

# Aged Care Fact Find

**Important Notice** The Corporations Act 2001 requires that a Financial Planner making financial product recommendations must have reasonable grounds for making those recommendations. This means that a Financial Planner must conduct appropriate investigations as to the financial objectives, situation and particular needs of the client. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

**Privacy Statement** This Aged Care Fact Find is strictly confidential between you and DMG Financial Planning Pty Ltd.

**Client Name(s):** \_\_\_\_\_

**Financial Planner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Disclaimer

The information contained in this document is for the exclusive use of DMG Financial Planning Pty Ltd. Any use or copying of this information is prohibited unless prior written consent has been provided by the management of DMG Financial Planning Pty Ltd.

## Client Details

Note: If a member of a couple, but only one person is entering care, enter that person as Client 1.

Personal Details	Client 1	Client 2
<b>Marital Status</b>		
<b>Title</b>		
<b>Surname</b>		
<b>Given Names</b>		
<b>Preferred Name</b>		
<b>Gender</b>		
<b>Date of Birth</b>		
<b>Health</b>		
<b>Dementia</b>		
<b>ACAT/ACAS Assessment</b>		
<b>Current Location</b>		

Contact Details	Client 1	Client 2
<b>Home Address</b>		
<b>Postal Address</b> (if different)		
<b>Home Phone</b>		
<b>Mobile Phone</b>		
<b>Email</b>		

Representative Details	Representative 1	Representative 2
<b>Legal Capacity</b>		
<b>First Name</b>		
<b>Last Name</b>		
<b>Contact Number</b>		
<b>Email Address</b>		
<b>Client's relationship to representative?</b> e.g., mother, father		

## Care/Service Provider Details

	Client 1	Client 2
Care Recipient (resident) type		
Type of Care		
Service Provider (if known)		
Permanent Entry Date		
Accommodation Payment (RAD) Agreed		
Has lump sum already been paid towards this RAD?		
MPIR (in resident agreement)	%	%
Extra-service/Additional-service fee	\$ _____ per day	\$ _____ per day

### Pre-July 2014 Residents Only

	Client 1	Client 2
Type of Care		
Date of Entry	_____ months	_____ months

## Centrelink/DVA Details

	Client 1	Client 2
<b>Centrelink Payments</b> (per fortnight)	<input type="checkbox"/> None (self-funded) <input type="checkbox"/> Age Pension <input type="checkbox"/> Disability Pension <input type="checkbox"/> Carer Allowance	<input type="checkbox"/> None (self-funded) <input type="checkbox"/> Age Pension <input type="checkbox"/> Disability Pension <input type="checkbox"/> Carer Allowance
<b>DVA Payments</b> (per fortnight)	<input type="checkbox"/> Service Pension <input type="checkbox"/> Disability Pension <input type="checkbox"/> War Widow <input type="checkbox"/> Other	<input type="checkbox"/> Service Pension <input type="checkbox"/> Disability Pension <input type="checkbox"/> War Widow <input type="checkbox"/> Other
<b>Blind Pensioner</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have any gifts been made in the last 5 years?</b>	<input type="checkbox"/> Yes - Amount: \$ _____ Date: _____	
DVA Clients Only	Client 1	Client 2
<b>Qualifying Service*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gold Card</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Ex-prisoner of war</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Qualifying service generally refers to DVA clients with operational service served since WW1.

## Home Details

<b>Do you own your home?</b>	
<b>Owner</b> (specify who)	
<b>Will another person continue to live in the home?</b>	
<b>Does that person receive an income support payment from Centrelink or DVA?</b>	<input type="checkbox"/> Yes - What payment do they receive? \$ _____ <input type="checkbox"/> No
<b>Current Market Value of home, or capital return if retirement village unit</b>	\$ _____
<b>Ongoing cost to retain</b> (per annum)	\$ _____
<b>Is land size more than 2 acres?</b>	<input type="checkbox"/> Yes - Value Excess: \$ _____ <input type="checkbox"/> No
<b>Is your preference for the home to</b>	

<b>What if the home is to be sold?</b>	
<b>When are sale proceeds expected to be received?</b>	<input type="checkbox"/> Immediately <input type="checkbox"/> In _____ months' time
<b>Upfront costs to prepare home for sale</b>	\$ _____
<b>Costs to be deducted from the sale price</b> e.g., agent's fees, legal costs	\$ _____
<b>Notes</b>	

<b>What if the home is to be rented?</b>	
<b>When is the home expected to be rented?</b>	<input type="checkbox"/> Immediately <input type="checkbox"/> In _____ months' time
<b>Upfront costs to prepare home for rent</b>	\$ _____
<b>Estimated gross rent</b> (per annum)	\$ _____
<b>Ongoing costs</b> (per annum)	\$ _____
<b>Notes</b>	



## Assets

Cash and Bank Accounts	Owner	Current Value	Retain
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>Cash Reserve Required</b>	\$		

Term Deposits	Owner	Value	Maturity Date	Retain
		\$		
		\$		
		\$		

Shares	Owner	Number	Value	Date Purchased
			\$	
			\$	
			\$	

Managed Funds	Owner	Current Value	Retain
		\$	
		\$	
		\$	
		\$	

Property Investments	Owner	Value	Cost Details (per annum)	Retain
		\$		
		\$		
		\$		

Superannuation Funds (Accumulation Phase)	Owner	Current Value	Retain
		\$	
		\$	
		\$	
		\$	

Funeral Bonds/Prepaid Funerals	Owner	Value
		\$
		\$
		\$

Lifestyle Assets (Home Contents, Cars etc.)	Owner	Centrelink/DVA Value
		\$
		\$
		\$

Private or Family Trust
<p><b>Details:</b></p>

## Income Stream Details

Account-Based Pensions and Term Allocated Pensions	Pension 1	Pension 2
<b>Owner</b>		
<b>Current Value</b>	\$	\$
<b>Pension Payments</b>	\$	\$

Defined Benefit Super Pensions (No Asset Value)	Client 1	Client 2
<b>Gross Pension Payments</b> (per annum)	\$	\$
<b>Centrelink/DVA Deductible Amount</b>	\$	\$
<b>Notes</b>		

Annuities	Annuity 1	Annuity 2
<b>Product</b>		
<b>Owner</b>		
<b>Payments</b> (per annum)	\$	\$

## Liabilities

Loans	Home Loan	Investment Property Loan	Other Deductible Loan	Other Non-Deductible Loan
<b>Current Value</b>	\$	\$	\$	\$
<b>Owner</b>				
<b>Interest Rate %</b>				
<b>Type of Loan</b>				
<b>Repayment</b> (per annum)	\$	\$	\$	\$
<b>Retain</b>				
<b>Notes</b>				

## Other Income and Expenses

Other Income Received (per annum)	Client 1	Client 2
<b>Investment Property Rent</b> (gross)	\$	\$
<b>Overseas Pension</b>	\$	\$
<b>Other Income</b>	\$	\$
<b>Trust Income</b>	\$	\$
<b>Notes</b>		

Ongoing Expenses (per annum)	Client 1	Client 2
<b>Private Health Insurance</b>		
<b>Private Health Insurance Premiums</b>	\$	\$
<b>Lifestyle Expenses</b> (exclude costs to retain home)	\$	\$
<b>Other Ongoing Expenses</b>	\$	\$
<b>Notes</b>		

## Estate Planning

Estate Planning Details	Client 1	Client 2
<b>Do you have a current Will?</b>		
<b>Last Review Date</b>		
<b>Name of executors</b>		
<b>Notes</b>		



Power of Attorney/Guardian Details	Client 1	Client 2
<b>Type</b>	<input type="checkbox"/> Not in place <input type="checkbox"/> Enduring Financial <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Enduring Medical <input type="checkbox"/> General <input type="checkbox"/> Guardianship	<input type="checkbox"/> Not in place <input type="checkbox"/> Enduring Financial <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Enduring Medical <input type="checkbox"/> General <input type="checkbox"/> Guardianship
<b>Name of attorneys</b>		
<b>Name of guardians</b>		
<b>Conflict of Interest Clauses</b>		
<b>Notes</b>		

## Insurance (if relevant)

General Insurance	Insured Item	In Place
<b>Health Insurance</b>	Health needs	
<b>Home Building</b>	Home	
<b>Home Contents</b>	Contents	
<b>Motor Vehicle</b>	Car	
<b>Investment Property</b>	<input type="checkbox"/> Property <input type="checkbox"/> Landlord	
<b>Other</b>		

Insurance (Life, Total & Permanent Disability, Income Protection, Trauma and Whole of Life)	Insured	Level of Cover	Premium

## Objectives

Goals/Objectives	Comments
<input type="checkbox"/> Compare the impacts of retaining or selling your family home	
<input type="checkbox"/> Review options to pay for your Aged Care Accommodation	
<input type="checkbox"/> Compare the impact of different costs of accommodation	
Create sufficient cashflow to pay your ongoing care fees as well as your lifestyle expenses	
<input type="checkbox"/> Reduce your ongoing means-tested care fees	
<input type="checkbox"/> Maximise Centrelink/DVA entitlements	
<input type="checkbox"/> Maintain a minimum cash reserve of \$ _____	
Ensure that your Estate Plans continue to reflect your wishes after accessing care	
<input type="checkbox"/> Minimise the complexity of your financial affairs	
<input type="checkbox"/> Manage your investments in a tax effective manner	
<input type="checkbox"/> Invest in accordance with your risk profile	
Gift \$ _____ to your family members (only if instructions are taken from the client with capacity or if the gift is allowable in the EPOA document)	
<input type="checkbox"/> Other (please specify)	

## Risk Profile

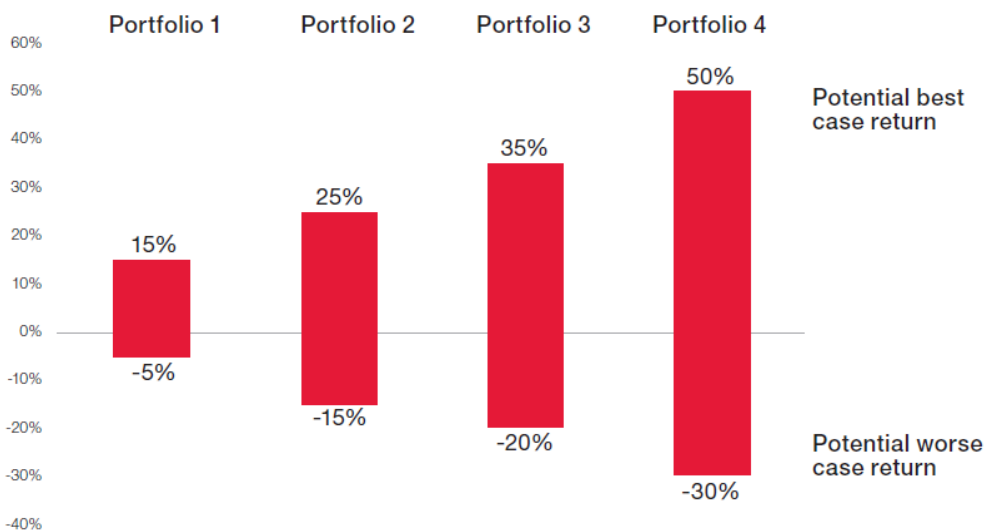
1. How long would you invest the majority of your money before you think you would need access to it? Assuming you don't have any short-term cash flow and/or emergency requirements.

- |                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> In 2 years or less  | <input type="checkbox"/> Within 7 to 10 years |
| <input type="checkbox"/> Within 3 to 5 years | <input type="checkbox"/> Not for 10+ years    |
| <input type="checkbox"/> Within 5 to 7 years |                                               |

2. In general, how would you describe yourself financially?

- A risk avoider, not prepared to take any risk
- Cautious, prepared to take some risk
- Willing to take some risk after some planning and forethought
- A real risk taker

3. At the beginning of the year you have a significant amount of money to invest. The chart and options below show the performance of four possible investments. Each bar gives a range of possible returns over the next year (i.e., with Portfolio 4 you have a chance of increasing your portfolio by 50% but equally likely to lose -30% over the year). Which investment would you prefer?



The chart is for illustrative purposes only and does not reflect the performance of a specific index or fund.

- Portfolio 1
- Portfolio 2
- Portfolio 3
- Portfolio 4

4. What would you do if your investment dropped in value from an initial \$400,000 to \$300,000?

- |                                                              |                                                     |
|--------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Move the entire investment to cash  | <input type="checkbox"/> Buy more of the investment |
| <input type="checkbox"/> Move some of the investment to cash | <input type="checkbox"/> Do nothing                 |

5. What is the most aggressive investment you've ever made?

- |                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Direct Shares       | <input type="checkbox"/> Cash Management Fund |
| <input type="checkbox"/> Investment property | <input type="checkbox"/> Own Home             |
| <input type="checkbox"/> Managed Funds       |                                               |

6. If you were investing in a share portfolio, which of the following would suit you best?
- A portfolio of speculative shares whose value could rise or fall dramatically
  - A blue chip portfolio that pays regular dividends
  - A mixture of above two options
  - I am not interested in shares
7. If and when the market falls significantly and this continues for a period of time, how long would you be able to tolerate the volatility before wanting to make a change?
- Cannot tolerate
  - Less than one month
  - One month to a year
  - One to three years
  - Three or more years
8. If you could increase your chances of improving your returns by taking more risk, would you be:
- Unlikely to take any more risk?
  - Willing to take more risk with a quarter of the money?
  - Willing to take more risk with half of the money?
  - Willing to take more risk with all of the money?
9. How do you expect your standard of living five years from now to compare to your standard of living today?
- Less than it is today
  - The same as it is today
  - Somewhat higher than it is today
  - Substantially greater than it is today

**Discussion Points: Capacity for loss, overall attitude & experience**


We agree that a \_\_\_\_\_ risk profile is to apply ( \_\_\_% growth assets and \_\_\_% defensive assets) and will be used to assist in determining a financial strategy.

## Notes and Comments


Office Use Only	Details
<b>Date FSG Provided</b>	
<b>Version of FSG Provided</b>	
<b>Date of First Appointment</b>	
<b>Meeting Attended By</b>	
<b>Fact Find Date</b>	
<b>Status</b>	
<b>Class</b>	
<b>Recording Attached</b>	
<b>Other</b>	

# Client Acknowledgement

## Financial Services Guide Declaration

I acknowledge that I have been provided with a Financial Services Guide (FSG). I have read and understood the Financial Services Guide before any Financial Services were provided. This includes the section 'Privacy'. I agree to DMG Financial Planning Pty Ltd collecting, using and disclosing my personal information in accordance with the Privacy Policy.

**FSG Version Provided:** \_\_\_\_\_

## Identification Requirements

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or record holder via third party systems for the purposes of confirming my identity.

**Client:**  Yes  No

**Partner:**  Yes  No

## Privacy

I give DMG Financial Planning Pty Ltd permission to release information to my partner if they make enquiries/requests on my behalf? Note: You can contact us to change this authority at any time.

**Client:**  Yes  No

**Partner:**  Yes  No

## Clients also using DMG Financial Accounting & Tax Services

I authorise the sharing of information between DMG Financial Pty Ltd and DMG Financial Planning Pty Ltd.

## Tax File Number (TFN)

By law we are required to ask for your TFN. You do not have to provide your TFN if you do not want to. If you do not provide your TFN, you may be taxed at the highest marginal rate on any investments. Do you grant permission for DMG Financial Planning Pty Ltd and its staff to retain and use your Tax File Number/s and those of related entities?

**Client:**  Yes  No

**Partner:**  Yes  No

*Signature 1*

Name:

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

*Signature 2*

Name:

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

*Adviser's Signature*

Name:

Date

D	D	M	M	Y	Y	Y	Y
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