

Personal Information Checklist

The below questions will/may be asked upon lodging your Fact Find. Not all information may be required, but this list gives you an idea of the comprehensive research that will be undertaken on your behalf.

Income/Work/Personal	You	Your Partner/Spouse
Name:		
DOB:		
Address:		
Phone:		
Email:		
TFN:		
Occupation		
Employer		
How long with employer		
How long with prior employer		
Annual income last financial year:		
Annual income previous financial year:		
Will your income continue if unable to work (60 days)?		
How many hours per week do you work (main occupation)?		
How many weeks per year?		
Do you plan to change occupation in 12 months?		
Has your business had a net loss in last two FYs?		
Current Employer:		
Employer's address:		
How long have you been employed?		
Main duties include:		
Beneficiary name and Relationship:		
Bank Account Name (for direct debit) BSB Account Number		
DOCUMENTS		
Latest superannuation statements		

Latest insurance renewal notices		
Latest bank statements		
Latest loan statements		
Last two pay advices		
Latest tax return and NoA		
Drivers' License (front and back)		
Share holding statements		
Managed Funds/Investments statements		
Rates notice (s)		
Latest electricity account		
LIFESTYLE		
Have you smoked tobacco (last 12 months)?		
Do you drink alcohol? How much?		
Have you taken or injected drugs (not prescribed)?		
HEALTH & FAMILY HISTORY		
Height:		
Weight:		
Has your immediate family been diagnosed with a serious condition (cancer, heart disease etc)?		
Have you had any serious conditions: heart, respiratory, mental health, blood disorder, neurological, digestive, kidney, bladder etc?		
Are you considering seeking medical advice/treatment etc for tests or surgery?		
Have you had an insurance application declined?		
Have you ever made a claim (workers comp. etc)?		
Details of claim:		
DOCTOR'S DETAILS		
Doctors name:		
Address:		

Phone:		
How long have you been a patient?		
Date of last consultation:		
Reason for consultation:		
Result of consultation:		
TRAVEL AND RESIDENCY DETAILS		
Do you plan to travel/live in another country within the next two years?		
Which country(ies) and dates:		
Reason for travel:		
CHILD(RENS) DETAILS		
Name & DOB		
Any health issues		