	<i>Type</i>	<i>Details</i>	<i>Owner</i>	<i>Sum insured</i>	<i>Premium (\$pa)</i>
				\$	\$
				\$	\$

**Health Insurance**

<i>Details</i>	<i>Client 1</i>			<i>Client 2</i>	
Do you have health insurance?	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No	
<i>Insurer</i>	<i>Type</i>	<i>Owner</i>	<i>Insured</i>	<i>Premium (\$pa)</i>	
					\$



## Declarations

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 First Advice Licensee Services Pty Ltd
  - 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 parapanning, 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.
- o I give permission to receive marketing and advertising materials on products, services, events, promotions and offers from our adviser and their related parties.
- o I give permission for the information provided in this Client Data Form to also be disclosed to the following people

### 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.

*Client Declaration – I/We declare that:*

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name:	Name:
/ /	/ /

*Adviser Declaration – I declare that:*

- The information contained in this booklet is an accurate and complete record of the information provided by the client and acknowledged by the client signing and dating above.
- The preparation of the client's Statement of Advice will be based on the above information and any other documentation provided.

<input checked="" type="checkbox"/>	Adviser: / /
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**IDENTIFICATION FORM INDIVIDUALS &  
SOLE TRADERS**

**GUIDE TO COMPLETING THIS FORM**

- o Complete one form for each individual. Complete all applicable sections of this form in **BLOCK LETTERS**.
- o Tax information must be collected from the individual
- o Contact your licensee if you have any queries.

**SECTION 1: PERSONAL DETAILS**

Surname	Date of Birth <small>dd/mm/yyyy</small>

Full Given Name(s)

Residential Address *(PO Box is NOT acceptable)*

Street

Suburb	State	Postcode	Country

**COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER**

Full Business Name (if any)

ABN (if any)

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Principal Place of Business (if any) *(PO Box is NOT acceptable)*

Street

Suburb	State	Postcode	Country

**SECTION 2: TAX INFORMATION**

*Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.*

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia?    Yes     No

Is the individual a tax resident of another Country?    Yes     No

**If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.**

*A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.*

1.	Country		TIN		If no TIN, list reason A, B or C		
2.	Country		TIN		If no TIN, list reason A, B or C		
3.	Country		TIN		If no TIN, list reason A, B or C		

*If there are more countries, provide details on a separate sheet and tick this box.*

- Reason A** The country of tax residency does not issue TINs to tax residents
- Reason B** The individual has not been issued with a TIN
- Reason C** The country of tax residency does not require the TIN to be disclosed

**SECTION 3: VERIFICATION PROCEDURE**

Verify the **individual's** full name; and **EITHER** their date of birth or residential address.

- o Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- o Contact your licensee if the individual is unable to provide the required documents.

**PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC ID DOCUMENTS**

<b>Tick</b> ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Australian State / Territory driver's licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

**PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

<b>Tick</b> ✓	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Department of Human Services (previously known as Centrelink)
<b>Tick</b> ✓	<b>AND ONE</b> valid option from this section
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
<input type="checkbox"/>	If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

**PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

<b>Tick</b> ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

\*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

**IMPORTANT NOTE:**

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents

**SECTION 4: RECORD OF VERIFICATION PROCEDURE**

ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
Verified From	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer		
Issue Date		
Expiry Date		
Document Number		
Accredited English Translation	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name			AFSL No.	
Representative/ Employee Name			Phone No.	
Signature			Date Verification Completed	

19 May 2017 version – Refer to FSC/FPA GUIDANCE - MANAGING AML/CTF AND FATCA/CRS CUSTOMER IDENTIFICATION OBLIGATIONS for conditions of use

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Surname	Date of Birth <small>dd/mm/yyyy</small>

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb	State	Postcode	Country

### COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)

ABN (if any)

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Street

Suburb	State	Postcode	Country

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*Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.*

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**If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.**

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1.	Country <input style="width: 80%;" type="text"/>	TIN	<input style="width: 80%;" type="text"/>	If no TIN, list reason A, B or C <input style="width: 80%;" type="text"/>
2.	Country <input style="width: 80%;" type="text"/>	TIN	<input style="width: 80%;" type="text"/>	If no TIN, list reason A, B or C <input style="width: 80%;" type="text"/>
3.	Country <input style="width: 80%;" type="text"/>	TIN	<input style="width: 80%;" type="text"/>	If no TIN, list reason A, B or C <input style="width: 80%;" type="text"/>

If there are more countries, provide details on a separate sheet and tick this box.

**Reason A** The country of tax residency does not issue TINs to tax residents

**Reason B** The individual has not been issued with a TIN

**Reason C** The country of tax residency does not require the TIN to be disclosed

**SECTION 3: VERIFICATION PROCEDURE**

Verify the **individual's** full name; and **EITHER** their date of birth or residential address.

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**PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC ID DOCUMENTS**

<b>Tick</b> ✓	Select ONE valid option from this section only
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<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

**PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

<b>Tick</b> ✓	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Department of Human Services (previously known as Centrelink)
<b>Tick</b> ✓	<b>AND ONE</b> valid option from this section
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
<input type="checkbox"/>	If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

**PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

<b>Tick</b> ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

\*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

**IMPORTANT NOTE:**

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents

**SECTION 4: RECORD OF VERIFICATION PROCEDURE**

ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
Verified From	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer		
Issue Date		
Expiry Date		
Document Number		
Accredited English Translation	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name		AFSL No.	
Representative/ Employee Name		Phone No.	
Signature		Date Verification Completed	

19 May 2017 version – Refer to FSC/FPA GUIDANCE - MANAGING AML/CTF AND FATCA/CRS CUSTOMER IDENTIFICATION OBLIGATIONS for conditions of use

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AML-CTF Risk Assessment Form V1.0	
<b>Date of Assessment:</b>	
<b>Adviser Name:</b>	
<b>Client Name:</b>	
<b>Customer type:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Australian Company <input type="checkbox"/> Foreign Company <input type="checkbox"/> Verifying Officer <i>(must be classified as a PEP)</i>
	<input type="checkbox"/> Australian Regulated Trust (inc SMSF) <input type="checkbox"/> Unregulated Australian Trust & Foreign Trust <input type="checkbox"/> Associations <input type="checkbox"/> Registered co-operative

Risk Assessment	Yes	No
<b>Is this client non face to face?</b> <i>(a video meeting i.e. skype or video conferencing is classified as face to face)</i>	<input type="checkbox"/> 2 points	<input type="checkbox"/> 0 points
<b>Are there complicated business/trust structures where you have been unable to identify the beneficial owner?</b> <i>(beneficial ownership is 25% or more. If answered Yes, enhanced due diligence will be required)</i>	<input type="checkbox"/> 3 points	<input type="checkbox"/> 0 points
<b>Have you identified this client as a high-risk PEP either Domestic PEP, Foreign PEP or an associate of a high risk PEP?</b> <i>(for example: Federal or State member or minister of parliament, senior government official, High ranking member of the armed forces, client with prominent public position in a government body refer to AML-CTF Guidelines for further examples. If answered Yes, enhanced due diligence will be required)</i>	<input type="checkbox"/> 3 points	<input type="checkbox"/> 0 points
<b>Does this client reside in or have arrangements involving high risk foreign jurisdictions or sanctioned countries?</b> <i>(Please refer to the list of high-risk jurisdictions, if it is not on the list then answer No to this question unless you prefer to leave the client as high risk due to the country involved).</i>	<input type="checkbox"/> 4 points	<input type="checkbox"/> 0 points
<b>Total Points</b>		
<b>Risk Classification</b>		
<b>Low = 0</b>	<b>Medium = 2</b>	<b>High = 3-5</b>
		<b>Very High = 6+</b>

#### High Risk Jurisdiction List and Sanctioned Countries

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Central African Republic              | <input type="checkbox"/> ISIL (Da'esh) and Al-Qaida | <input type="checkbox"/> Sri Lanka           |
| <input type="checkbox"/> Crimea and Sevastopol,                | <input type="checkbox"/> Lebanon                    | <input type="checkbox"/> Sudan               |
| <input type="checkbox"/> Democratic People's Republic of Korea | <input type="checkbox"/> Libya                      | <input type="checkbox"/> Syria               |
| <input type="checkbox"/> Democratic Republic of Congo          | <input type="checkbox"/> Myanmar (Burma)            | <input type="checkbox"/> The Taliban         |
| <input type="checkbox"/> Eritrea                               | <input type="checkbox"/> Pakistan                   | <input type="checkbox"/> Trinidad and Tobago |
| <input type="checkbox"/> Ethiopia                              | <input type="checkbox"/> Russia                     | <input type="checkbox"/> Tunisia             |
| <input type="checkbox"/> Former Federal Republic of Yugoslavia | <input type="checkbox"/> Serbia                     | <input type="checkbox"/> Ukraine             |
| <input type="checkbox"/> Guinea Bissau (Africa)                | <input type="checkbox"/> Somalia                    | <input type="checkbox"/> Yemen               |
| <input type="checkbox"/> Iran                                  | <input type="checkbox"/> South Sudan                | <input type="checkbox"/> Zimbabwe            |
| <input type="checkbox"/> Iraq                                  |   |  |

PERSONAL BUDGET FOR THE PERIOD \_\_\_\_/\_\_\_\_/\_\_\_\_

	Weekly	Monthly	Quarterly	Yearly
<b>Home/Utilities</b>				
Mortgage/Rent				
Personal Loans				
Credit Card Payments				
Gas				
Electricity				
Water				
Council Rates				
Emergency Services				
Home Phone				
Foxtel				
Mobile				
Internet				
<b>Insurance</b>				
Health				
Car				
Home				
Personal				
<b>Education/Health</b>				
School Fees				
Childcare				
Sporting fees				
Gym membership				
Other				
Doctor/ Dentist				
Medicines				
Eyecare				
Vet				
<b>Shopping/Transport</b>				
Groceries				
Hairdresser				
Clothing/ shoes				
Gifts				
Petrol				
Car Registration				
Car service				
Parking				
<b>Entertainment</b>				
Holidays				
Alcohol etc				
Magazines				
Restaurants				
Takeaway				
<b>TOTAL</b>				