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| **Abound Paraplanning Services Request Form** | ***email to: docs@aboundparaplanning.com.au*** |

***ph: 1300 226 863***

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| --- | --- |
| ***We will confirm the cost of our work and provide any questions via email before proceeding.*** |  |
| **Step 1** |  |
| **Adviser Details** |   |
| Adviser Name: |  |
| Business Name & Licensee: |  |
| Contact Individual: |  |
| Email: |  |
| Phone: |  |
| Client Name: |  |
| FSG version: |  |
| FSG date provided: |  |
| Client review service package: |  |
| Request Date: |  |
| *Please note that our first draft turnaround time is approximately 7 working days. Following the delivery of the first draft, allow 1-3 working days for any revisions and adjustments. We will confirm the turnaround time for each job before proceeding.* |
| Required by Date: |   |

**Step 2**

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| **Requested Service/Document:** |  |  |  |
| *Please indicate which document you require. (E.g. SoA, SoA presentation, RoA, SoFA, financial modelling, discussion paper etc)* |
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**Step 3**

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| **Recommendations** |   |   |  |   |
| *Please outline the recommended strategies* ***in the order*** *in which the recommendations should be made.* |
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**Step 4**

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| **Financial Modelling** |   |   |  |   |
| *Please indicate which projections you require. Outline below or tick the relevant boxes.* |
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| **PROJECTIONS (XTools+)** | **Current** | **Proposed** | **Include**http://ciese.org/curriculum/weatherproj2/images/graph_combo.gif**Chart** | **Projection Timeframe (Years)** |
|  | **Client** | **Partner** | **Joint** | **SMSF** | **Client** | **Partner** | **Joint** | **SMSF** |
| CALM |  |  |  |  |  |  |  |  |  |  |
| Cashflow - Consolidated |  |  |  |  |  |  |  |  |  |  |
| Taxation |  |  |  |  |  |  |  |  |  |  |
| Taxation – Annual Summary |  |  |  |  |  |  |  |  |  |  |
| Income Support - Pension |  |  |  |  |  |  |  |  |  |  |
| Income Support – Allowance |  |  |  |  |  |  |  |  |  |  |
| Assets |  |  |  |  |  |  |  |  |  |  |
| Property  |  |  |  |  |  |  |  |  |  |  |
| Individuals - Super |  |  |  |  |  |  |  |  |  |  |
| Individuals - Pension |  |  |  |  |  |  |  |  |  |  |
| Individuals - Liabilities |  |  |  |  |  |  |  |  |  |  |
| CALM (PV) |  |  |  |  |  |  |  |  |  |  |
| Net Assets (PV) |  |  |  |  |  |  |  |  |  |  |

**Step 5**

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| **Fees** | **Amount****($ or %) inc. GST** | **Payable from****(add name of account/investment):** |
| **Current Fees/ Commission** | Investment – Ongoing Fee |  |   |
| Investment – Ongoing Commission Received or Rebated |  |   |
| Insurance – Ongoing Commission Received or Rebated |  |   |
| Insurance – Commission Type (Upfront–Level–Hybrid) |  |
| **Initial Fee** | SoA Fee |  |  |
| Preparation Fee |  |  |
| **Proposed Fees/ Commission** | Investment – Ongoing Fee |  |   |
| Investment – Ongoing Commission Received or Rebated |  |   |
| Insurance – Ongoing Commission Received or Rebated |  |   |
| Insurance – Commission Type (Upfront–Level–Hybrid) |  |

**Step 6**

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| **Checklist** |   |   |   |   |
| 1. Client questionnaire / fact find |
| 2. Client financial and lifestyle objectives provided |
| 3. Replacement and recommended products detailed (including super fund and insurance policy) |
| 4. Risk profile completed & results provided |
| 5. Target asset allocation or growth/defensive allocation (if relevant) |
| 6. Insurance quotes and working papers attached |
| 7. Adviser initial and ongoing fees detailed |
| 8. Copy of previous Statement of Advice (If preparing a limited SoA or RoA) |
| 9. For new paraplanning clients: An existing SoA for any of your clients (so that we can obtain your basic information and preferred format). |
|  |  |
| **Indemnity and Limitation of Liability** |   |   |   |   |
| The adviser acknowledges and warrants that it remains at all times liable for the advice it provides to its clients. The adviser acknowledges and warrants that the paraplanner will not be liable in any way for the content of the advice being prepared by the paraplanner and the adviser indemnifies the paraplanner and agrees to keep the paraplanner indemnified against any loss or claim (howsoever caused) suffered or incurred by the adviser or any third party arising from any act or omission of the paraplanner in the performance of its obligations under this Agreement. |

**Step 7**

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| --- | --- | --- | --- | --- |
| **Authority to Proceed** |   |   |   |   |
| By signing the below I acknowledged that: |   |   |   |   |
| 1. I understand the services offered. |   |   |   |   |
| 2. The SoA cannot be commenced until all required information has been provided. |
| 3. Any material or SoA strategy changes requested after the SoA has been finalised will result in additional charges. |
| 4. Following the completion of the SoA I will be invoiced for the services provided by Abound. Payment terms are 'upon receipt'. |

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|   |   |   |   |   |
| **Delivery 2-3 working days (add 50% to quote)** |  |  | **Tick box for 2-3 working day service** |
|  |  |  |  |  |
| *The above short turnaround time offer is subject to capacity.* |
|  |   |   |   |   |
|   |   |   |   |
| **Adviser Signature** |   |   |   |   |
|   |   |   |   | **Save and e*mail to: docs@aboundparaplanning.com.au*** |
| **Date** |   |   |   | ***ph: 1300 226 863*** |

**Checklist**

Please ensure that your comments are consistent in your notes and fact find.

**Insurance**

**Insurance Policy**

*Have insurance policies been specifically requested by the client (Directed) or recommended by the adviser (Advised)? Mark the relevant boxes below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Life** | **TPD** | **Trauma** | **Income Protection** |
|  | **Directed** | **Advised** | **Directed** | **Advised** | **Directed** | **Advised** | **Directed** | **Advised** |
| **Client** |  |  |  |  |  |  |  |  |
| **Partner** |  |  |  |  |  |  |  |  |

**Level of Cover**

*Has the level of cover been specifically requested by the client (Directed) or recommended by the adviser (Advised)? Mark the relevant boxes below.*

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| --- | --- | --- | --- | --- |
| **Type** | **Life** | **TPD** | **Trauma** | **Income Protection** |
|  | **Directed** | **Advised** | **Directed** | **Advised** | **Directed** | **Advised** | **Directed** | **Advised** |
| **Client** |  |  |  |  |  |  |  |  |
| **Partner** |  |  |  |  |  |  |  |  |

**Social Security**

*Have you considered the social security implications of your advice?*

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**Retirement Income Needs**

*Have you considered the implications of your advice on the clients’ retirement income needs? E.g. how paying insurance premiums from super will affect the projected superannuation balance.*

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**Direct Shares**

*Do your direct share recommendations align with your licensee standards?*

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**Scope of Advice**

*Which areas are within the scope of your advice? Please explain why specific areas have been excluded from the advice. This is an important compliance requirement.*

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| **Scope** | **In** | **Out (Reason)** |
| Cashflow |  |  |
| Bank account/s |   |   |
| Non-super Investments |   |   |
| Super |   |   |
| Pension |   |   |
| Liabilities |   |   |
| Social Security |   |   |
| Personal Insurance |   |   |
| Estate Planning |   |   |