

Financial planning questionnaire

Issue number 12

February 2008

Workbook prepared for



Personal summary

Your details

Company name _____

ABN _____

Contact person _____

Contact address _____

_____ State Postcode

Phone business _____ Mobile _____

Facsimile _____

Email _____

OR

Title _____ Surname _____

Given names _____

Preferred name _____

Private address _____

_____ State Postcode

Contact address _____

_____ State Postcode

Date of birth Male Female

Phone home _____ Business _____

Mobile _____ Facsimile _____

Email _____

Occupation _____ Status/Code _____ Number of hours worked _____

Employer's name _____

Employer's address _____

_____ State Postcode Employer's phone _____

If self employed what is the business structure (eg partnership, trust) _____

Is salary packaging available? Yes No When did employment commence?

Who is your next of kin? _____

Do you want to discuss any details within this questionnaire with any family members or any other third party? Yes No

What are their details? _____

Your details (continued)

Are you in receipt of any Social Security Benefits?

Are you an Australian Resident?

Yes No

Is English your preferred language?

Yes No

If No, what is your preferred language?

Would you like an interpreter?

Yes No

Do you have any health issues that need to be considered in making an investment or insurance decision?

Do you have private health insurance

Yes No

What is your smoker status?

Smoker Non smoker

Bank details

Branch name

Branch address

State

Postcode

Account name

BSB

Account number

Your partner's details

Title Surname

Given names

Preferred name

Private address

State

Postcode

Contact address

State

Postcode

Date of birth

Male

Female

Phone home

Business

Mobile

Facsimile

Email

Occupation

Status/Code

Number of hours worked

Employer's name

Employer's address

State

Postcode

Employer's phone

Your partner's details (continued)

If self employed what is the business structure (eg partnership, trust)

Is salary packaging available? Yes No

When did employment commence?

Who is your next of kin?

Are you in receipt of any Social Security Benefits?

Are you an Australian Resident?

Yes No

Is English your preferred language?

Yes No

If No, what is your preferred language?

Would you like an interpreter?

Yes No

Do you have any health issues that need to be considered in making an investment or insurance decision?

Do you have private health insurance

Yes No

What is your smoker status?

Smoker Non smoker

Bank details

Branch name

Branch address

State

Postcode

Account name

BSB

Account number

Dependant details

Dependant/child's name

Date of birth Male Female

School/occupation

DSS dependant until Youth allowance Yes No

Dependant/child's name

Date of birth Male Female

School/occupation

DSS dependant until Youth allowance Yes No

Do your dependants have any health issues that need to be considered?

Your life goals

Main reasons for seeking advice

You have:

- a lump sum of money
- an employment termination payment
- surplus cash flow
- debts
- a high tax liability
- superannuation/rollover
-
-

You would like to:

- build up an investment portfolio
- achieve specific goals
- receive income
- consolidate debts
- minimise your tax
- provide for retirement
- rollover your superannuation
- provide for family in the event of your death, injury or illness
- review other fund managers/product providers:
 - administration
 - costs
 - different investment exposure
- buy or sell shares
-

Short/medium term goals

Apart from your main reason for seeking advice, are there any specific goals (prior to retirement) you would like to achieve?

Goal	Estimated funds required	Target date
Home/property purchase	\$ <input style="width: 80px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Holiday	\$ <input style="width: 80px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Car/boat/caravan	\$ <input style="width: 80px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Children's education/wedding	\$ <input style="width: 80px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pay off mortgage/debts	\$ <input style="width: 80px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business purchase	\$ <input style="width: 80px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other	\$ <input style="width: 80px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other	\$ <input style="width: 80px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Funds	\$ <input style="width: 80px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

How much money do you need in readily cashable investments to meet emergencies and your day-to-day expenditure?

\$

(Transfer goals with a target date less than 1 year to the immediate expenditure plans box G on page 16)

Additional notes

Long term goals

How much income do you estimate you will need to cover your annual expenditure (in today's dollar terms) when you retire?
Note also any likely capital expenditure when you retire (eg to buy a new car, holiday).

Retirement plans	Estimated income pa	Expected retirement age	Expected expenditure
Client/household	\$ <input type="text"/>	<input type="text"/> years	\$ <input type="text"/>
Partner	\$ <input type="text"/>	<input type="text"/> years	\$ <input type="text"/>

Capital spending

Are you comfortable borrowing money to invest in order to build long-term wealth? Yes No Willing to discuss

If you have already approached an institution about borrowing to invest, how much is available?

Based on what you currently have in place, are there any investment or insurance companies that you like or dislike?

Do you have any environmental, social or ethical considerations that need to be taken into account?

Notes

Assets

Lifestyle and business assets

Owner	Effective date of investment	Original investment amount	Current value	Amount or % to reallocate	Asset tested Y/N	Insured Y/N
Home		\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Is the land that represents your principle home greater than 2 hectares in area? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Contents		\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicles		\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Caravan/boat		\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Cash/bank acct	%pa inc rate	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Business goodwill		\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Business plant and equipment		\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Other						
Asset	Owner	Effective date of investment	Original investment amount	No. of units/shares	Current value	Amount or % to reallocate
			\$		\$	
			\$		\$	
Total investment assets (transfer to summary on page 16)						(A) \$

Have you or your partner gifted any money in the last five years? Yes No

Value of items gifted \$ Date items gifted |||||

Notes

Investment assets and direct investments

Investment assets

Asset	Owner	Effective date of investment	Original investment amount	No. of units/shares	Current value	Amount or % to reallocate
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
Total investment assets (transfer to summary on page 16)					(B) \$	

Direct investments

			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
Total direct investments (transfer to summary on page 16)					(C) \$	

Superannuation details

Superannuation	1	2	3	4
Owner				
Fund name/description				
Original investment amount	\$	\$	\$	\$
Current value	\$	\$	\$	\$
Amount or % to reallocate				
Total current value and amount % to reallocate (transfer to summary on page 16)		(D)	\$	
Number of units				
Super type [#]				
Tax deductibility				
Termination date [§]				
Tax-free component	\$	\$	\$	\$
Taxable component	\$	\$	\$	\$
Post-June 1994 invalidity component	\$	\$	\$	\$
Employee contribution p.a.	\$	\$	\$	\$
Employer contribution p.a.	\$	\$	\$	\$
Salary sacrifice cont. p.a.	\$	\$	\$	\$
Type of fund (Preserved/Restricted non preserved/Unrestricted non preserved)				
Insurance attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: amount	\$	\$	\$	\$
Type				

If insurance is held complete the appropriate details within the Risk insurance section of this Questionnaire.

[#] Super type is a combination of Accumulation or Defined and Pension or Lump Sum.

[§] Termination date is the date you expect to exit the super fund, which may be equal or prior to the End date.

Your details

Termination payments

Have you received any termination payments?

Yes No

Company payments

Long service leave (net)

\$

Annual leave (net)

\$

Redundancy/golden handshake (employer termination payment)

What date did you terminate with your employer?

/

What date did you commence with your employer?

/

Was the redundancy a genuine or early retirement scheme?

Yes No

If No, what was the employer termination payment?

\$

Was this rolled over into superannuation or received as cash?

Superannuation Cash

Did you seek financial advice about this at the time?*

Yes No

If Yes, what was the tax-free amount of the redundancy?

\$

Was the redundancy rolled over into superannuation or received as cash?

Superannuation Cash

Did you seek financial advice about this at the time?*

Yes No

*Please supply any information if applicable

What was the breakdown of the employer termination payment?

Tax-free component

\$

Taxable component

\$

Post 1994 Invalidation component

\$

Total

\$

Your partner's details

Termination payments

Have you received any termination payments?

Yes No

Company payments

Long service leave (net)

\$

Annual leave (net)

\$

Redundancy/golden handshake (employer termination payment)

What date did you terminate with your employer?

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*Please supply any information if applicable

What was the breakdown of the employer termination payment?

Tax-free component

\$

Taxable component

\$

Post 1994 Invalidation component

\$

Total

\$

Liabilities

Mortgages

Description	Owner	Loan type & term	Date loan commenced	Original amount	Interest rate	Monthly repayment	Interest tax-deductible? (Y/N)	Current amount owing
				\$		\$		\$
				\$		\$		\$
				\$		\$		\$
Other loans, credit cards, tax								
				\$		\$		\$
				\$		\$		\$
				\$		\$		\$
				\$		\$		\$
				\$		\$		\$
				\$		\$		\$
Total liabilities (transfer to summary on page 16)								(F) \$

Notes (extra information regarding repayment options - P&I or interest only, frequency of payment and any establishment or exit fees payable)

Income and expenditure

The figures for all categories quoted below are: weekly monthly annually

Income	Client	Partner	Expenditure	Client	Partner
Salary & wages	<input type="text"/>	<input type="text"/>	Household expenses*	<input type="text"/>	<input type="text"/>
DSS/DVA income	<input type="text"/>	<input type="text"/>	Investment property expenses**	<input type="text"/>	<input type="text"/>
Investment income	<input type="text"/>	<input type="text"/>	Car/boat/transport	<input type="text"/>	<input type="text"/>
Fringe benefits	<input type="text"/>	<input type="text"/>	Clothing	<input type="text"/>	<input type="text"/>
Dividend income	<input type="text"/>	<input type="text"/>	Education	<input type="text"/>	<input type="text"/>
Investment property income	<input type="text"/>	<input type="text"/>	Entertainment	<input type="text"/>	<input type="text"/>
Business income	<input type="text"/>	<input type="text"/>	Insurance premiums	<input type="text"/>	<input type="text"/>
Maintenance income	<input type="text"/>	<input type="text"/>	Maintenance payments	<input type="text"/>	<input type="text"/>
Overseas pension: Country	<input type="text"/>		Mortgage/rent	<input type="text"/>	<input type="text"/>
Taxable in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No			Rates and taxes	<input type="text"/>	<input type="text"/>
Income streams	<input type="text"/>	<input type="text"/>	Medical/dental	<input type="text"/>	<input type="text"/>
Other Income	<input type="text"/>	<input type="text"/>	Holidays	<input type="text"/>	<input type="text"/>
Total income	<input type="text"/>	<input type="text"/>	Superannuation contributions	<input type="text"/>	<input type="text"/>
LESS			Savings programs	<input type="text"/>	<input type="text"/>
Estimated tax payable	<input type="text"/>	<input type="text"/>	Other loans	<input type="text"/>	<input type="text"/>
Total net income	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
			Business overheads (If relevant)	<input type="text"/>	<input type="text"/>
			Total expenditure	<input type="text"/>	<input type="text"/>

LESS

Total expenditure	<input type="text"/>	<input type="text"/>
Income surplus (deficit)	<input type="text"/>	<input type="text"/>

* Includes food and utilities such as electricity, gas, telephone, maintenance

** Includes insurance, repairs, rates, agents fees, land tax and any other investment related costs

Combined:

Total income	\$ <input type="text"/>
Less tax	\$ <input type="text"/>
Net income	\$ <input type="text"/>
Less expenditure	\$ <input type="text"/>
Surplus (deficit) (H)	\$ <input type="text"/>

(transfer to summary on page 16)

Are expense estimates based on:

a tight budget?

a comfortable budget?

Risk insurance

Income protection insurance

	Client	Partner
Do you have an alternative source of income in the event of an extended disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many months could you go without your regular income?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 12 <input type="checkbox"/> 24	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 12 <input type="checkbox"/> 24
Do you own income protection insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life company	<input type="text"/>	<input type="text"/>
Policy number	<input type="text"/>	<input type="text"/>
Owner	<input type="text"/>	<input type="text"/>
Life insured	<input type="text"/>	<input type="text"/>
Policy status	<input type="text"/>	<input type="text"/>
Is the insurance held through your employer or superannuation?	<input type="text"/>	<input type="text"/>
Current monthly benefit	\$ <input type="text"/>	\$ <input type="text"/>
Current annual premium	\$ <input type="text"/>	\$ <input type="text"/>
Payment frequency	<input type="text"/>	<input type="text"/>
Payment type (level, stepped)	<input type="text"/>	<input type="text"/>
Waiting period in months until benefit payment starts?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 12 <input type="checkbox"/> 24	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 12 <input type="checkbox"/> 24
Benefit period in years	<input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> up to 55 <input type="checkbox"/> up to 60 <input type="checkbox"/> up to 65	<input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> up to 55 <input type="checkbox"/> up to 60 <input type="checkbox"/> up to 65
Exclusions/loading	<input type="text"/>	<input type="text"/>
Indexed to CPI	<input type="text"/>	<input type="text"/>
Continuation option	<input type="text"/>	<input type="text"/>

Notes

Life insurance

	Client	Partner
Could your family continue to live without financial worries in the event of your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life company	<input type="text"/>	<input type="text"/>
Policy number	<input type="text"/>	<input type="text"/>
Owner	<input type="text"/>	<input type="text"/>
Life insured	<input type="text"/>	<input type="text"/>
Policy status	<input type="text"/>	<input type="text"/>
Is the insurance held through your employer or superannuation?	<input type="text"/>	<input type="text"/>
Current sum insured	\$ <input type="text"/>	\$ <input type="text"/>
Current annual premium	\$ <input type="text"/>	\$ <input type="text"/>
Payment frequency	<input type="text"/>	<input type="text"/>
Payment type (level, stepped)	<input type="text"/>	<input type="text"/>
Exclusions/loading	<input type="text"/>	<input type="text"/>
Indexed to CPI	<input type="text"/>	<input type="text"/>
Continuation option	<input type="text"/>	<input type="text"/>
Does your life insurance include TPD cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, include details of TPD in relevant section		
Do you wish your spouse to be debt free in the event of your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to leave income for your spouse etc?	\$ <input type="text"/>	No. of years <input type="text"/>
Do you wish to leave a lump sum for your spouse etc?	\$ <input type="text"/>	
Do you wish to leave funds for your children's education?	\$ <input type="text"/>	No. of years <input type="text"/>
Do you have any other cash bequests?	\$ <input type="text"/>	
How much money would you like set aside for funeral expenses?	\$ <input type="text"/>	

Notes

Trauma insurance

Would you need additional funds to meet expenses and allow for a comfortable recovery in the event of a serious illness?

Yes No

Yes No

Do you own trauma insurance?

Yes No

Yes No

Life company

Policy number

Owner

Life insured

Policy status

Is the insurance held through your employer or superannuation?

Current sum insured

Current annual premium

Payment frequency

Payment type (level, stepped)

Exclusions/loading

Indexed to CPI

Continuation option

Does your trauma insurance include TPD cover?

Yes No

Yes No

If yes, include details of TPD in relevant section

Does it include death cover or is it standalone?

Death cover

Standalone

Death cover

Standalone

Notes

Total and Permanent Disablement (TPD)

	Client	Partner
Would you need additional funds to meet expenses and allow for a comfortable recovery in the event of an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own TPD insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life company	<input type="text"/>	<input type="text"/>
Policy number	<input type="text"/>	<input type="text"/>
Owner	<input type="text"/>	<input type="text"/>
Life insured	<input type="text"/>	<input type="text"/>
Policy status	<input type="text"/>	<input type="text"/>
Is the insurance held through your employer or superannuation?	<input type="text"/>	<input type="text"/>
Current sum insured	\$ <input type="text"/>	\$ <input type="text"/>
Current annual premium	\$ <input type="text"/>	\$ <input type="text"/>
Payment frequency	<input type="text"/>	<input type="text"/>
Payment type (level, stepped)	<input type="text"/>	<input type="text"/>
Exclusions/loading	<input type="text"/>	<input type="text"/>
Indexed to CPI	<input type="text"/>	<input type="text"/>
Continuation option	<input type="text"/>	<input type="text"/>
TPD Definition	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard
	<input type="checkbox"/> Own Occupation	<input type="checkbox"/> Own Occupation
	<input type="checkbox"/> Home duties	<input type="checkbox"/> Home duties
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, include details of life insurance section in relevant section

Insurance/estate planning advice

Do you require advice on estate planning? Yes No

Do you require more advice and assistance to secure the financial future for you and/or your family in the event of a serious illness, accident or death? Yes No

If No, you are acknowledging that you will take full responsibility for any detrimental consequences to your financial situation in the case of a serious illness, accident or death.

Notes

Acknowledgement and authority

Client acknowledgement

I/We confirm that the details recorded in this questionnaire are correct and reflect my/our true financial position.

Client Signature

Date

Client Signature

Date

Adviser Signature

Date

Statement of Advice

Please prepare a Statement of Advice for my/our consideration. I/We understand that the preparation of the

Statement of Advice will cost \$ _____

Client Signature

Date

Client Signature

Date

Authority to access information

I/We authorise (name) _____

of (business name) _____

to access further information about my/our assets and insurance policies as may be required to fully understand such investments and policies.

Client Name _____

Address _____

State _____ Postcode _____

Client Signature

Date

Client Name _____

Address _____

State _____ Postcode _____

Client Signature

Date

For further information