

## Client Fact Find

REFERRED BY:	DATE:	
	CLIENT 1	CLIENT 2
GIVEN NAMES		
SURNAME		
SALUTATION		
MARITAL STATUS	Married <input type="checkbox"/> DeFacto <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> please detail _____	Married <input type="checkbox"/> DeFacto <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> please detail _____
PREVIOUS NAME (If Relevant)		
DATE OF BIRTH		
CURRENT RESIDENTIAL ADDRESS		
POSTAL ADDRESS		
ADDRESS STATUS	Mortgage <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> please detail _____	Mortgage <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> please detail _____
TIME AT ADDRESS		
PREVIOUS RESIDENTIAL ADDRESS (if current less than 2 years)		
ADDRESS STATUS	Mortgage <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> please detail _____	Mortgage <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> please detail _____
TIME AT PREVIOUS		
DRIVER'S LICENCE NO	State:	State:
LICENCE ISSUE & EXPIRY	Issue:                  Expiry:	Issue:                  Expiry:
CONTACT DETAILS (Mobile, Home & Email)	M: W: E:	M: W: E:
CONTACT NAME (Not Spouse)		
DEPENDANTS (Full Names & D.O.B)		
NATIONALITY		
RESIDENCY STATUS		

<b>PURPOSE OF ENGAGEMENT</b>	
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WHAT CAN WE DO FOR YOU?	
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<b>LOAN OBJECTIVES</b>	
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PURCHASE	REFINANCE / DEBT CONSOLIDATION
<input type="checkbox"/> Purchase Owner Occupied Property	<input type="checkbox"/> Owner Occupied Property
<input type="checkbox"/> Purchase Investment Property	<input type="checkbox"/> Investment Property
<input type="checkbox"/> Other (please detail)	<input type="checkbox"/> Other (please detail)

<b>REINSTATE GOALS AND OBJECTIVES</b>	
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SHORT TERM	
MEDIUM TERM	
LONG TERM	

ESTATE PLANNING	CLIENT	IN FORCE	TYPE	LAST REVIEW DATE
WILL	Client 1	Yes <input type="checkbox"/> No <input type="checkbox"/>		
WILL	Client 2	Yes <input type="checkbox"/> No <input type="checkbox"/>		
POWER OF ATTORNEY	Client 1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Enduring <input type="checkbox"/> General <input type="checkbox"/>	
POWER OF ATTORNEY	Client 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Enduring <input type="checkbox"/> General <input type="checkbox"/>	

HEALTH	CLIENT 1	CLIENT 2
CURRENT HEALTH STATUS	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
SMOKING STATUS	Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/>	Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/>
COMMENTS		

EMPLOYMENT DETAILS	CLIENT 1	CLIENT 2
CURRENT OCCUPATION		
EMPLOYER'S / BUSINESS NAME		
COMPANY ABN		
EMPLOYMENT STATUS	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/>
EMPLOYMENT TYPE	PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/>	PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/>
WEEKLY HOURS WORKED		
TIME AT SAME		
EMPLOYER CONTACT NAME		
EMPLOYER CONTACT NUMBER		
EMPLOYER ADDRESS		
PREVIOUS OCCUPATION (if current less than 2 years)		
PREVIOUS EMPLOYER / BUSINESS		
PREVIOUS STATUS	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/>
PREVIOUS TYPE	PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/>	PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/>
TIME AT SAME		
EMPLOYER CONTACT NAME		
EMPLOYER CONTACT NUMBER		
EMPLOYER ADDRESS		
EXPECTED RETIREMENT AGE		

<b>MONTHLY INCOME</b>	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Base Income (Gross)	\$	\$
Overtime / Commission / Bonus / Allowances (please detail)	\$	\$
Rental Income	\$	\$
Centrelink / DVA	\$	\$
Fringe Benefits	\$	\$
Other (please detail)	\$	\$
Other (please detail)	\$	\$

<b>MONTHLY EXPENSES</b>	<b>AMOUNT</b>	<b>CONTINUE AFTER SETTLEMENT</b>
Rent / Board	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Utilities (Water, Gas, Electricity)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rates	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Groceries	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone / Internet / Pay TV	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transport / Motor Vehicle	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clothing & Personal Care	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical & Health	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal Insurance	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home / Contents Insurance	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Childcare / Education	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Support	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recreation / Entertainment	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please detail)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please detail)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>CURRENT ASSETS</b>				
<b>ASSET</b>	<b>PROPERTY ADDRESS / DESCRIPTION</b>	<b>VALUE</b>	<b>MONTHLY INCOME</b>	<b>OWNERSHIP (please circle)</b>
Owner Occupied				C1 C2 JOINT
Investment Property 1				C1 C2 JOINT
Investment Property 2				C1 C2 JOINT
Investment Property 3				C1 C2 JOINT
Investment Property 4				C1 C2 JOINT
Vehicle 1				C1 C2 JOINT
Vehicle 2				C1 C2 JOINT
Bank Account 1				C1 C2 JOINT
Bank Account 2				C1 C2 JOINT
Bank Account 3				C1 C2 JOINT
Bank Account 4				C1 C2 JOINT
Contents / Valuables				C1 C2 JOINT
C1 Super				Client 1
C2 Super				Client 2
Other (please detail)				C1 C2 JOINT
Other (please detail)				C1 C2 JOINT
Other (please detail)				C1 C2 JOINT

**CURRENT LIABILITIES**

<b>LIABILITY</b>	<b>LENDER / DESCRIPTION</b>	<b>LIMIT</b>	<b>BALANCE</b>	<b>MONTHLY REPAYMENT</b>	<b>INTEREST RATE</b>	<b>REMAINING TERM</b>	<b>OWNERSHIP (please circle)</b>	<b>REFINANCE (please circle)</b>
Owner Occupied							C1 C2 JOINT	YES NO
Investment Property 1							C1 C2 JOINT	YES NO
Investment Property 2							C1 C2 JOINT	YES NO
Investment Property 3							C1 C2 JOINT	YES NO
Investment Property 4							C1 C2 JOINT	YES NO
Credit Card 1							C1 C2 JOINT	YES NO
Credit Card 2							C1 C2 JOINT	YES NO
Credit Card 3							C1 C2 JOINT	YES NO
Credit Card 4							C1 C2 JOINT	YES NO
Personal Loan 1							C1 C2 JOINT	YES NO
Personal Loan 2							C1 C2 JOINT	YES NO
Car Finance							C1 C2 JOINT	YES NO
Other (please detail)							C1 C2 JOINT	YES NO
Other (please detail)							C1 C2 JOINT	YES NO
Other (please detail)							C1 C2 JOINT	YES NO

<b>PERSONAL INSURANCE</b>					
<b>Insurance Provider</b>	<b>Policy # + Start Date</b>	<b>Life Insured</b>	<b>Owner (client or super)</b>	<b>Cover and insured amount</b>	<b>MONTHLY PREMIUM</b>
<i>e.g AMP</i>	<i>P40000123 01/01/2016</i>	<i>Client</i>	<i>QSuper</i>	<i>Life - \$1,000,000</i>	<i>\$80/ month</i>

<b>HOME AND CONTENTS / CAR INSURANCE</b>						
<b>PROVIDER</b>	<b>POLICY NUMBER</b>	<b>PROPERTY / ITEM INSURED</b>	<b>POLICY OWNER</b>	<b>COVER &amp; INSURED AMOUNT</b>	<b>MONTHLY PREMIUM</b>	<b>POLICY EXCLUSIONS</b>

<b>PROFESSIONAL CONTACTS</b>	<b>NAME</b>	<b>COMPANY</b>	<b>PHONE</b>	<b>EMAIL</b>
Accountant / Tax Agent				
Solicitor				
Financial Planner				
Insurance Agent/broker				

**AUTHORITIES AND CONSENTS:**

I / We declare that the information contained in this document is true and correct, and that I have received a copy of the Encompass Home Loans Credit Guide & Privacy Statement (01/07/2019).

**TAX FILE NUMBER AUTHORITY:**

By completing and submitting this declaration, I/We are authorising Encompass Financial Services and Encompass Home Loans to hold My/Our Tax File Numbers(s) in a secure location, and use the numbers for the purposes and documents relating to any financial product and strategy recommendations, in accordance with the legislative requirements including:

- matters for superannuation investment purposes, as required by the Superannuation Laws, such as inclusion on application forms,
- matters for non-superannuation investment purposes, as required by the Taxation Laws, such as inclusion on application forms,
- that I/We have been informed of the legal basis for collection and are aware that declining to provide a Tax File Number (TFN) is not an offence, however if your TFN is not provided to a financial product provider higher rates of tax may apply, or your application may not be accepted if the TFN is compulsory (i.e., superannuation member contributions, etc),
- that the manner of obtaining the TFN was not intrusive, and
- My/Our TFN will only be disclosed to Fund Manger and Life Insurance Companies, as relevant.

**CREDIT CHECK AUTHORITY:**

Encompass Home Loans / Encompass Financial Services may need to conduct a Credit Check of the applicants, as part of the loan application process. I give authority for Encompass Home Loans / Encompass Financial Services to conduct a credit check on my behalf.

**FINANCIAL SERVICES GUIDE CONFIRMATION**

I / we confirm that in line with the Corporations Act 2001, Section 941C, we have received the Sentry Financial Services Guide (AFSL 286786) – Part 1 Version 11.0 (November 2018) Part 2 Version 7.7 (17 April 2020) & Privacy Policy (August 2018). I / we understand that by signing the section below we have confirmed that we have received this document, understand its content and have no further questions relating to the Financial Services Guide.

**PRIVACY DISCOLSURE STATEMENT AND CONSENT:**

In handling your personal information, Southern Cross Broker Network, ABN 57 096 170 080, Australian Credit Licence Number 384993, 325 Churchill Avenue, Subiaco, Western Australia 6008, (08) 9286 6888 and our Authorised Credit Representatives are committed to complying with the Privacy Act 1988 and the Australian Privacy Principles.

How and why we collect your personal information - We collect personal information from you when you apply for or use our products and services. In particular, we collect it so we can provide you with the products and services you require.

Providing Your Personal Information to Other Organisations -In providing products and services to you it may be necessary for us to retain your personal information and provide it to other organisations with which we conduct business. We may exchange the information with the following types of entities, some of which may be located overseas.

Organisations which provide finance or other products to you or to whom an application has been made. Finance consultants, accountants and auditors, conveyancers and legal advisers, insurers, printers and mailing services. Any associates, related entities, contractors and our mortgage aggregator (Specialist Finance Group). Any industry body, tribunal, court or otherwise in connection with any complaint regarding our services. Any person where we are required by law to do so. Your referees, such as your employer, to verify information you have provided. Any person considering acquiring an interest in our business or assets. Any organisation providing online verification of your identity.

Your rights - You may gain access to the personal information that we hold about you by contacting us. You can also contact us to obtain a copy of our privacy policy. The policy contains information about how you can access or seek correction of the information we hold about you, how we manage that information and our complaints process.

By signing this consent you agree that we may collect, use and disclose your information also as specified below; Consent to provide your personal information to a credit reporting body (CRB) – if we act as your agent to obtain a report or information about your consumer or commercial credit worthiness from a (CRB), we may disclose personal information such as your name, date of birth, and address to the CRB to obtain an assessment of whether that personal information matches information held by it. You consent to receive documents electronically.

You understand by signing this, if you do not provide us with all of the information we request we may be unable to supply to you the product or service that you require.

Client Name	Tax File Number	Signature	Date



