

# Fact Find

Client Name(s)	Sue Christie and David Christie
Adviser Name	Joanne Brassett
Practice Name	Insurance Advisory Service
Licensee	Insurance Advisory Service (N S W) Pty Ltd
Date Completed	29/07/2025

## Confidential Client Information

This booklet has been designed to gather only the information necessary for your Adviser to assist you in achieving your financial goals. If you are completing this booklet on your own, please assist your Adviser by completing as much as you can. If you are unsure about the information required, feel free to leave any section blank and discuss this further with your Adviser during your appointment.

### Why we collect this information?

When giving personal advice the law requires Advisers to have reasonable grounds for making any recommendations. This means your adviser must conduct an appropriate investigation into your financial situation, investment objectives and personal needs.

The information requested in this document is necessary to enable your Adviser to make an appropriate recommendation and will be used for this purpose only.

What happens if you give us incomplete or inaccurate information?

If you give us incomplete or inaccurate information, then we need to warn you the advice you receive may not be appropriate for you. You need to check the advice to determine if it is appropriate for you before you proceed in implementing the advice.

### Privacy Statement

We are committed to ensuring the confidentiality and security of your personal information. A copy of our privacy policy detailing how we handle your personal information is available on request.

## Your personal information

	Client One	Client Two
Title	Mrs	Mr
First Name	Sue	David
Middle Name	Ann	Anthony
Surname	Christie	Christie
Salutation	Sue	David
Maiden/Previous Name		
Date of Birth	01/07/1958	19/09/1960
Age	67	64
Gender	Female	Male
Marital Status	Married	Married
Nationality	Australian	Australian
Are you currently in good health? If No, please provide details in notes section		
Any Medical Conditions (including date diagnosed)?		
Are you a smoker?	No	No
Have you smoked in the last 12 months?		

### Address details

Owner	Address 1	City / Town	Postcode	Address Type	Residency Status
Sue and David	12 Landor Road	BARDEN RIDGE	2234	Home	

### Your contact details

Name	Contact Type	Value	Note	Preferred Contact
Sue	Mobile	0422920282	Mobile	Yes
Sue	E-Mail	dandstyres@bigpond.com	E-Mail	Yes
Sue	Telephone	9541 1747	Telephone	Yes
David	Mobile	0419 481 953	Mobile	Yes
David	E-Mail	dandstyres@bigpond.com	E-Mail	Yes
David	Telephone	9541 1747	Telephone	Yes

### Additional information

### Your reasons for seeking advice

**PLEASE COMPLETE THIS SECTION IN CLIENT'S OWN WORDS**

## Your goals

Owner	Goal Name	Goal Description	Time Horizon
Sue and David		Would like to retire comfortably	Now

## Your employment details

Owner	Employment Status	Occupation	Employer	Gross Basic Annual Income (\$)
Sue Christie	Employed		D and S Tyres Scrap Metal	\$60,000
David Christie	Employed	Sales Representative	D and S Tyres Scrap Metal	\$60,000

## Employment notes

Sue is a house wife and works for D and D Tyres Scrap Metal.

## Your assets

Owner	Asset Category	Description	% Ownership	Related to Address	Purchased On	Asset Value
Joint	Main Residence	12 Landor Road	50 50			\$1,500,000.00
Joint	Other	D and S Tyres Scrap Metal	50 50			\$130,000.00
					Sue Total:	<b>\$1,630,000</b>

## Existing bank accounts/ cash deposits

Owner	Provider	Plan Purpose	Product Name	Current Balance
David and Sue	CBA		Everyday account	\$100,000

## Your liabilities

It is desirable that a greater priority be given to the repayment / reduction of the levels of your debt prior to making an investment or committing to a regular premium.

Do you have any liabilities?	No
Do you wish to consider repayment or reduction of any liabilities? (provide details in notes section)	No
Why do you not want to consider this?	
Notes	
Client does not wish to disclose?	No

Owner	Liability Category	Description	Repayment or Interest Only	Amount Outstanding

## Mortgages

Owner	Lender	Product Name	Policy Number	Repayment Method	Mnthly Repayment Amnt	Interest Rate	Remaining Loan Amnt

## Asset & liability notes

No liabilities

## Your retirement products

## Your superannuation plans

Owner	Contract Type	Provider	Policy Start Date	Your Cont.	Emp. Cont.	Value
David Christie	Super	Macquarie	18/06/2020			\$283,054.59
Sue Christie	Super	Macquarie	18/06/2020			\$88,971.85

## Your pensions &amp; annuities

Owner	Type	Provider	Policy Start Date	Current Value	Income Amount	Income Freq.	Income Effective Date

## Your estate planning

	Client One	Client Two
Do you have a valid Will?		
Is it up-to-date?		
Power Of Attorney Granted?		
Attorney Name		

## Notes

Signatory					
X			X		
	Sue Christie	Date		David Christie	Date

Accepted for and on behalf of **Insurance Advisory Service** by:

Signatory		
X		/ /
	Joanne Brassett	Date