



Australian Financial Services

PRIVATE & CONFIDENTIAL

This questionnaire is designed to provide us with accurate up to date information as to your current personal and financial position so that we are in the best position to make appropriate recommendations. The information contained within this document will be used solely by your us for the purpose of making our recommendations and will be treated strictly confidential.

Last Updated: Jan 2009

PERSONAL DETAILS				
	Client A		Client B	
First Name				
Surname				
Preferred Short Name				
Title (Mr, Mrs Dr)				
	Male	Female	Male	Female
Date of Birth	Age:		Age:	
Health				
Smoker				
Place of Birth				
Years in Australia				
Are you a resident?				

CONTACT DETAILS				
	Client A		Client B	
Address (Postal)				
	State:	Postcode:	State:	Postcode:
Address (Residential/Other)				
	State:	Postcode:	State:	Postcode:
Email Address				
Contact Numbers (<i>Main Number *</i>)				
Office Phone				
Home Phone				
Mobile				
Fax				

DEPENDANT(S)	Dependant 1	Dependant 2	Dependant 3
Surname			
Given Name(s)			
Gender			
Date of Birth	Age:	Age:	Age:
Preferred (Short) Name			
Relationship			

EMPLOYMENT DETAILS	Client A	Client B
Work Status		
Employer		
Employer Address		
Occupation		
Number of Yrs Service		
Expected Retirement Date	Age:	Age:
Eligible Service Date (ETP)		

DSS ENTITLEMENTS: (Only relevant if you are currently in receipt of a pension/benefit)		
Entitlement Amount		
Entitlement Type		
DSS Reference Number		
Maintenance Income		
Maintenance Payment		
Overseas Social Security Income		

INCOME		
Description	Principal	Partner
Salary Income		
Other Taxable Income		
Tax Free Income		
Other :		

NOTES: Detail here any issue relating to income (eg: salary packaging)

MAJOR FUTURE EXPENSES: Detail here all planned future lump sum expenses over the next 5 years.		
Item	Amount (\$)	Estimated Year of Expense
Holidays		
New Car/Car Upgrade		
Home Improvements		
Gifts		
Debt Repayment 1		
Other :		

EXPENDITURE		
Expenditure Item	Description	Amount (\$) p.a
Personal/Family Expenses		
Food		
Clothing		
Gas, Water, and Elect.		
Medical		
Entertainment		
Phone, Post, Internet		
Education		
Furnishings		
Other		
Housing		
Rates and Taxes		
Insurances		
Repairs and Maint.		
Rent/Mortgage		
Other		
Transport		
Registration/Licensing		
Insurance		
Petrol and Maintenance		
Car Loan/Lease		
Other		
General		
Superannuation (RSP)		
Life Insurance		
Trauma/TDP Insurance		
Personal Loan(s)		
Credit/Store Cards		
Gifts		
Savings		
Other		
Income Protection Ins.		
Memberships		
Professional Texts		
Other		
Children		
Other :		
Total		

PERSONAL ASSETS				
Asset Type	Owner	Current Value	Loan	Interest Rate
Family Home				
Family/Personal Contents				
Motor Vehicle 1				
Motor Vehicle 2				
Holiday Home				
Boat				
Caravan				
Cash at Bank				
Other				

INVESTMENTS				
Investment Description <i>Eg: Bank Accounts, Term Deposits, Property, Shares, Managed Funds, Insurance Bonds, etc.:</i>	1	2	3	4
Description/Fund Name				
Owner				
Original Investment Amount				
Date Invested				
Current Value				
Current Units				
Est Income % p.a				
Est Income \$ p.a				
Growth %				
Term (if applicable)				
Asset to be Retained (Yes/No)				
Contributions (Yes/No)				
Contribution Amount				
Deposit Frequency				

INVESTMENT PROPERTIES							
Situation	Purchase Date	Purchase Price	Present Value	Loan	Interest Rate	Yearly Income	Expenditure

OTHER LIABILITIES						
<i>Description</i>	Balance Outstanding \$	Interest % p.a	Term Years	Payment p.a	Loan Type Interest Only/ Principal+Interest	Owner
Personal Loans						
Credit Card 1						
Credit Card 2						
House Mortgage(s)						
Motor Vehicle Loan						
Education Loans						
Family Loans						
<i>Provisional Tax</i>						
<i>Other:</i>						

TAX DEDUCTIBLE LIABILITIES						
<i>Description</i>	Balance Outstanding \$	Interest % p.a.	Term Years	Payment p.a.	Loan Type Interest Only Principal+ Interest	Owner
Overdraft						
Investment Loan						
Business Loans						
Other :						

ESTATE PLANNING				
WILL DETAILS	Client A		Client B	
Do you have a Will?	Yes	No	Yes	No
Executor(s)				
Guardian				
Power of Attorney (Granted)	Yes	No	Yes	No
Type	Full	Limited	Full	Limited
Name				
Details				
Date Signed				
Expires				

SPECIAL INTERESTS <i>(eg : Collectibles, Golf, Tennis)</i>	Client A	Client B

BANK ACCOUNT DETAILS	Client A	Client B	Joint
BSB Number			
Account Number			
Account Name			
Bank			
Branch Address			

SUPERANNUATION & ROLLOVER FUND			
	1	2	3
Description/Fund Name			
Owner			
Investor Number			
Date of Purchase			
Original Investment Amount			
Current Value			
Current Units			
Growth %			
Asset to be Retained <i>(Yes/No)</i>			
Pre 1/7/1983 Component			
Tax Free Component			
Taxable Component			
Capital Gains Exempt			
Contributions <i>(Yes/No)</i>			
Contribution Amount			
Deposit Frequency			

INSURANCE			
	Policy 1	Policy 2	Policy 3
Policy Owner			
Company			
Policy Type			
Policy Number			
Premium			
Life Insured			
Date Commenced			
Death Cover \$			
TPD Cover \$			
Annual Premium \$			
Payment Frequency			

INSURANCE: MEDICAL/HEALTH					
Life insured	Insurer	Policy No.	Type of Policy	Benefit Amount	Annual prem

FINANCIAL PLANNING OBJECTIVES

Your Financial Plan should take into consideration factors that are considered important to you. To assist designing your Financial Plan please rate the following objectives in their order of importance to you. Rate each item in order of priority by placing a circle around the relevant number.

The numbers represent: 1: not important, 2: slightly important, 3: important, 4: very important.

OBJECTIVE	PRIORITY			
	1	2	3	4
Protecting family/assets in the event of death	1	2	3	4
Protecting current income in the event of sickness accident or trauma	1	2	3	4
Paying off your Mortgage	1	2	3	4
Providing funds for your Children’s Education	1	2	3	4
Planning for Retirement	1	2	3	4
Maximising Social Security Entitlements	1	2	3	4
Saving for Short to Medium Term (<i>1 – 2 years</i>)	1	2	3	4
Protecting Assets from the effects of Inflation	1	2	3	4
Ease of Portfolio Management	1	2	3	4
Generate Income from Investments	1	2	3	4
Generate Capital Growth from Investments	1	2	3	4
Tax Minimisation	1	2	3	4

Main Objective: *Detail here the main reason for seeking financial advice.*

Notes

ADVISER & CLIENT DECLARATIONS

Privacy Disclosure

In order to comply with the requirements of the Privacy Act, we are required to advise you that this firm holds personal information about you. The information has been and will continue to be collected by us for the purpose of providing you with financial services including:

- a) The preparation of your financial plan;
- b) The provision of financial planning advice to you;
- c) Making securities and investment recommendations;
- d) Reviewing your financial plan;
- e) Reviewing securities and investment recommendations; and
- f) For other related matters.

We collect information about you for the purpose of providing you with the services referred to above. If you do not provide us with the information requested by us we may not be able to provide you with the services required.

We will from time to time disclose information about you to authorised representatives of this firm and to other professionals, insurance providers, superannuation trustees and product issuers in connection with the purposes detailed above. In the event we consider it necessary to use or disclose information about you for purposes other than those detailed above, or related purposes, we will seek your consent. You are entitled to obtain access to the information which we hold about you by contacting the firm's Professional Standards Manager on 03 9866 4507 or by writing to PO Box 7620, St Kilda Road PO, Melbourne, Victoria 8004.

Client Declaration

- a) I/we advise that the information provided in this document is complete and accurate to the best of my/our knowledge;
- b) I/we acknowledge that by not providing complete and accurate information on my personal and financial position that this may lead my adviser to provide inappropriate advice;
- c) I/we understand that in respect of insurance recommendations that by not providing complete and accurate information that an insurance policy purchased which differs from those recommended may not be appropriate to my/our needs;
- d) I/we advise that I/we have read and understood the Financial Services Guide before any investment advisory services were provided.

Tax File Number Authorisation

- e) I/we give permission for my/our tax file number to be stored in a secure format by my adviser in accordance with legislative requirements;
- f) I/we give permission for my/our tax file number to be forwarded to financial institutions as required.

Client A	Client B
Name	Name
Signature	Signature
Date	Date

