



Your Debt Fact Find

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

My debt advice to you will be based on:

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

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

My contact details

Lending consultant:	Joshua Hamblin
Practice name:	PDD Wealth Management
Phone:	02 6584 2177
Fax:	
Direct Email:	jhamblin@pdd.com.au
Website:	www.pdd.com.au

Notes

Your personal details

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

Individual details

	Client 1	Client 2
Title		
Surname		
Given name		
Preferred name		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status		
Date of birth		
Tax resident of Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of residence	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:
Country of citizenship	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:

Contact details

	Client 1	Client 2
Home address		
If less than 2 years, previous address		
Other address		
Mailing address	<input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Other
Home phone		
Work phone		
Mobile phone		
Fax		
Email		
Contact me by		

About your family

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

Dependants/Children

You have no children/dependants at this time

You choose not to provide these details now.

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

Notes

About your employment

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

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

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

	Client 1	Client 2
Employment type	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Not working/retired <input type="checkbox"/> Contract Contract end date:.....	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Not working/retired <input type="checkbox"/> Contract Contract end date:.....
Occupation		
Date started / Date finished		
Employer / Business name if self employed		
Employer / Business registered address		
Comments if previous employment less than 2 years.		

About your income and expenses

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

Income

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

Household expenses

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

Your financial and lifestyle goals

Goal	Expected cost	Timeframe	Priority
Debt eg Borrow for home and repay as quickly as possible.		<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	
Investment eg Build investment / share portfolio		<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	
Lifestyle eg Overseas trip in 5 years, replacement of motor vehicle		<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	
Other eg Private education for both children		<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	

Loan purpose

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

Loan term

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

Loan features

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

Properties offered as security for the loan

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

For additional security properties, refer to attached schedule.

Notes

Current credit/asset position

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

Current insurance details

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

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

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

Legal representation

Solicitor Conveyancer

Solicitor / Conveyancer contact details					
Name of firm					
Contact name					
Address					
Suburb					
State		Post code			
Phone		Mobile		Fax	

Do you have a Will?			
Client 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client 2	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes

My authority to access my information

To whom it may concern

This letter gives you authority to release any relevant information or documentation on my investments, insurances, superannuation, bank accounts or other financial information to the planner or staff of the practice listed below. The original of this authority is on file at the office of the planner and is available if required.

_____	Or Representative of PDD Wealth Management Pty Ltd
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Planner name

PO Box 2106, Port Macquarie, NSW, 2444 Authorised representative of GWM Adviser Services Pty Ltd GWM Adviser Services Limited Trading as Garvan Financial Planning ABN 96 002 071 749 AFS 230692 PO Box, 2106, Port Macquarie, NSW
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Address

--	--

Phone

Fax

--

Email

Please send documentation to this office by Fax Email Post

This authority remains in force until withdrawn in writing by me.

Client 1

--	--

Client name

Date of birth

x	
----------	--

Signature

Date

--

Postal address

Client 2

--	--

Client name

Date of birth

x	
----------	--

Signature

Date

--

Postal address