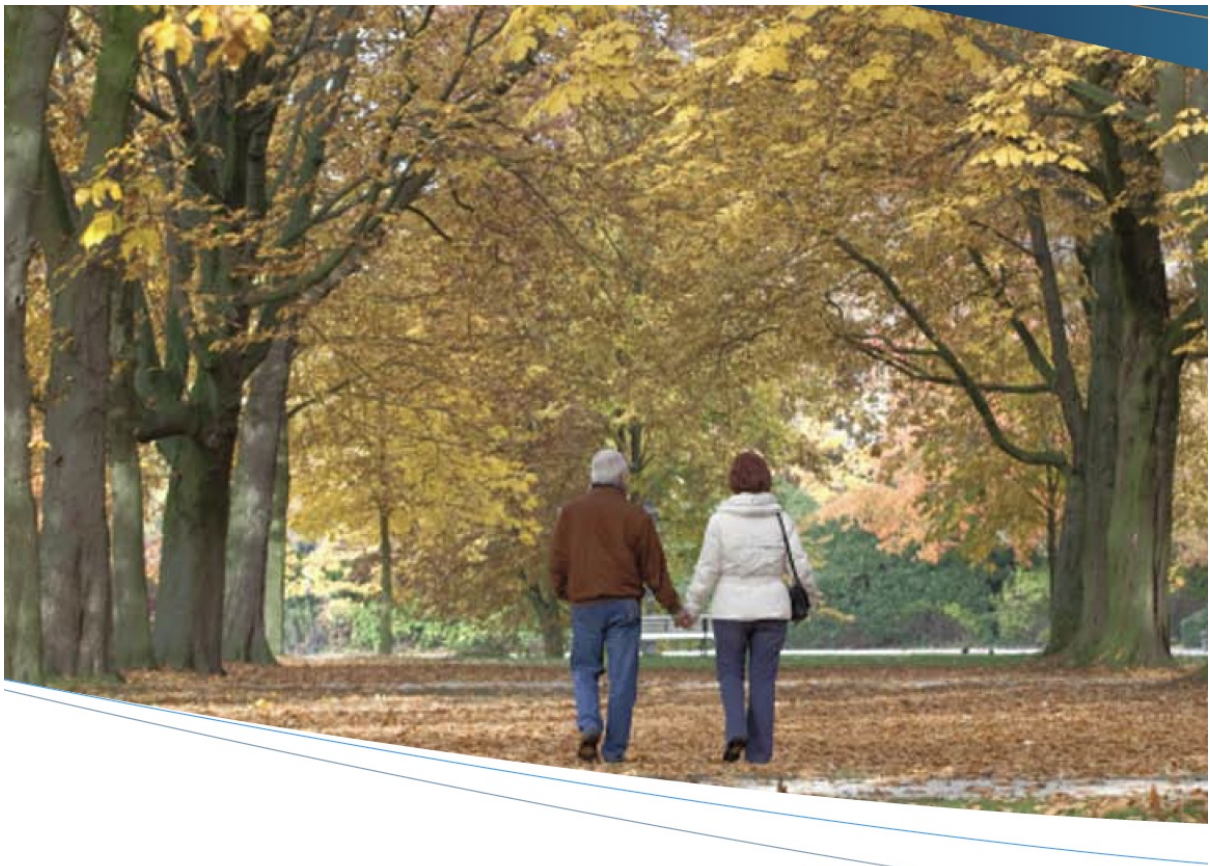


# Financial Planning Questionnaire

Peace of mind ..... the most valuable service we provide



Client Name: \_\_\_\_\_

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

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

## Our goal is to help you meet your financial & lifestyle goals

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By providing us with all information as it relates to your situation provides the basis for a recommendation to be made that meets with your best interests.

Should you choose not to provide certain facts about your situation, the advice that is generated from that limited information may not be the most appropriate for your needs.

Please take time to complete the attached questionnaire and attachments. The information gathered will remain confidential and is vital first step in laying the framework for your personal financial plan. The attached questionnaire should be accompanied by copies of the following statements where applicable:

- a. First five financial goals and needs
- b. Last 2-year Tax Returns with Notice of Assessment from Taxation Office
- c. Last Superannuation Statement(s)
- d. Summary page of insurance policies
- e. Mortgage & Loan statements
- f. Investment statements
- g. Bank Statements
- h. Others

**Personal Details**

| Personal Details           | Client 1                | Client 2                |
|----------------------------|-------------------------|-------------------------|
| Surname                    |                         |                         |
| Given names                |                         |                         |
| Date of birth (age)        |                         |                         |
| Occupation                 |                         |                         |
| Health                     | Excellent / Good / Poor | Excellent / Good / Poor |
| Smoking status             | Yes / No                | Yes / No                |
| Desired retirement age     |                         |                         |
| Desired retirement income* | \$                      | \$                      |
| Wills in place             | Yes / No                | Yes / No                |
| Power of attorney in place | General Enduring No     | General Enduring No     |
| Dependants                 | Name                    | Age                     |
|                            |                         |                         |
|                            |                         |                         |
|                            |                         |                         |

**Assets and Liabilities**

| Assets                         | Owner | Value | Liability |
|--------------------------------|-------|-------|-----------|
| <u>Personal Assets</u>         |       |       |           |
| Home                           |       |       |           |
| Contents                       |       |       |           |
| Car                            |       |       |           |
| Collectibles                   |       |       |           |
| Credit Cards                   |       |       |           |
| Mortgage Loans                 |       |       |           |
| <b>Total Personal Assets</b>   |       |       |           |
|                                |       |       |           |
| <u>Investment Assets</u>       |       |       |           |
| Business Assets                |       |       |           |
| Investment Property            |       |       |           |
| Listed Shares                  |       |       |           |
| Non-Listed Shares              |       |       |           |
| Retailed Super Fund            |       |       |           |
| SMSF                           |       |       |           |
| Others                         |       |       |           |
| Others                         |       |       |           |
|                                |       |       |           |
| <b>Total Investment Assets</b> |       |       |           |
|                                |       |       |           |

### Cash Flow

|                         | Client 1 | Client 2 | Total |
|-------------------------|----------|----------|-------|
| Employment income       |          |          |       |
| Interest                |          |          |       |
| Rental income           |          |          |       |
| Other investment income |          |          |       |
| Assessable income       |          |          |       |
| Total deductions        |          |          |       |
| Taxable income          |          |          |       |
| Total tax payable       |          |          |       |
| Income after tax        |          |          |       |
| Annual Expenses         |          |          |       |
| Annual surplus income   |          |          |       |

### **Risk Insurance**

[illegible]

### Notes on Current Position

### **Risk Profile**

*Please circle or highlight the answer most appropriate to your situation.*

|  |  |                 |                 |  |               |                               |
|--|--|-----------------|-----------------|--|---------------|-------------------------------|
| <b>How many years until you reach retirement?</b>                              | 16 or more                               | 11-15           | 6-10            | 3-5  | 1-2           | Now                           |
| <b>Are you concerned about the rising cost of living over time</b>             | Want growth in my invest's to cover this | Very concerned  | Concerned       | More concerned with having stable invest's | Not concerned | I'm unsure of what this means |
| <b>What is your investment experience?</b>                                     | High level of experience                 | Much experience | Some experience | Little experience                          | No experience | Bad experience                |
| <b>Which action would you prefer to take to achieve your retirement goals?</b> | Take more risk                           |                 |                 | Reduce expectations                        |               |                               |
| <b>Would you prefer fixed return investments or ride with the market?</b>      | Ride with the market                     |                 |                 | Fixed returns                              |               |                               |
| <b>Will you make regular contributions?</b>                                    | Yes                                      |                 |                 | No   |               |                               |

### **Other Issues to be discussed**

- 1. Insurance Needs Analysis**
- 2. Social Security**
- 3. Early Retirement Payment**
- 4. Health**
- 5. Residency**
- 6. Others**

## Declaration and Authority

- I/We confirm that the information provided is correct as I/we understand it and that any recommendations made based on incomplete data may not be appropriate for my/our needs.
- I/We understand that a fee will be charged to cover the time spent in analysis of the situation and for the collation of a report prepared as a Statement of Advice. I/We understand that this fee is payable whether or not I/we decide to proceed with the recommendations made.
- I/We understand that the fee payable will be \$\_\_\_\_\_ (including GST) to be banked to our ETax Accountant & Associates with BSB: 012402 Account: 460782664.

### ***Signed:***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date