

Client Data Collection Booklet

Version 1.07 - October 2019

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 / 450 Pulteney Street, ADELAIDE SA 5000.

If you have any questions, please contact us on 1300 450 000 or advice@firstadvice.com.au.

Client 1	Client 2
Adviser	
Date Completed / /	

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 (Dr, Mr, Mrs, Ms, Miss, Rev, etc.)		
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

<i>What are your reasons for seeking financial advice?</i>	<i>Please elaborate in your words?</i>
To feel secure about my finances in retirement	
To feel secure about my finances now	
To retire early	
To not be a financial burden on my family as I grow older	
To leave an inheritance to my loved ones	
To buy a house	
To help pay for my kid's education	
To go on holidays	
To start a new business	
Protect income in the event of sickness or injury	
Protect current assets	
To care for aging parents	
To give to charity or other causes I care about	
Other:	

Retirement		
<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
When do you expect to retire?		
Desired retirement income (\$ pa.)	\$	\$
Number of years income required		
Additional retirement lump sum	\$	\$
Downsize the family home?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Income Details

 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	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Income (per annum)	\$	\$

Expense Details

 Not in Scope

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

Cashflow

 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="checkbox"/> Age Pension <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Other:	<input type="checkbox"/> Age Pension <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Other:
Reference Number		
Centrelink assessed assets	\$ as at / /	\$ as at / /
Centrelink assessed income	\$ <input type="checkbox"/> pa <input type="checkbox"/> pf as at / /	\$ <input type="checkbox"/> pa <input type="checkbox"/> <input type="checkbox"/> pf as at / /
Renting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gifts in last 5 years		
PBS registered?	Date <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Date <input type="checkbox"/> Yes <input type="checkbox"/> No / /
Commonwealth Seniors Health Card registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual entitlement?	\$	\$

Notes (Cashflow)

Discuss any other relevant cashflow details.

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="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Fund name				
Type				
Current value	\$	\$	\$	\$
Policy number				
Insurance cover	<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Income Protection	<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Income Protection	<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Income Protection	<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Income Protection
Death cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Income protection cover	\$	\$	\$	\$
Waiting periods				
Benefit periods				
Beneficiary				
Beneficiary type	<input type="checkbox"/> Binding <input type="checkbox"/> None <input type="checkbox"/> Non-lapsing	<input type="checkbox"/> Binding <input type="checkbox"/> None <input type="checkbox"/> Non-lapsing	<input type="checkbox"/> Binding <input type="checkbox"/> None <input type="checkbox"/> Non-lapsing	<input type="checkbox"/> Binding <input type="checkbox"/> None <input type="checkbox"/> 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="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Product/Provider name				
Account number				
Current value	\$	\$	\$	\$
Type	<input type="checkbox"/> A/C based pension <input type="checkbox"/> TTR pension <input type="checkbox"/> Lifetime annuity <input type="checkbox"/> Fixed term annuity <input type="checkbox"/> TAP	<input type="checkbox"/> A/C based pension <input type="checkbox"/> TTR pension <input type="checkbox"/> Lifetime annuity <input type="checkbox"/> Fixed term annuity <input type="checkbox"/> TAP	<input type="checkbox"/> A/C based pension <input type="checkbox"/> TTR pension <input type="checkbox"/> Lifetime annuity <input type="checkbox"/> Fixed term annuity <input type="checkbox"/> TAP	<input type="checkbox"/> A/C based pension <input type="checkbox"/> TTR pension <input type="checkbox"/> Lifetime annuity <input type="checkbox"/> Fixed term annuity <input type="checkbox"/> TAP
Beneficiary nomination	<input type="checkbox"/> None <input type="checkbox"/> Reversionary <input type="checkbox"/> Binding	<input type="checkbox"/> None <input type="checkbox"/> Reversionary <input type="checkbox"/> Binding	<input type="checkbox"/> None <input type="checkbox"/> Reversionary <input type="checkbox"/> Binding	<input type="checkbox"/> None <input type="checkbox"/> Reversionary <input type="checkbox"/> 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>	
					\$

Overall Health

<i>Details</i>	<i>Client 1</i>	<i>Client 2</i>
How would you describe your health right now?		
Are you currently, or intend to receive medical treatment for a medical issue soon?		
Any significant diagnosis for you in the last 5 years?		
Has an immediate member of your family been diagnosed with anything significant recently?		
If something unexpected was to happen to you, what would you like to attend to? (eg pay off the house etc)		
Have you ever applied for insurance and been declined before?		
Other?		

Other Information

Please note any specific topics you would like added to the agenda for our appointment. Is there anything you would not like us to address with our Advice?

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 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.
- 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

Tick ✓	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

Tick ✓	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)
Tick ✓	AND ONE 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

Tick ✓	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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- o Tax information must be collected from the individual
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SECTION 1: PERSONAL DETAILS

Surname	Date of Birth dd/mm/yyyy

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)

--	--

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	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>	<input type="text"/>
2.	Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>	<input type="text"/>
3.	Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>	<input 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

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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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- o Contact your licensee if the individual is unable to provide the required documents.

PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC ID DOCUMENTS

Tick ✓	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

Tick ✓	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)
Tick ✓	AND ONE 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

Tick ✓	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	
Date of Assessment:	
Adviser Name:	
Client Name:	
Customer type:	<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
Is this client non face to face? <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
Are there complicated business/trust structures where you have been unable to identify the beneficial owner? <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
Have you identified this client as a high-risk PEP either Domestic PEP, Foreign PEP or an associate of a high risk PEP? <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
Does this client reside in or have arrangements involving high risk foreign jurisdictions or sanctioned countries? <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
Total Points		
Risk Classification		
Low = 0	Medium = 2	High = 3-5
		Very High = 6+

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