

### Strategic Financial Consultation Client Information Form

**Investment Plus Accounting Group** 

Head Office: 13 Marion Street, Bankstown NSW 2200 Tel: 02 9299 7000 Email: info@investplusaccounting.com.au

A Strategic Financial Consultation is a holistic review of your wealth creation goals, taking into account issues around tax, asset protection, estate planning, finance and structures, to assist you in meeting your objectives.

1. Enter	your name	here
2. Fill ou	ut the <b>Orde</b> i	r Form.
3. Attac	h any releva	ant documents or extra notes.
	e indicate t cial Consult	he <b>most preferable time</b> and location for your Strategic cation
Day:		(between Mon-Fri) Time:(between 9am-3p
	In office:	Head Office: 13 Marion Street, Bankstown NSW 2200 Offices: ACT   Bankstown   Bowral   Cronulla   Wollongong
	Phone:	02 9299 7000
5. Send	all complet	ed forms by:
	· Mail:	Investment Plus Accounting Group, PO Box 272 Bankstown NSW 1885
	· Email:	info@investplusaccounting.com.au
We will	be in touch	with you shortly to schedule your appointment.
CEO	istevski	ccounting Group



Group may be required by law to disclose certain information.

1. CLIENT SIGNATURE:

CLIENT ACKNOWLEDGEMENT AND AGREEMENT OF ABOVE BY SIGNATURE BELOW: (To be signed in the office)

2. CLIENT SIGNATURE:

## Property, Business and Tax Accountants Strategic Financial Consultation Client Information Form

Services									
Strategic Fina	ncial Consulta	tion				\$440.00			
Advanced Fin	Advanced Financial Strategic Consultation						)		
Prices Include GST						Total (Inc	GST)		
Payment Detail: (2% Credit card							NG DAYS	BEFO	ORE APPOINTMENT
Credit Card	MasterCard		'ISA	Othe	r	Expiry	Name (	on Car	rd
Card Number			ı		<u> </u>				
Amount \$			CVV		Signature				
Cheque	Post to Inv PO Box 27				g Group				
Direct Deposit  What informa	BSB: 0621 Account N Reference	 Numbe e: IPAG			gain from	your cons	sultation	?	
Not a Financial Plan									
Information provided purported to be fina Australian Financial during a Strategic Fin made in the context	ncial advice. Investn Services Licensees a nancial Consultation of accounting and t	ment Plus authorise or other taxation a	s Accounti d to provic consultati and should	ng Group (or de financial p ion about sup d not be take	any of the directoroduct advice of coronact advice of coronaction, should be general of the coronaction.	ctor/s, officers, r deal in finar ares, manage or personal fir	employees ncial produc d funds, invi nancial advid	, license ts inclu estmen ce to yo	and not intended to be nees or contractors) are Nording SMSF. Any discussivits, or similar topics are or ou. You must not act on a pecific and particular need
agent to undertake of	communication or co the confidentiality of	orrespon	dence with	n any require	d legal advisor to	provide you	with legal a	dvice. Ir	Accounting Group") as yo nvestment Plus Accountin i information in furtheran
	sell or pass on any to the Investment	Plus Acc	ounting G	roup data ba	se and you will	receive comm	nunications	from In	oress consent to do so. You
									cy laws please acknowled nvestment Plus Accounti

DATE:



# Property, Business and Tax Accountants Strategic Financial Consultation Client Information Form

### **Client Details**

	Title	First Name		Cui	rname		D.O.B	٨٥٥	Relationship		
	Title	FIISUNAITIE		Sui	Патте		D.O.B	Age	Client 2		
1									0.0.1.2		
2							Client 1				
	Address Suburb State Post Code										
Home Control of the c											
Post	Postal Postal										
		Phone (W or H)		Mobile		Er	nail Address				
1											
2											
					Living at home Salary  Y/N			Comments			
,		Name	1		Y/IN						
1				-							
2											
3											
4											
Нον	How did you hear about Investment Plus Accounting Group?										
	☐ Book ☐ Seminar ☐ Website ☐ Referred ☐ Email										
lf Fr	iend /Far	mily, have they had a Financial S	Strategic C	Consultation?	<b>Y / N</b> Who	they sav	v:				
ОТН	HER:										

Client Information Form www.investplusaccounting.com.au

Income Details

### Tell us about your business

	Business Name	Nature of Business	Corporate Structure (attach hand drawn picture on page 9 if necessary)	Ownership Details	Turnover \$000	Business Assets	Value of Business Assets \$000	No. of Employees	Date Started
1									
2									
3									
4									

### Tell us about your employment

	Client Name	Job Description	Dated Started	Salary \$000	Bonuses \$000	Qualifications	Additional Super Contributions	Comments
1								
2								
3								
4								

### **Client Information Form**

Property Investment Details

**Do you have any property?**Property Details (include your Principal Place of Residence)

	Suburb	State	Ownership Details	Property Type	Date of Purchase	Purchase Price \$000	Current Market Value \$000	Debt \$000	Loan Type/ Lender	Equity \$000	Weekly Rental Income	Depreciation Claimed?	Have you lived in this property?
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

What are your future property investment plans?	
Comments	

### **Client Information Form**

Shares and Managed Funds Details

### **Do you own any Shares or Managed Funds?** Share/Managed Funds Details

	Name	Ownership Details	Date of Purchase	Total Value of Purchase \$000	Current Market Value \$000	Debt \$000	Loan Type	Equity \$000	Dividend	Holding or selling?
1										
2										
3										
4										
5										
6										
7										
8										
9										
Vhat	are your future shares o	r managed funds investment plan	s?							
inan	d you like an analysis of y cial Planner? ments	our future shares and managed fu	unds plans by a C	& N 📗	Yes	□ Not	Yet	1	Never	

### **Client Information Form**

#### Other Assets and Liabilities Details

Lifestyle Assets
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Home Contents

Motor Vehicle(s)

Other Vehicle(s)

Collectibles/Antiques

Other

Other

Total

Description	Value (\$)	Owner
	\$	

### **Superannuation Assets**

Superannuation 1

Superannuation 2

Superannuation 3

Superannuation 4

Total

Superannuation Provider (SMSF, Industry, Retail, etc)	Insurance Yes / No	Current Value	Owner
		\$	
		\$	
		\$	
		\$	
		\$	

### Liabilities

Mortgage

Personal loan(s)

Credit Card(s)

Credit Card(s)

Business Loan(s)

Lease(s)/rental agreement

Other

Other

Total

Balance Owing (\$)	Lender	Interest Rate (%)	Repayment Amount	Repayment (P&I-I/O)	Owner
				(P&I-I/O)	
\$			\$		

## **Client Information Form** Objectives

In what areas do you require assistance and what's important about money to you?					
Please describe what you would like to achieve over the following timeframes:					
Short Term (Immediate):					
Medium Term (2 - 5 years):					
Long Term ( 5yrs +):					

### **Client Information Form**

Insurances & Wills

Insurances – Do you have:				
Life Insurance?	$\square$ <b>No</b> go to next question	□ Yes	Approximate Insured Value	\$
Income Protection?	□ <b>No</b> go to next question	□ Yes	Approximate Insured Value	\$
Trauma Insurance?	☐ <b>No</b> go to next question	□ Yes	Approximate Insured Value	\$
Would you like a free analysis of your various insurances by a C&N Financial planner?		□ Yes □	Not Yet □ No	
Will – Do you have a will?	□ Yes □ No	Do you Have Enduring Powers of Attorney?	□ Yes □ No	
Notes and Diagrams				