RADAR RESULTS - INITIAL FACT FIND

Please note this is not an exhaustive list of information required to make an informed assessment of the business – it is designed to elicit from you information to enable Radar Results to form an opinion on key business indicators.

Date ____________________

Registered Name of the Business ____________________

Corporate Structure: (Trust/Pty/Ltd etc) ____________________

Name of the Licensee ____________________

Registered Address of the Business ____________________

Telephone Number ____________________

Email Address ____________________

Detail ownership of the business ____________________

Contact person and mobile number ____________________

Business / Client Level Assessment (Short Form)

CATEGORY	REQUESTED INFORMATION	NO / $ / %
Client Numbers	Number of client groups – i.e. Spouse/Spouse/Family Trust = 1 client group	
	Number of individual portfolios or accounts	
	Number of SMSF accounts	
	Number of Super accumulation portfolios	
	Number of Pension portfolios	
	No of Investment portfolios	
	Average FUM per client group	$
	Average FUM per portfolio	$
Advice Fee	Methodology (Tiered / Fixed)	
	Avg cost to client (expressed as a % of FUM invested)	%
FUM	Total FUM (where advice fee derived)	$
	Avg direct cost to client for your advice	%
	Avg platform margin paid to you	%

CATEGORY	REQUESTED INFORMATION	NO / $ / %
Main Client Platforms	Detail main platform(s) used by the group and %	%
	Average administration fee paid by client	%
Other Platforms	List other platforms used including Retail Master Trusts or SMA/IMA structures	
% FUM invested in	In Managed Funds on Platforms	%
	In Direct Shares on Platforms	%
	In Direct Shares outside Platforms	%
	In Retail Funds	%
	Managed investment schemes MIS	%
% FUM invested in	Active Managed Funds	%
	Index / Passive Funds	%
	Direct shares	%
	Other	%
Most Supported Fund Managers	Please list and provide % exposure of Total FUM	
FUND 1		%
FUND 2		%
FUND 3		%
FUND 4		%
FUND 5		%
FUND 6		%
FUND 7		%
FUND 8		%
FUND 9		**%**
	Detail the average client MER for funds management	**%**
Client Activity	**New Clients – Last Financial Year**	
	- No of prospective clients seen	
	- No of SOA's prepared for prospective clients	
	- Average fee charged per SOA	$
	- No of new clients signed up – defined as ongoing fee paying clients	
	- New FUM generated from new clients	$
	Existing Clients – Last Financial Year	
	- How often are formal client reviews conducted?	
	- New FUM generated from existing clients	$
	Estimated outflow rate (pension payments / client attrition / capital drawdown's etc)	%

CATEGORY	REQUESTED INFORMATION	NO / $ / %
Group Financials	**Revenue – Last Financial Year**	
	- Gross Revenue (Ongoing)	$
	- Gross Revenue (Upfront from SOA fees etc)	$
	- Gross Insurance Revenue	$
	- Other Revenue (specify if greater than 5% of total)	$
	Total Revenue	$ 0
	Expenses – Last Financial Year	
	- Employment Expense (including principals salary)	$
	- Occupancy Expense	$
	- Other Expense (specify if greater than 20% of total)	$
	Total Expense	$ 0
	EBIT	**$**
	Note – you will be required to provide audited results if progression to DD phase	
% of new clients generated	Referrals from existing clients	%
	From seminars you presented	%
	From advertising	%
	From COI or Referral partner	%
	Other activities (list)	%
How do you source new clients	Est. % Referrals from existing clients	%
	Est % from Seminars/presentations	%
	Est % from Third Party Referrals (acc/lawyers/etc)	%
	Est % from networking	%
	Est % Other (list)	%
Compliance	Copy of F70/F71 Audit report (Licensees only)	
	Copy of Complaints / Breach Register	
Systems		
	CRM software used	
	Financial Planning software used	
	Modeling software used	
Other	Professional affiliations (list)	
	Who is the PI Insurer?	

CATEGORY	REQUESTED INFORMATION	NO / $ / %
	Other relevant information (referral arrangements etc)	

Top 10 Clients by FUM	FUM $	% of Total FUM
Client 1	$	%
Client 2	$	%
Client 3	$	%
Client 4	$	%
Client 5	$	%
Client 6	$	%
Client 7	$	%
Client 8	$	%
Client 9	$	%
Client 10	$	%
Total	**$** 0	0 **%**

Please use this space where space not available above using headings as reference point

Agricultural investments and Tax Effective Managed Investment Schemes (MIS)

Company name	Type of investment e.g. timber, olives etc	Number of clients	$M Invested

FULL NAME

POSITION (e.g. Director/Secretary)

SIGNATURE