

Financial fact find

Strictly private and confidential

Your name(s):

.....

Your financial adviser:

Date of initial meeting:

About us - and about you

Structure of entity statement

Mercer is a business name owned by Mercer (Australia) Pty Ltd ABN 32 005 315 917 (Mercer). Mercer Wealth Solutions is a business name owned by Mercer Investment Nominees Limited ABN 79 004 717 533 AFSL No. 235906 (MINL) and Registrable Superannuation Entity (RSE) License L0000819. Mercer is a corporate authorised representative No. 260851 of MINL. MINL is a wholly owned subsidiary of Mercer.

Privacy statement

Mercer holds and uses personal information about you as a client of Mercer Wealth Solutions. The personal information that you provide is necessary to enable your financial adviser to make recommendations appropriate for your needs and circumstances. If you decide not to provide the necessary information then your financial adviser may not be able to provide you with financial advice. You should also understand that if you provide incomplete or inaccurate information, you may not receive the right advice and you may lose your right to seek compensation as a consequence.

As part of the implementation and review of your financial plan your personal information may, as required, be transferred to or handled by fund managers, insurers, government regulatory bodies, legal and other professional advisers and other business support providers. By completing this Fact Find (or providing details to your financial adviser to complete the Fact Find), you consent to Mercer collecting, using and disclosing your personal information for these purposes.

You can access your own personal information by contacting Mercer's Privacy Officer. A fee may apply. If your personal information is inaccurate, incomplete or not up-to-date you may request us to correct it. A copy of Mercer's Privacy Policy can be obtained from Mercer's Privacy Officer who can be contacted on 1300 136 202 or email to privacy@mercerc.com.

Your goals and objectives

Why do you feel you need to see a financial adviser? _____

What is important to you over the next 2 years? _____

What is important to you over the longer term in, say, 2–5 years from now and in 10 years time? _____

Please indicate whether these objectives are important to you - in the boxes next to each question, tick the priority level between low and high for your situation, where 1 is low and 5 is high

Lifestyle and financial goals

	Low		High		
	1	2	3	4	5
Provision of income in retirement and/or for dependants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance protection - protecting your assets and your ability to provide an income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide an inheritance for your dependants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for our children's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical or socially responsible investing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of investment management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major expenditure for example, holiday, new car, renovations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to the majority of your funds at short notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial coaching – how to budget, save and invest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wealth accumulation – including managed funds, direct investments, gearing strategies and retirement savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of existing investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing your debts - such as credit cards, loans or mortgages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on redundancy and leaving service benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to do with an inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your entitlement to government benefits such as social security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Managed Super funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary packaging and salary sacrificing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:					

Personal details

You

Your partner

Title	<input type="text"/>	<input type="text"/>
Family name	<input type="text"/>	<input type="text"/>
Given names	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Your age now	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>

Children and other dependants

Date of birth

Dependant

Name	<input type="text"/>	<input type="text"/>	No / Yes until age _____
Name	<input type="text"/>	<input type="text"/>	No / Yes until age _____
Name	<input type="text"/>	<input type="text"/>	No / Yes until age _____
Name	<input type="text"/>	<input type="text"/>	No / Yes until age _____

Contact details

Address	<input type="text"/>		
City / suburb	<input type="text"/>		
State and postcode	<input type="text"/>		
Mailing address (If different to above)	<input type="text"/>		
City / suburb	<input type="text"/>		
State and postcode	<input type="text"/>		
Home phone	<input type="text"/>	Work phone	<input type="text"/>
Mobile	<input type="text"/>	Fax number	<input type="text"/>
Email	<input type="text"/>		

Preferred contact

Home Work Mobile Email

Receiving information from Mercer

As a client of Mercer, you are entitled to receive ongoing newsletters and material as part of our service to you. We can provide these in various formats. Please select what you prefer:

Print Electronic (Email; CD; DVD) Please do not send me updates

Client signature Partner signature

Employment details

You

Your partner

Occupation	<input type="text"/>	<input type="text"/>
Qualifications	<input type="text"/>	<input type="text"/>
Employment status (e.g. full-time, self employed)	<input type="text"/>	<input type="text"/>
If self employed (sole proprietor, partnership or company?)	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Date joined company	<input type="text"/>	<input type="text"/>
Expected retirement age	<input type="text"/>	<input type="text"/>
Will you be leaving your current employment soon?	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
If yes, what date will you finish?	<input type="text"/>	<input type="text"/>
What is the reason you are leaving? (eg. retrenchment, resignation, retirement)	<input type="text"/>	<input type="text"/>
Do you intend to return to employment? If so, when?	<input type="text"/>	<input type="text"/>

Salary details

You

Your partner

Please attach two recent pay slips or a copy of your package details from your employer

Total salary package (gross)	<input type="text"/>	<input type="text"/>
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Packaged items

You

Your partner

	Available through employer?	Details gross (\$ value or %)	Available through employer?	Details gross (\$ value or %)
Employment super contribution rate		<input type="text"/>		<input type="text"/>
Salary sacrifice to super	Yes / No	<input type="text"/>	Yes / No	<input type="text"/>
Motor vehicle	Yes / No	<input type="text"/>	Yes / No	<input type="text"/>
Bonus	Yes / No	<input type="text"/>	Yes / No	<input type="text"/>
Other (eg. shares)	Yes / No	<input type="text"/>	Yes / No	<input type="text"/>
Other	Yes / No	<input type="text"/>	Yes / No	<input type="text"/>

Other income

Please use this section to provide us with details about any income you receive from sources other than employment (eg. annuity / superannuation pension / overseas pension / trust income / government benefits)

Type of income	Your (Gross \$)	Your partner (Gross \$)

Income / Capital requirements

Description	Client	Partner
What amount of after tax income do you need currently (exclude any loan repayments)?		
What are your home loan repayments?		
Amount of other repayments (eg. personal loan, investment loan, etc)		
What amount of after tax income do you want in retirement?		

Do you have any expenditure that you wish to plan for?

eg. holiday, new car renovations, saving for children's education

Description	Estimate amount	Estimated date

Notes

Assets (What you own)

Please provide a copy of your most recent annual or quarterly statement.

Please sign the authority on pages 17 & 19 for us to obtain further details of your assets

Personal assets

Description	Owner	Market value (\$)
Principal residence (home)		
Household contents		
Car(s)		
Other (boat, caravan, antiques, etc.)		

Cash / Term deposits / Fixed interest

Description	Bank / Institution	Owner	Interest rate	Maturity date	Current value

Managed investments / Shares / Trusts

Description	Date acquired	Owner	Initial amount invested	No. of units	Current value

Investment property

Description	Date acquired	Owner	Original purchase price	Market value	Annual rent (gross)	Annual expenses

Superannuation

Type (Pension, super, annuity etc)	Name of provider/fund	Account no.	Owner (you or your partner)	Current value

Termination payments

You

Your partner

If you are leaving your current employer soon, will you receive a redundancy or termination payment?

Yes / No

Yes / No

If Yes, Are you able to roll over the will you receive a redundancy or termination payment?

Yes / No / Don't know

Yes / No / Don't know

Please provide copies of the following documents, if applicable:

- * Exit quote from your employer super fund
- * Details of payments you will receive from your employer

Gross / Net (circle)

You

Your partner

If known, please provide the amount of payment you will receive from your employer:

Unused annual leave		
Unused long service leave		
Unused sick leave		
Tax free amount		
Employment termination payment		

Wealth Protection

Personal Insurances

Please provide us with details of your Life, Total and Permanent Disability, Trauma, Income Protection and private health cover

Insurance company	Type of Policy	Policy no.	Owner (e.g. You, your partner, super fund, other)	Sum insured	Beneficiary	Annual premium

General insurances

Please provide details of current policies held (Home, contents, car, etc)

Insurance company	Type of Policy	Policy no.	Owner (e.g. You, your partner, joint)	Insured value	Beneficiary	Annual premium

Attitude to insurance

	You	Your partner
In the event of an untimely death, accident or serious illness:		
Is your family able to live without financial burden in the event that you and/or your partner should die?	Yes / No	Yes / No
Do you have an alternative source of income in the event of serious illness or disability?	Yes / No	Yes / No
Would you prefer to be debt free?	Yes / No	Yes / No
Are you prepared to sell your assets (excluding your family home and contents) into an income stream to meet the ongoing living costs of your family?	Yes / No	Yes / No
Do you wish to provide an ongoing income stream to your dependants in the event of death. Please state <u>preferred</u> amount (after tax) and for how long?	Yes / No amount ____/____years	Yes / No amount ____/____years
How long could you continue to live without earning an income?	30/60/90 days or other	30/60/90 days or other
If other please specify:	_____	_____
Do you have any specific requests?	Yes / No	Yes / No

	You	Your Partner
How would you rate your health? (please circle one)	Good Fair Poor	Good Fair Poor
Are you a smoker?	Yes / No	Yes / No
Do you have private health insurance?	Yes / No	Yes / No
Are you involved in any hazardous pastimes, (sky diving, rock climbing, BASE jumping, etc? Please list)	Yes / No _____ _____	Yes / No _____ _____

Are you aware of any health issues that might affect current or future financial advice and insurance considerations?

You	Yes / No	Details _____ _____
Your Partner	Yes / No	Details _____ _____

Have you in the past two years or are you currently taking any medications on an ongoing basis?

You	Yes / No	Details _____ _____
Your Partner	Yes / No	Details _____ _____

Is there a history of any particular illnesses in your family, such as diabetes, heart conditions, or genetic disorders?

You	Yes / No	Details _____ _____
Your Partner	Yes / No	Details _____ _____

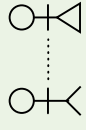
Family Tree

*Note to be completed by your advisor

Key



Married



De facto



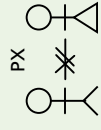
Separated



De facto Separated



Divorced property settlement done



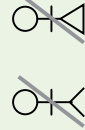
Divorced property settlement not done



Mentally competent



Mental capability questionable



Deceased

Your attitude to risk

a. Your financial knowledge

I would rate my knowledge of shares, managed funds, property and investments as:

(please circle the number which best applies to you)

Nothing Minimal Moderate Strong Sophisticated
0 ————— 1 ————— 2 ————— 3 ————— 4 ————— 5 ————— 6 ————— 7 ————— 8 ————— 9 ————— 10

Please indicate any of the following which applies to you.

I believe I have enough knowledge to feel comfortable making: (please tick relevant boxes)

- Minor / day to day investment decisions without professional assistance
- Some major investment decisions without professional assistance
- I do not feel comfortable making any investment decisions without professional assistance

b. Your approach to investment risk

Investment risk is the chance that your investment outcome will be different from what you expected. It might exceed your expectations or it might fall short.

Determining how you feel about risk (your risk profile) is a critical step in designing an investment strategy, for your needs. Answering the following questions, will help your adviser decide on the risk profile that suits you.

Please tick the boxes below, for each question that is relevant to your situation.

1. How long do you expect to invest the majority of your funds for?

- More than 7 years
- 5-7 years
- 3-5 years
- Less than 3 years

2. How would you describe yourself when it comes to investing?

- I'm very conservative and am not willing to take on any level of risk
- I'm fairly conservative but am willing to take on a low level of risk
- I'm willing to take on a moderate level of risk if it means better long term returns
- I'm willing to take a higher level of risk than most in order to improve long term returns

3. If a long term investment that you held started to drop significantly in value over a short period of time, you would be most likely to:

- Sell the whole investment – I wouldn't want to lose any more money
- Sell part of the remaining investment – it could go back up, but I don't want to risk everything just in case it doesn't
- Hold onto the investment – it's likely it will increase in value again soon
- Hold the remaining investment and buy more while the value is low – when the value goes up I'll make a good return

4. Which of the following best describes what you would like to achieve through your investments?

- I want a regular source of income – I'm not worried if the investment doesn't increase in value over time
- Generating an income would be my priority, but I would also like to see some increase in the value of my investment over time
- I want the investment to grow in value overall. I would like some income from it, but this is less important to me than investment growth
- I want solid growth of the investment – I'm not interested in getting an income from the investment

5. Which of the following best describes how you view investment in overseas shares?

- I wouldn't invest in overseas shares as I consider it too risky
- I don't know much about it – but I may consider investing in overseas shares if I had more information
- Overseas shares are a good way to diversify risk, however, I would only invest some (not all) of my funds into overseas shares
- I consider them a vital part of a long term portfolio, and would be willing to invest a significant amount of my money in overseas shares

6. In terms of investments, which of the following is most important to you to achieve?

- High returns over a short period of time at a higher level of risk
- High returns over a longer period of time at a lower level of risk
- Accumulating enough funds to meet a specific objective
- Ensuring I have enough funds to feel secure in my financial future

7. Some investments can fluctuate, sometimes quite significantly, over very short periods of time. How would you feel if the value of your investment varied significantly say up or down by one third (33%) or more, over a year or less?

- I wouldn't be concerned by short term fluctuations at all
- I would feel a little uncomfortable but wouldn't spend too much time worrying about it
- I would feel quite uncomfortable about these fluctuations and would monitor my investments once a week
- I would feel very uncomfortable about these fluctuations and would monitor my investments on a daily basis

8. How important is it to you that your investments keep pace with inflation?

- Not important – I would rather protect the capital
- A little important – but I'm not prepared to take unnecessary risks
- Fairly important – I know that I'll need to take some risk to ensure my returns beat inflation
- Very important – the priority is for these funds to grow significantly above inflation

9. What level of return do you expect your investment to achieve?

- A steady return without losing any of my capital value
- 1-2% above inflation
- 3-4% above inflation
- 5% or more above inflation

c. Risk profile

The following table shows attributes for five risk profiles

Risk profile	Growth asset allocation	Expected long-term return (pre tax)	* Historical volatility	Likelihood of negative return	Minimum suggested investment timeframe
Defensive	0-20%	4.5 – 5.3% pa	+ or - 3.3%	1 year in 15	Up to 3 years
Moderate	21-40%	4.6 – 5.9% pa	+ or - 5.0%	1 year in 7	At least 3-5 years
Balanced	41-60%	4.7 – 6.6% pa	+ or - 7.5%	1 year in 5	At least 5 years
Growth	61-80%	4.7 – 7.3% pa	+ or - 10.2%	1 year in 4	At least 5-7 years
High Growth	81-100%	4.6 – 7.8% pa	+ or - 12.3%	1 year in 3	At least 7 years

* This is the indicative amount both (+) and (-) which returns over one year periods could vary from the long-term return expectation. Two thirds (i.e. 66%) of expected returns over one year periods should lie in this range.

Defensive assets: Cash & Fixed Interest (Australian and International)

Growth assets: Property & Shares (Australian and International)

Please indicate which Risk Profile you identify with most:

You

Your partner

Other advisers and entities

Description	Name	Address	Telephone
Tax Accountant / Adviser			
Legal Adviser			

May we contact your other Advisers to confirm details of your current situation?

Yes / No

Other entities

Are you involved in any family company, trust, Self Managed Super Fund, private business etc? Please provide details of the name of the entity, directors, shareholders and trustees.

Acknowledgements

This section may be completed during your meeting with your financial adviser.

I/we acknowledge that I/we have:

- Understood Mercer's Privacy Statement on the cover of this document
- Received a Financial Services Guide (FSG)
- Received copy of *Investment Essentials*
- Undertaken a discussion with our financial adviser about investment risk

The information we have provided in this Fact Find is accurate to the best of our knowledge.

Your signature _____ Partner's signature _____

Please print name _____ Please print name _____

Date _____ Date _____

Adviser declaration

I have discussed with the client(s) the importance of obtaining personal and financial details in order to provide recommendations that are appropriate to their needs and circumstances.

Where the client(s) have not provided all the required details, I have warned them of the consequences that the recommendations that I provide may not be appropriate for their needs and circumstances.

I have explained to the client the relevance of the risk tolerance questions in this Fact Find with regard to determining an appropriate risk profile. I have discussed with them their attitude to risk, and their suggested risk profile for the purposes of investing.

Adviser signature _____ Date _____

Adviser use only

FSG provided Yes No

FSG version

Budget Calculation sheet

Expenses	Household			
	Weekly	Monthly	Quarterly	Yearly
Regular commitments				
House repayments/rent				
Rates				
Electricity/Water/Gas				
Telephone/Mobile				
Pay television/Internet				
Insurance – home/contents				
Insurance – car				
Insurance – life				
Health Insurance				
Insurance – income/disability				
Loans				
Credit cards				
Car registration				
School fees/Texts/Uniforms				
Public transport				
Child care				
Other expenses				
Food				
Clothing/Haircuts/Beauty				
Fares				
Petrol/maintenance				
House maintenance				
Pets/Vets/Registrations				
Medical/Dental				
Sport/gym				
Entertainment/Dinners				
Alcohol/cigarettes				
Clubs/Prof. Memberships				
Hobbies				
Gifts - Birthdays/Christmas				
Total expenses	x52	x12	x4	x1
Total per annum				

Notes / Comments:

Authority to access information

To whom it may concern,

I _____ **Date of birth** _____
(Client's name)

of _____
(Address)

_____ **in the state of** _____

request that all relevant information on my investments, insurances, superannuation, bank accounts or other financial information be released to

_____ of Mercer Wealth Solutions on request.

_____ is an Authorised Representative of Mercer Investment Nominees Limited (ABN 79 004 717 533), AFSL #235906, registered address: Level 14, 33 Exhibition Street, Melbourne VIC 3000.

Please accept a <photocopy/facsimile/electronic copy> of this letter as my authority, as the original is held by my Mercer Wealth Solutions financial adviser.

Yours faithfully,

Signature _____ **Signature** _____

Date _____ **Date** _____

Australian Taxation Office

Dear Sir/Madam,

Request for details

Full Name:		
Date of Birth:	/	/
Address:		
Tax File Number		

Please be advised that I authorise my advisers listed as below:

of Mercer (Australia) Pty Ltd (GPO Box 9946, Melbourne, VIC 3001) to receive the required information,

Could you please send the following information

GPO Box 9946, Melbourne, VIC 3001:

Please accept a photocopy of this letter as authority, as the original will stay on file at Mercer (Australia) Pty Ltd.

If you have any questions, please contact my advisers on

Yours faithfully

Signed _____ **Date** _____

Please print name (_____)

Authority to access information

To whom it may concern,

I _____ **Date of birth** _____
(Client's name)

of _____
(Address)

_____ **in the state of** _____

request that all relevant information on my investments, insurances, superannuation, bank accounts or other financial information be released to

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Yours faithfully,

Signature _____ **Signature** _____

Date _____ **Date** _____

Australian Taxation Office

Dear Sir/Madam,

Request for details

Full Name:		
Date of Birth:	/	/
Address:		
Tax File Number		

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If you have any questions, please contact my advisers on

Yours faithfully

Signed _____ **Date** _____

Please print name (_____)

mercerwealthsolutions.com.au

[Adelaide](#) [Brisbane](#) [Geelong](#) [Glen Waverley](#) [Melbourne](#) [Morwell](#) [Newcastle](#) [Parramatta](#) [Perth](#) [Sydney](#)

MERCER



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