**Logo, company name

Description automatically generated**

**Email to:** [**soa@paraplannerlink.com.au**](mailto:soa@paraplannerlink.com.au)

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M: **0439 662 120**

**ADVISER TO COMPLETE IN FULL**

|  |  |
| --- | --- |
| **Adviser Name:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Date of Request:** | 3 February 2021 |
| **Client Name(s):** |  |
| **Appointment Date (if known):** |  |

# SoA Preparation

# Please mark which strategy/ies are included and type your strategy next to the type. If provided in a separate document, only indicate the type of strategy and we will refer to your notes.

|  |  |
| --- | --- |
| **Investment (Y/N)** |  |
|  | Cash |
|  | Managed Funds |
|  | Property |
|  | Shares |
| **Debt (Y/N)** |  |
|  | Consolidating debt |
|  | Increasing payment frequency |
|  | Increasing regular payments |
|  | Lump sum payment |
|  | Offset account |
|  | Redraw facility |
|  | Reducing inefficient debt |
|  | Refinancing and Reverse Mortgages |

|  |  |
| --- | --- |
| **Self-Managed-Super Fund (Y/N)** |  |
|  | Hold |
|  | Rebalance |
|  | Rollover from Personal Super |
|  | Establish SMSF and Invest |
|  | Estate Planning, |
|  | Insurance Inside SMSF's |
|  | Wind Up SMSF |
|  | Change of Administration and Investment |
| **Superannuation (Y/N)** |  |
|  | Hold |
|  | Contribution splitting |
|  | Defined benefit vs accumulation |
|  | Non concessional contribution |
|  | Recontribution |
|  | Regular contribution changes |
|  | Rollover and invest |
|  | Salary sacrifice |
|  | Self-employed concessional contribution |
|  | Spouse contribution |
|  | Super guarantee contribution |
|  | UK transfers |
|  | Downsizer Contributions |
| **Pension (Y/N)** |  |
|  | Existing pension |
|  | New Pension |
|  | Investment |
|  | Fixed term annuity |
|  | Lifetime annuity |
|  | Lump sum withdrawal |
|  | Rebalance/Switches |

|  |  |
| --- | --- |
| **Centrelink (Y/N)** |  |
|  | Age pension |
|  | Aged care |
|  | Carer allowance |
|  | Carer payment |
|  | Carer supplement |
|  | Disability Support Pension |
|  | Family tax benefits |
|  | Funeral bonds |
|  | Newstart Allowance |
|  | Parenting payment |
|  | Partner allowance |
|  | Commonwealth Seniors Health Card |
| **Gearing (Y/N)** |  |
|  | Debt recycling |
|  | Gearing into super |
|  | Gearing review |
|  | Margin loan increase |
|  | New gearing |
|  | Borrowing by SMSF's |
| **Insurance – Personal/Super (Y/N)** |  |
|  | Income protection |
|  | Critical Illness / Trauma |
|  | Life |
|  | Total and permanent disability |
|  | Endowment policy |
|  | Whole of Life |
| **Insurance – Business (Y/N)** |  |
|  | Asset protection |
|  | Ownership (buy/sell) protection |
|  | Revenue protection |

|  |  |
| --- | --- |
| **Estate Planning (no charge) (Y/N)** |  |
|  | Wills |
|  | Enduring guardian |
|  | Advance Health directives |
|  | Power of Attorney |
|  | Super beneficiaries |

|  |
| --- |
| **Client goals and objectives** |
| Please indicate the above below or if they in your software/fact find, etc? |
| **Proposed Products/Providers (Please list)** |
| Please indicate the above below or if they are in an attachment? |

|  |
| --- |
| **Alternative Strategies and Products considered**  **(Include reasons for discounting these options)** |
|  |

**Insurance Recommendations (or see attached)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Product Name** | **Owner** | **Details Of Cover** | **Premium** | **Premium Funding**  **(Cashflow/Super)** | **Initial Commission**  **(%)** | **Ongoing Commission (%)** | **Is Product On APL?** |
|  |  |  | $ |  |  |  | Y/N |
|  |  |  |  |  |  |  | Y/N |
|  |  |  |  |  |  |  | Y/N |
|  |  |  |  |  |  |  | Y/N |
|  |  |  |  |  |  |  | Y/N |
|  |  |  |  |  |  |  | Y/N |
|  |  |  |  |  |  |  | Y/N |

**Investment Recommendations (or see attached)**

(Please provide both Platform and underlying investment options)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Platform / Investment option** | **Owner** | **Lump Sum Amount** | **Ongoing Contributions** | **Is Product On APL?** |
|  |  |  |  | Y/N |
|  |  |  |  | Y/N |
|  |  |  |  | Y/N |
|  |  |  |  | Y/N |
|  |  |  |  | Y/N |
|  |  |  |  | Y/N |

**Fees to be disclosed**

|  |  |
| --- | --- |
| **SoA Fee:** | $ |
| **How is it paid:** | Invoiced/Product |
|  |  |
| **Initial (Implementation) Fee:** | $ |
| **How is it paid:** | Invoiced/Product |
|  |  |
| **Ongoing Fee:** | $ |
| **How is it paid:** | Invoiced/Product |
|  |  |
| **Insurance Commission (upfront) Fee:** | % |
| **How is it paid:** | Invoiced/Product |
|  |  |
| **Insurance (upfront) Fee:** | $ |
| **How is it paid:** | Invoiced/Product |
|  |  |
| **Insurance Commission (ongoing) Fee:** | % |
| **How is it paid:** | Invoiced/Product |
|  |  |
| **Insurance (ongoing) Fee:** | $ |
| **How is it paid:** | Invoiced/Product |

|  |  |
| --- | --- |
|  |  |

**NOTE:** Please save this file to your computer for your records prior to submission.