

Client Information Form



Structure Advice - \$550 inc GST

WHAT YOU WILL RECEIVE:

After you complete this form and send it to us, our expert Accountants will review your circumstances and then meet with you for one hour to advise you on your specific issues. You will receive advice about setting up new structures, the cost and benefit of these structures, high level taxation advice, asset protection advice, and estate planning advice. You will receive a copy of our notes and diagrams made during our meeting. After our meeting, you will receive an Action Plan which lists our recommendations and our estimated costs for each recommendation.

INSTRUCTIONS:

Please fill out all details in this form and then send the completed form to our office:

POST: Elite Financial Solutions, PO Box 758, EPPING NSW 1710
FAX: (02) 9868 3700
E-MAIL: solutions@elitefinance.com.au

We will then contact you to arrange a time for your appointment.

PLEASE NOTE: Your payment needs to be made to us prior to your appointment.

Payment Details

CREDIT CARD Mastercard VISA AMEX Note: 3% AMEX surcharge applies

Name on card _____

Card number _____ Expiry date _____

Amount \$550.00 Signature _____

CHEQUE Make cheques payable to: Elite Financial Solutions
Post to: GPO Box 758, EPPING NSW 1710

DIRECT DEBIT: BSB: 062-281
Bank: Commonwealth Bank of Australia
Account no: 1016 0495
Account name: Elite Financial Solutions

What is the MAIN REASON you have requested our advice? What would you like to do?

If insufficient space, please attach additional pages

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

Client Information Form

Your Details

Name _____ Date of Birth: _____

Partner Name: _____ Date of Birth: _____

Single Married De Facto Separated Divorced

Address: _____

Phone: h: _____ w: _____ m: _____

E-Mail Address: _____

Alternative email: _____

Children's Details

Name	Age		Living at home?	Salary	Comments
1. _____	<input type="text"/>	M/F	Yes/No	<input type="text"/>	_____
2. _____	<input type="text"/>	M/F	Yes/No	<input type="text"/>	_____
3. _____	<input type="text"/>	M/F	Yes/No	<input type="text"/>	_____
4. _____	<input type="text"/>	M/F	Yes/No	<input type="text"/>	_____

Your Situation

- Self-employed, sole trader
- Business owner with employed staff
- Employed full-time, part-time or casual
- Other

Your Partner's situation

- Self-employed, sole trader
- Business owner with employed staff
- Employed full-time, part-time or casual
- Other

How can we help you?

- Direct Shares/Managed Funds
- Mortgage
- Life Insurance
- Superannuation
- Margin Loan
- Refinance
- TPD Insurance
- Will
- Savings Plan
- Lease
- Income Protection Insurance
- Taxation Planning
- Cashflow Forecasting

What LIFESTYLE and FINANCIAL outcomes can we help you achieve?

1. _____
2. _____
3. _____

How did you hear about Elite Financial Solutions?

- Existing client of EFS
- Website
- Friend
- Family

Client Information Form

Existing Structure Details

Business name			
Type of business		Date started	

Structure	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Other
Name or description of corporate structure and trustees' names (if applicable)					
Are corporate structures linked? (Attach diagram if applicable)					
Are any third parties involved or connected to the business?					
Number of employees (if applicable)					

Business Assets

Business assets	Type of asset	How asset is held	Value of asset

Client Information Form – Personal Assets

Do you own any shares or managed fund investments?

Name of investment	Owner of Investment	Date of Purchase	Total of Purchase \$	Market Value \$	Debt \$	Type of loan	Equity

Do you have any plans to invest in managed funds or shares in the future?

Do you own any property (including your family home)?

Address	State	Owner of Property	Date of Purchase	Purchase Price \$	Market Value \$	Debt \$	Equity \$	Type of loan	Rental Income \$

Do you have any plans to purchase property in the future?

Client Information Form – Income, Super & Insurance

What are your sources of income?					
Employer	Occupation	Status (Full/Part/Casual)	Date started	Gross salary \$	Bonuses \$

Superannuation Details			
Super fund	Current balance \$	Annual Superannuation contributions \$	Investment type (ie growth)

Would you be interested in a Self-Managed Super Fund (SMSF)?

What Insurance do you have in place?					
<input type="checkbox"/> Life	Amount of cover	\$	Insurer		Held through super <input type="checkbox"/>
<input type="checkbox"/> Total & Permanent Disability	Amount of cover	\$	Insurer		Held through super <input type="checkbox"/>
<input type="checkbox"/> Income Protection	Monthly benefit	\$	Insurer		Held through super <input type="checkbox"/>
<input type="checkbox"/> Trauma	Amount of cover	\$	Insurer		Held through super <input type="checkbox"/>

Client Information Form – Other Details

Do you have any other arrangements or legal structures in place?

What are your estate planning arrangements	
Do you have a valid Will?	<input type="checkbox"/> Yes <input type="checkbox"/> Not as yet
Do you have an Enduring Power of Attorney in place?	<input type="checkbox"/> Yes <input type="checkbox"/> Not as yet
Do you have business succession arrangements in place?	<input type="checkbox"/> Yes <input type="checkbox"/> Not as yet

Is there anything else you'd like to tell us so we can help you further?

END OF FORM – PLEASE SEND COMPLETE FORM TO ELITE FINANCIAL SOLUTIONS AS SOON AS POSSIBLE!

Contact details for the Elite Financial Solutions team are on the front of this Form