



Administration
PO Box 2351
Clarkson WA 6030

Advisor
PO Box 2183
Claremont NorthWA 6010

NEW CLIENT FACT FIND

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For us to assist you with review of your Overseas Pension Entitlements, we require the following information from you.

Please refer to our Financial Services Guide (FSG), which explains why we collect personal information and how you can access this. We can provide you with a copy of this form, our FSG or our Privacy Policy at no charge.

Personal Details - Your Personal Details

Full Name: _____ Dependants: _____ Marital status: _____

Current Address: _____

Last Overseas Address: _____

Date of Birth: _____ National Insurance No.: _____ Tax File No. _____

Contact No.: (H) _____ (W) _____ (M) _____

Email Address: _____

Date left the UK: _____ Date of Arrival in Australia: _____ Visa type: _____

Any Time Spent in Australia Prior to This Date (excl hols): _____

Spouse's Personal Details

Full Name: _____ Maiden Name: _____

Date of Birth: _____ National Insurance No: _____ Tax File No: _____

Overseas Pension Provider Details - Your Overseas Pension Details

Name of Overseas Pension Provider: _____

Address of Overseas Pension Scheme: (If Known): _____

Policy / Plan or Reference No.: _____ Transfer Value (approx.): _____

Spouse's Overseas Pension Detail

Name of Overseas Pension Provider: _____

Address of Overseas Pension Scheme: (if known): _____

Policy / Plan or Reference No.: _____ Transfer Value (approx.): _____

DECLARATIONS

By signing below I/we declare the following:

I/We understand that this information will be relied on to prepare recommendations regarding our financial position, and certify that the information contained in this document (Including any annexure) is true and correct. I/We understand that I/we will be required to input further personal information into a secure online database in order to assist our advisers to complete advice that addresses my/our objectives and is relevant for my/our circumstances.

I /We understand where relevant information has NOT been provided, any recommendations made may not be appropriate for my/our needs.

I/We understand that the advisor is not to be held responsible for the advice to the extent advice may be based on incomplete or inaccurate information.

I/We have been made aware of the Total Wealth Advisory Privacy Policy and consent to the process of collection, storage, verification, use and disclosure of my/our personal information outlines in that policy.

I/We have been provided with a current Financial Services Guide before any advisory services or work undertaken on my/our behalf.

TAX FILE NUMBER

By completing and signing this declaration,

I/We are authorising Total Wealth Advisory to hold my/our Tax File Number(s) (TFN) in a secure location, and use for the purposes/documents relating to any financial product and strategy recommendations, in accordance with legislative requirements including: matters for superannuation investment purposes as required by the Superannuation Laws; such as inclusion on application forms.

That I/we have been informed of the legal basis for collection and are aware the declining to provide a TFN is not an offence, however if your TFN is not provided to a financial product provider higher rates of tax may apply, or not accepted if TFN is compulsory (i.e. superannuation member contributions etc). That the manner of obtaining the TFN was not intrusive. My/our TFN will only be disclosed to Fund Managers and Life Insurance Companies as relevant.

Additional Information

Details of Any Overseas Investments and Assets: _____

Details of Australian Superannuation Fund: _____

How did you hear about TWA?(eg. internet search, press advertisement, referral) _____

Other Additional Information/Specific Requirements: _____

Declaration

I/We declare that the information provided to Total Wealth Advisory is factual and correct. Should any of these details change I/We shall notify TWA immediately.

Signature: _____ Date: _____ <small>Applicant one (you)</small>
Print Name: _____
Signature: _____ Date: _____ <small>Applicant two (spouse)</small>
Print Name: _____