

# Confidential Financial Analysis

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

Date:            /        /

Adviser: \_\_\_\_\_



## Australian Financial Services

Australian Financial Services Licence No. 259586

### Important Notice to Clients

Your Adviser/Financial Planner must have reasonable grounds for making an investment or insurance recommendation. Before making such a recommendation the Adviser must ask you about your investment objectives, financial situation and your particular needs. The information requested in this form will be used strictly for that purpose.

### Warning

Your Adviser could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form.

## Personal Details

		You	Partner
Title:		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Surname:			
Given Names:			
Preferred Name:			
Marital Status:			
Where and When Born:		/ /	/ /
Address:			
Telephone	Home:	( )	( )
	Work:	( )	( )
	Fax:	( )	( )
	Mobile:	( )	( )
Email Address:			
Smoker		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Australian Resident		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax File Number:			

## Employment Details

Occupation:		
Employer:		
Employer Address:		
If self employed: Business structure:	<input type="checkbox"/> Company <input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Partnership <input type="checkbox"/> Trust
		<input type="checkbox"/> Company <input type="checkbox"/> Sole proprietor
		<input type="checkbox"/> Partnership <input type="checkbox"/> Trust

## Annual Income Details

	You	Partner
Gross Salary/Wages:		
Bonus/Commissions:		
Fringe Benefits:		
Annuity/Allocated Pension:		
Investment Property Income:		
Social Security Benefits:		
Business Income:		
Other:		
Total:		

## Dependents

### Private Educational Details

Name	DOB	Occupation/School	Start Year	End Year	Cost



# Investment Assets

• Please supply copies of most recent statements where available.

Investment Details:	Name of Investment	Owner	Date Invested or Purchased	Original Investment/ Cost	Annual Contribution/ Saving	No. of Units or Shares	Current Value \$	Rent or Interest %	Available to Invest \$
Bank Accounts/ Term Deposits									
Cash Management Trusts									
Managed Funds/ Insurance Bonds:			/ /						
			/ /						
			/ /						
			/ /						
			/ /						
			/ /						
Direct Shares:			/ /						
			/ /						
			/ /						
			/ /						
			/ /						
			/ /						
Investment Property:			/ /						
			/ /						
			/ /						
			/ /						
			/ /						
			/ /						
Superannuation Funds:			/ /						
			/ /						
			/ /						
			/ /						
			/ /						
			/ /						
Business:			/ /						
			/ /						
			/ /						



# Financial Goals

Tell us about your financial goals. The questions that follow will help us understand your aspirations and financial goals and develop a plan to achieve them.

At what age do you wish to retire and what income do you want in today's dollars?	At Age	
	\$	
Do you want an additional Lump Sum at retirement?	New Car	\$
	Holiday	\$
	Upgrade Home	\$
	Renovate Home	\$

What other financial goals do you have, by when do you want to achieve them and how much are they likely to cost?

	Likely Cost?	\$
	By When?	
	Likely Cost?	\$
	By When?	
	Likely Cost?	\$
	By When?	
	Likely Cost?	\$
	By When?	

Do you expect to inherit any money? Please provide details.

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How much of your current income can you devote to achieving your financial goals?	\$
What are your current living expenses?	\$

What questions should the plan we are about to develop address for you?

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# Risk Audit - Assessment Questions

	You	Partner
<b>Life Insurance</b> How important is it to you that your family or your estate is protected in the event of your early death?	<input type="checkbox"/> Very Important <input type="checkbox"/> Important <input type="checkbox"/> Not Important	<input type="checkbox"/> Very Important <input type="checkbox"/> Important <input type="checkbox"/> Not Important
<b>Debts</b> In the event of your early death, would you want all of your debts repaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Continuing Income</b> Would you want your spouse/partner to have a continuing income? If yes, how much? For how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ per annum for _____ years	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ per annum for _____ years
<b>Financial Threats</b> Are there any major financial threats to you or your family/company? Have you given any guarantees to anyone? Details please.	<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 _____ _____
<b>Financial Expenses</b> In the event of your early death, would you want to cover medical emergency, legal and funeral expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<b>Assistance With Children</b> In the event of your early death, would your partner require assistance with care of your children or with domestic help. (day care, etc)?  For how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Until Age _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Until Age _____
<b>Education</b> If you intend to privately educate your children, in the event of your early death, would you want this private education to continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Details	You	Partner
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year will last updated:		
Executor's Name & Address:		
Do you have an enduring power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Testamentary Trust:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solicitor's Name:		
Accountant's Name:		

Social Security Details	You	Partner
Have you been receiving a Centrelink/Veteran Affairs benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be seeking Social Security/Veteran Affairs benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you gifted any money in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Advice Should Address The Following Areas

Select as many as appropriate

<input type="checkbox"/> Production of Financial Plan	<input type="checkbox"/> Superannuation Advice	<input type="checkbox"/> Life Insurance Analysis
<input type="checkbox"/> Investment Concerns	<input type="checkbox"/> Analysis of existing Rollovers	<input type="checkbox"/> Mortgage/Debt Analysis
<input type="checkbox"/> Lump Sum to Invest	<input type="checkbox"/> Analysis of existing Super	<input type="checkbox"/> Income Protection Analysis
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Self Managed Super Advice	<input type="checkbox"/> Trauma Insurance Analysis
<input type="checkbox"/> Investing a New Rollover	<input type="checkbox"/> Savings Short Term	<input type="checkbox"/> DSS Analysis
<input type="checkbox"/> Gearing	<input type="checkbox"/> Savings Medium Term	<input type="checkbox"/> Children's Education
<input type="checkbox"/> Remuneration Packaging	<input type="checkbox"/> Savings Long Term	<input type="checkbox"/> Taxation Concerns

## Declaration

The details disclosed herein accurately document my/our personal and financial details, investment objectives, and my/our individual needs. I/We are not aware of any other material information relevant to the provision of investment recommendations and understand that this information is the basis on which recommendations will be made. If only a limited amount of information has been supplied, or if personal and financial information is omitted, AFS will be unable to undertake a full needs analysis, and the appropriateness of our recommendations will be limited.

I/We have been provided with the Financial Services Guide prior to obtaining investment advisory services and/or investment advice.

## Privacy

I/We accept that it will be necessary for AFS to store information, including my/our Tax File Number. From time to time it will be necessary to disclose information about myself/ourselves to authorised representatives of this firm and to other professionals, insurance providers, superannuation trustees and product issuers in connection with the purposes detailed above.

Client(s) Signature(s):

	/ /
	/ /

## Office Use Only

Who referred Client?	
FSG provided to client?	Post <input type="checkbox"/> Person <input type="checkbox"/>
Plan Preparation Fee to be Charged	\$
Letter of Engagement Signed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Plan Required	/ /



