

Aged Care Profile

Private and confidential

Name Client 1

Name Client 2

Privacy Statement

RI Advice Group Pty Ltd (ABN 23 001 774 125) is committed to ensuring the confidentiality and security of your personal information.

In order to manage and administer our financial planning services, it may be necessary for us to disclose your personal information to third parties. By not consenting to this disclosure we may not be able to provide you with financial planning services. The parties to whom we may disclose your personal information include:

- financial institutions for the provision of financial products such as investments, superannuation and life insurance
- RI Advice Group Pty Ltd Representatives for the purpose of managing your investments and financial products
- organisations undertaking compliance review of our financial advisers or review of the accuracy and completeness of our information
- organisations providing mailing services, maintenance of our information technology systems and printing of our standard documents and correspondence.

We will only disclose your personal information to these organisations to enable them to undertake specified management and administration services. RI Advice Group will not disclose your information for any other purpose unless requested by you.

In some cases, it may be necessary to share your personal information with other members of the group for the provision of certain services such as information technology or for the provision of financial products which you have selected.

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions, please notify us in writing.

We may send you further information from time to time about RI Advice financial planning services. You may elect to stop receiving such information at any time by contacting RI Advice on 1800 738 473 or by visiting our website at www.retireinvest.com.au or www.riadvice.com.au. You may at any time advise us that you wish to recommence receiving RI Advice information.

You may request access to information held by us by telephoning 1800 738 473.

Warning – important notice for you

Before making any recommendations to you, your adviser must have reasonable grounds on which to base those recommendations. This requires your adviser to ask you about your objectives, financial situation and particular needs. This form is designed to gather that information. You are not obliged to provide all information requested however failure to supply full and accurate information may result in inappropriate advice or the wrong advice being provided. If you are unsure of the answer to any question please leave it blank until you have discussed it with your adviser.

Your personal details

Your details (if not the aged care resident)

Title	
Given names	
Surname	
Your relationship to the aged care resident	
Do you hold Power of Attorney or Guardianship for the resident?	<input type="radio"/> No <input type="radio"/> Yes (please specify type): <input type="radio"/> Enduring <input type="radio"/> Medical <input type="radio"/> Guardianship <input type="radio"/> Other (please specify):

Aged care resident details

	Aged care resident	Partner
Title		
Given names		
Surname		
Preferred name		
Date of birth		
Marital status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated-by-illness <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Widowed	

Contact details

Contact name	
Postal address	
Email address	
Home phone	
Work phone	
Mobile phone	
How did you hear about us?	<input type="radio"/> Referred by Aged Care organisation <input type="radio"/> Referred by Doctor / Pharmacist / Solicitor / Accountant <input type="radio"/> Referred by Friend / Family <input type="radio"/> Other (please specify)

Your goals, needs and objectives

Who is seeking advice?

Who will the advice be directed to (eg aged care resident, dependent, Power of Attorney or someone else)?

Purpose for seeking advice

What is the reason for seeking advice (eg moving into resident care, fee concerns, Centrelink concerns, etc)?
Capture specific needs (eg income needs, entry fee value, etc).

[illegible]

Accommodation needs

	Aged care resident	Partner
Current accommodation	<ul style="list-style-type: none"> <input type="radio"/> Living in own home <input type="radio"/> Renting <input type="radio"/> Low care <input type="radio"/> Granny flat arrangement <input type="radio"/> High care <input type="radio"/> Retirement village <input type="radio"/> Extra services <input type="radio"/> Other: 	<ul style="list-style-type: none"> <input type="radio"/> Living in own home <input type="radio"/> Renting <input type="radio"/> Low care <input type="radio"/> Granny flat arrangement <input type="radio"/> High care <input type="radio"/> Retirement village <input type="radio"/> Extra services <input type="radio"/> Other:
Accommodation needs	<ul style="list-style-type: none"> <input type="radio"/> No change <input type="radio"/> Low care <input type="radio"/> High care <input type="radio"/> Other (provide details): 	<ul style="list-style-type: none"> <input type="radio"/> No change <input type="radio"/> Low care <input type="radio"/> High care <input type="radio"/> Other (provide details):
ACAT assessed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Aged care facility details (if known)		
Date of entry		

Goals, needs and objectives

Record the client's needs and objectives. Use the client's words to capture the purpose of each objective and any issues the client wants you to consider. Include the amount, timeframe and priority of each objective.

	Timeframe (now, ongoing, in xx years)	Priority (High, Medium, Low, Out of scope)
Cashflow		
Centrelink / DVA		
Accommodation		
Family home		
Estate planning		

Scope of advice

Scope of advice

Funding aged care fees	<input type="radio"/>
Centrelink / DVA advice	<input type="radio"/>
Cashflow	<input type="radio"/>
Advice relating to the former home	<input type="radio"/>
Estate planning	<input type="radio"/>
Other (please specify):	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>

Advice limitations

Has the client limited the advice or given directions as to the scope of advice? Has the client given you all the information you require?

Additional information

Your financial details

Income details

	Aged care resident (gross pa)	Partner (gross pa)
Centrelink / DVA Pension	\$	\$
Superannuation Pension Income	\$	\$
Non-Superannuation Annuity Income	\$	\$
Investment Income	\$	\$
Investment Property Rental Income	\$	\$
Overseas Pension Income	\$	\$
Trust Income	\$	\$
Other:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL INCOME (per annum)	\$	\$

Centrelink / DVA payments

	Aged care resident	Partner
Is the resident a Centrelink or DVA customer?	<input type="radio"/> Centrelink <input type="radio"/> DVA <input type="radio"/> None	<input type="radio"/> Centrelink <input type="radio"/> DVA <input type="radio"/> None
If yes, what payment is received?	<input type="radio"/> Age Pension <input type="radio"/> Disability Pension <input type="radio"/> Service Pension <input type="radio"/> War Widows Pension <input type="radio"/> Income Support Supplement <input type="radio"/> Other (provide details):	<input type="radio"/> Age Pension <input type="radio"/> Disability Pension <input type="radio"/> Service Pension <input type="radio"/> War Widows Pension <input type="radio"/> Income Support Supplement <input type="radio"/> Other (provide details):
Customer Reference Number		
For DVA customers, does the person have qualifying service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Has the resident gifted assets in the last 5 years?	<input type="radio"/> No <input type="radio"/> Yes, please provide details: <div> <div>Date:</div> <div>Value: \$</div> </div> <div> <div>Date:</div> <div>Value: \$</div> </div> <div> <div>Date:</div> <div>Value: \$</div> </div>	

Pension / Annuity taxation details

Income streams	Aged care resident	Partner
Tax- free proportion (superannuation pensions)	\$	\$
Deductible amount (non-superannuation annuities)	\$	\$

Expenses

Provide an estimate of expenses that would continue upon moving into an aged care facility, either as a total cost or itemised in the following table.

	Aged care resident (pa)	Partner (pa)
Insurance Premiums (contents, house, car, other)	\$	\$
Private Health Insurance Premiums	\$	\$
Medical Expenses / Pharmaceuticals	\$	\$
Living Expenses (haircuts, clothing, gifts, toiletries, etc)	\$	\$
Aged care fees:	\$	\$
Basic daily care fee	\$	\$
Income tested fee	\$	\$
Extra service fee	\$	\$
Accommodation charge	\$	\$
Other:	\$	\$
	\$	\$
	\$	\$
TOTAL EXPENSES (per annum)	\$	\$

Accommodation entry fees

	Aged care resident	Partner
Entry payment type	<input type="radio"/> Bond <input type="radio"/> Charge <input type="radio"/> Entry contribution (retirement village) <input type="radio"/> Entry contribution (granny flat)	<input type="radio"/> Bond <input type="radio"/> Charge <input type="radio"/> Entry contribution (retirement village) <input type="radio"/> Entry contribution (granny flat)
Amount	\$	\$
Method of payment	<input type="radio"/> Daily charge <input type="radio"/> Lump sum <input type="radio"/> Periodic payment <input type="radio"/> Combination lump sum / periodic	<input type="radio"/> Daily charge <input type="radio"/> Lump sum <input type="radio"/> Periodic payment <input type="radio"/> Combination lump sum / periodic

Private health insurance

	Aged care resident	Partner
Is private health insurance cover held?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Lifestyle assets

	Aged care resident	Partner
Family Home	\$	\$
Home Contents (Centrelink / DVA value)	\$	\$
Motor Vehicle (Centrelink / DVA value)	\$	\$
Holiday Home / Vacant Land	\$	\$
Caravan / Boat / Trailer (Centrelink / DVA value)	\$	\$
	\$	\$
TOTAL	\$	\$

Family home

Does the resident own a family home?	<input type="radio"/> Yes <input type="radio"/> No
Does any other person live in the family home? (eg spouse, carer, dependant)	<input type="radio"/> No <input type="radio"/> Yes, please provide details, including length of stay:
Do any of the following apply to the family home?	<input type="radio"/> Land size exceeds two hectares <input type="radio"/> Commercial or business use <input type="radio"/> Land is on more than one title
Is the home subject to an Equity Release Scheme?	<input type="radio"/> Yes <input type="radio"/> No
Is the home used as security for any loan?	<input type="radio"/> Yes <input type="radio"/> No

Financial assets

	Aged care resident	Partner
Bank, Building Society, Credit Union accounts	\$	\$
Cash Management Trusts	\$	\$
Debentures, Mortgages and Mortgage Trusts	\$	\$
Shares, Property Trusts	\$	\$
Superannuation	\$	\$
Investment Property	\$	\$
Managed Funds	\$	\$
Account Based Pensions	\$	\$
Term Annuities	\$	\$
Lifetime Annuities (Centrelink value)	\$	\$
Investment / Insurance bonds	\$	\$
Life Policies (current surrender value)	\$	\$
Private Trusts and Companies	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

Liabilities (including credit cards)

Loan purpose	Amount owing	Interest rate	Payment	Tax deductible	Interest only
Reverse mortgage	\$	% pa	\$ per: <input type="radio"/> week <input type="radio"/> month <input type="radio"/> year	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Credit cards	\$	% pa	\$ per: <input type="radio"/> week <input type="radio"/> month <input type="radio"/> year	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other	\$	% pa	\$ per: <input type="radio"/> week <input type="radio"/> month <input type="radio"/> year	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
TOTAL	\$		\$		

Estate planning

Wills

	Aged care resident	Partner
Is a current Will in place?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Location of Will		
Executor name		

Powers of attorney and guardianship

Attorney / Guardian name	Donor name	Power type
		<input type="radio"/> Enduring <input type="radio"/> Medical <input type="radio"/> Guardianship <input type="radio"/> Other:
		<input type="radio"/> Enduring <input type="radio"/> Medical <input type="radio"/> Guardianship <input type="radio"/> Other:
		<input type="radio"/> Enduring <input type="radio"/> Medical <input type="radio"/> Guardianship <input type="radio"/> Other:
		<input type="radio"/> Enduring <input type="radio"/> Medical <input type="radio"/> Guardianship <input type="radio"/> Other:

Other documents

Anticipatory direction	<input type="radio"/> Yes <input type="radio"/> No
Advance healthcare directive	<input type="radio"/> Yes <input type="radio"/> No

Additional information

Include any relevant information that may impact estate planning goals.

Declaration and consent

Client declaration and consent

I/We declare that:

Personal and Financial Profile Declaration

- I/We acknowledge that information provided in this Fact Find is complete and accurate.
- I/We understand that it will form the basis of any Statement of Advice that will be delivered by RI Advice to achieve my/our financial needs and objectives as detailed in this document.
- I/We understand the warnings provided to me/us in relation to the areas in which I/we have chosen not to receive any advice.

Provision of FSG Declaration

- I/We confirm that I/we have received a copy of the RI Advice Financial Services Guide and its contents have been explained to me/us by the financial adviser.

Privacy Declaration

- I/We acknowledge that I/we have read the Privacy Statement.
- I/We understand that unless we consent to the collection, use and disclosure of our personal information as identified in the Privacy Statement, RI Advice will not be able to deliver the relevant financial planning and advice services or manage our investment portfolio.

Third Party Declaration

- For the provision of obtaining financial advice, we authorise the collection of information from any relevant third party such as: Australian Taxation Office; Centrelink; Department of Veterans' Affairs; fund managers; my solicitor; my accountant; etc.

Tax File Number Declaration

- I/We give permission for you to retain my/our tax file number(s) and for it to be forwarded to financial institutions as requested or as necessary.

Marketing Declaration

- I/We accept that RI Advice may send us information about its services from time to time. I/We understand that we must notify you of our decision not to receive further information by contacting you directly.

Electronic communications

- I/we consent/do not consent to receiving statements, notices and disclosure documents electronically, including (delete any that are not appropriate) via email; CD-Rom, USB and other file storage devices; and internet hyperlinks (FSGs, Statements of Advice and Records of Advice will never be sent as internet hyperlinks).
- I/we will notify you should we wish to cancel or change this agreement, including changes to my/our preferred email address(es). I/we understand that consenting to electronic delivery means paper documents may not be provided. I/we confirm that we have the ability to access, save and store electronic documents. I/we understand that RI Advice will not accept liability for any loss or damage arising from potential viruses associated with electronic communications.

Client 1: Name _____ Signed _____ Date _____

Client 2: Name _____ Signed _____ Date _____

Adviser declaration and consent

I declare that the client(s) has been provided with a copy of the Financial Services Guide (FSG) before advisory services were provided and its contents have been explained to the client(s).

Adviser: Name _____ Signed _____ Date _____

Letter of engagement

Date: _____

Dear: _____

I would like to thank you for providing us with the opportunity of discussing your aged care needs with you.

As outlined in our meeting, there are a number of steps involved in the provision of financial services. The next steps as part of this process include:

- Gather any outstanding information required to form the view of your complete situation including liaison with third parties as required.
- Carry out an analysis of your situation to determine what your current issues and needs are
- Come to an agreement with you on the scope of advice to be provided
- Formulate our advice solutions
- Prepare and present the Statement of Advice that documents the details of our key recommendations as part of our analysis, as well as all disclosure requirements.

The extent of our analysis and the recommendations provided to you will be based on our understanding of:

- Your personal and financial profile;
- Your needs and objectives and the agreed scope of advice.

By signing this 'Letter of engagement' you will authorise us to begin the advice process and agree to pay the initial fees as indicated under the section 'Fee for preparation'.

Whilst preparing our recommendations, if matters arise that require further information, we will contact you. Once we have completed the analysis and prepared your Statement of Advice, we will arrange an appointment to present our advice to you.

Yours sincerely,

Authorised Representative
RI Advice Pty Limited

Letter of engagement

Fee for preparation

- I/we agree that the fee to prepare my recommendation is \$_____ (inclusive of GST) payable to RI Advice Group Pty Ltd.
- I/we have agreed to pay this fee on presentation of the Statement of Advice.

Please note, the fee outlined above, as well as any other fees or remuneration that we will receive, will be clearly set out in the Statement of Advice.

Ongoing Service

Should you decide to proceed with the advice provided, we will discuss with you the appropriate ongoing service level required to ensure you stay on track with your goals and objectives. A separate service level agreement will be provided which outlines agreed ongoing service deliverables and applicable ongoing service costs.

Client declaration

- I/We acknowledge and agree with the terms and conditions included in this Letter of engagement and request that you proceed on the basis of these terms and conditions. In particular, I/we understand the areas for which I/we seek advice and accept that my/our financial adviser will proceed with the preparation of a Statement of Advice based on these areas.
- I/We further understand and agree that should I/we decide not to proceed with recommendations made in the Statement of Advice that I/we will still need to pay the above fee for the preparation of the Statement of Advice.

Client 1: Name _____
Signed _____ **Date** _____

Client 2: Name _____
Signed _____ **Date** _____

Authority to provide information

To: _____

Client

Address

Suburb

State

Postcode

Date of birth

Investor number(s)

I authorise my Financial Adviser, _____
who is a representative of RI Advice Group Pty Ltd (ABN 23 001 774 125) and whose signature appears below, to
request and receive any information during the period set out below in relation to _____
_____ held by me.

Please accept a photocopy of this letter as authority, as the original will remain with RI Advice.

Should you require further information, I can be contacted on _____

This authority is valid for a period of 120 days from the date below.

Client

Signature

Date

Financial Adviser

Signature

Financial Adviser name

Date

Financial Adviser address

Adviser notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Adviser name	
Date	
FSG version number	
Date FSG provided	
Supplementary FSG Version Number	
Date Supplementary FSG provided	