

Pre-review Questionnaire

Private and Confidential

Client _____

Client _____

Planner _____

Address _____

Important Notice to Clients

In order for us to assess the appropriateness of our current recommendations, we need to review any changes in your lifestyle goals and your current financial and personal circumstances. The information requested in this questionnaire is necessary to ensure any recommendations made as a result of our review remain appropriate to your needs.

Your answers to the following questions will help us understand the changes in your lifestyle goals and objectives and current financial position so that we can prepare a report on how you are tracking towards achieving your goals.

These questions should only take around 20 to 30 minutes to complete and should be returned to us or brought along to your appointment. If you experience any difficulties in completing this please don't hesitate to contact us.

Personal Information

Your Contact Details

Have there been any changes to your contact details? Yes No

If yes, please provide details

	Client 1	Client 2
Residential Address	_____	_____
	_____	_____
Postal Address (if applicable)	_____	_____
	_____	_____
Home Phone	_____	_____
Home Fax	_____	_____
Home E-mail	_____	_____
Mobile	_____	_____
Business Phone	_____	_____
Business Fax	_____	_____
Business E-mail	_____	_____
Preferred Contact	Home / Work / Mobile / E-mail	Home / Work / Mobile / E-mail

Do you wish to disclose your Tax File Number to your planner? Yes No

Note: If you wish to disclose your Tax File Number, it will be necessary to complete and sign the "Option to Quote Tax File Number" document which can be obtained from your planner.

Your Health

Has your health status changed since our last appointment? Yes No

If yes, please provide details.

	Client 1	Client 2
Do you have any health issues?	Yes / No	Yes / No
If yes, please provide details	_____	_____
	_____	_____
	_____	_____
Are you a smoker?	Yes / No	Yes / No

Your Dependants

Has there been any change in your dependants' details since our last appointment?

Yes No

If yes, please provide details

Name	Relationship	Date of Birth	Financially dependent?	Dependent Until Age
_____	_____	/ /	Yes / No	_____
_____	_____	/ /	Yes / No	_____
_____	_____	/ /	Yes / No	_____
_____	_____	/ /	Yes / No	_____

Your Employment

Has there been any change in your employment details since our last appointment?

Yes No

If yes, please provide details

	Client 1	Client 2
Employment Status	Full Time / Part Time / Casual	Full Time / Part Time / Casual
Employer	_____	_____
Position	_____	_____
Contact Details	_____	_____

Your Lifestyle Goals and Objectives

Have any of your Lifestyle goals and objectives changed since our last appointment? (Eg. Early retirement, owning your own business)

Your short term objectives (within the next 2 years)

Goals	Start Date	End Date	Estimated Costs
			\$
			\$

Your medium term objectives (2 to 5 years away)

Goals	Start Date	End Date	Estimated Costs
			\$
			\$
			\$

Your long term objectives (more than 5 years away)

Goals	Start Date	End Date	Estimated Costs
			\$
			\$
			\$

Discussion Points

Are there any topics of special importance to you that you would like to address during the appointment? For example; cashflow, taxation planning, superannuation, debt, insurance assessment, estate planning, social security entitlements, retirement planning. Please give details.

Have there been any changes to your plans for retirement since our last appointment? Please give details.

Financial Snapshot

Your Budget Planner - Estimated Expenses

Determining your regular expenses is an important step in identifying the level of income you need to support day to day living expenses and the gaps or surpluses to be explored further with your financial planner. Please take the time to complete this as accurately as possible

The information on the next couple of pages will give us a snapshot of your current cash flow position.

Your Income

Before-tax income	Client 1		Client 2	
Salary/wages/earnings (1)	\$	<i>per</i>	\$	<i>per</i>
Share dividends/ Managed Fund income	\$	<i>per</i>	\$	<i>per</i>
Other Investment Income	\$	<i>per</i>	\$	<i>per</i>
Other (eg. Inheritance)	\$	<i>per</i>	\$	<i>per</i>
Total Annual Before-tax income	\$		\$	

Combined Annual Total

(Client 1 + Client 2)

\$

(1) Where the client is **self employed** ie. directly or indirectly owns part or all of a business practice – earnings means the income of the business or practice generated by the personal efforts of the client after the deduction of their appropriate share of business or practice expenses in generating that income

Your Expenses

	Amount	Frequency (Wk, Mth, Qtr)	Yearly Total	Is this expense tax deductible?
Variable Expenses				
Food	\$		\$	
Telephone	\$		\$	
Electricity	\$		\$	
Gas	\$		\$	
Clothing	\$		\$	
Chemist and Toiletries	\$		\$	
Household Maintenance	\$		\$	
Household Cleaning	\$		\$	
Gardening costs	\$		\$	
Petrol and oil	\$		\$	
Motor vehicle maintenance	\$		\$	
Commuting and travel	\$		\$	
Total Variable Expenses			\$	

	Amount	Frequency (Wk, Mth, Qtr)	Yearly Total	Is this expense tax deductible?
Fixed Expenses				
Mortgage repayments	\$		\$	
Other loan repayments	\$		\$	
Leasing or hire purchase costs	\$		\$	
Health insurance	\$		\$	
Property and contents insurance	\$		\$	
Life insurance	\$		\$	
Income Protection insurance	\$		\$	
Motor vehicle insurance	\$		\$	
Childcare or alimony	\$		\$	
Council rates	\$		\$	
Professional subscriptions	\$		\$	
Other (detail...)	\$		\$	
Total Fixed Expenses			\$	

	Amount	Frequency (Wk, Mth, Qtr)	Yearly Total	Is this expense tax deductible?
Discretionary Expenses				
Alcohol and tobacco	\$		\$	
Entertainment	\$		\$	
Newspapers and magazines	\$		\$	
Charities and gifts	\$		\$	
Total Discretionary Expenses			\$	
Total Expenses			\$	

Other Expenses

Please include any one-off, anticipated amounts this year (eg. Holiday, home renovations, new car etc.)

Item	Amount	Frequency (Wk, Mth, Qtr)	Yearly Total	Is this expense tax deductible?
	\$		\$	
	\$		\$	
	\$		\$	
Total other expenses			\$	

A Summary of your Assets and Liabilities

The following information will provide a snapshot of your current net worth position. Please include **all** details, not just new details, so that a snapshot of your **total** net position can be ascertained.

Please include all relevant details such as change of ownership and/or date of new purchase if applicable.

Non Financial Assets	Owner	Asset Value	Comments
Principal Residence	_____	\$ _____	_____
Home Contents	_____	\$ _____	_____
Non-income Producing Real Estate	_____	\$ _____	_____
Motor Vehicles	_____	\$ _____	_____
Boat/ Marine Equipment/ Caravan	_____	\$ _____	_____
Collectables/ Art	_____	\$ _____	_____
Other Pension Assessable Assets	_____	\$ _____	_____
Other	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Please include all relevant details such as change of ownership and/or date of new purchase if applicable

Liabilities	Lender	Owner	Loan Amount	Interest Rate	Loan Term	Repay Amount
Principal Residence	_____	_____	\$ _____	_____ %	_____	_____
Home Contents	_____	_____	\$ _____	_____ %	_____	_____
Investment Loan	_____	_____	\$ _____	_____ %	_____	_____
Car Loan	_____	_____	\$ _____	_____ %	_____	_____
Personal Loan	_____	_____	\$ _____	_____ %	_____	_____
Credit Cards	_____	_____	\$ _____	_____ %	_____	_____
Other	_____	_____	\$ _____	_____ %	_____	_____
_____	_____	_____	\$ _____	_____ %	_____	_____
_____	_____	_____	\$ _____	_____ %	_____	_____
_____	_____	_____	\$ _____	_____ %	_____	_____

Are you satisfied with you current debt management strategy?

Yes No

Comments:

Transactions

Only include details of investments that have been transacted without our knowledge since our last appointment

Investment Description	Owner	Current Value	Total no. of Units held	Date purchased/redeemed	Purchase Price	Income Return
		\$			\$	%
		\$			\$	%
		\$			\$	%
		\$			\$	%

Comments:

Wealth and Income Protection

Only include details of insurance that has been purchased or cancelled without our knowledge since our last appointment

Insurance Description	Policy Owner	Life Insured	Sum Insured of Benefit	Date Commenced
			\$	
			\$	

Comments:

Estate Planning

Have you updated your Will or Power of Attorney since our last appointment?

Yes No

Are the Estate Planning goals outlined in your Statement of Advice still relevant?

Yes No

Tax Management

Are your Tax Management needs currently being addressed to your satisfaction?

Yes No

Risk profile/ Asset allocation discussion

I am happy with my current risk profile/ asset allocation after previously completing a risk profile and discussions with my adviser? Yes/ No (If No your planner can provide you with a new questionnaire.)

Notes

Other Details

Please tell us about any other changes that may be important for us to consider in reviewing the appropriateness of your current strategy

Our Acknowledgments

Information in this form

The information provided in this form (Client Pre Review Questionnaire) is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing the Client Pre Review Questionnaire any recommendation or advice given by the planner in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment to an investment policy that may be inappropriate for the needs identified.

Financial Services Guide

I/We have read and understood the Financial Services Guide Version _____ prior to obtaining financial advisory services and/or recommendations.

Information and Privacy Agreement

I/We agree that:

1. Subject to the authorisation of the preparation of a Statement of Advice (incorporating Progress Report), I am/we are to receive the following advisory services from the planner named in this Client Pre Review Questionnaire["**planner**"] and understand that my/our personal information (including any sensitive information

such as health information, membership of professional organisations and sexual preferences and practices ["**sensitive information**"]) is being collected primarily for these purposes:

- retirement planning
- estate planning
- superannuation
- investment planning
- budgeting
- managed investment schemes
- life, trauma insurance and income protection insurance
- gearing
- direct equities
- instalment warrants
- banking including credit and debit products
- arranging for the acquisition and disposal of all relevant products of the type described above; and
- an ongoing review service for my/our investment portfolio or life insurance program.

Your planner will only provide you with advice that your planner is permitted to offer you.

2. I/We also consent to the disclosure of my/our personal information (including my/our sensitive information):
 - to organisations involved in providing my/our planner with marketing services and to their service providers (for example posting services), so that my/our planner may offer me/us products and services that might meet my/our financial needs; and
 - to other organisations in connection with the sale or proposed sale of all or part of the planner's business and to the use of that personal information by those organisations for those purposes.
1. I/We also consent to the collection of my/our personal information for the purpose of my/our planner providing the services stated above. This consent also relates to my/our sensitive information.
2. If I/we have provided personal information about an individual (such as a partner, dependant, employer, or accountant) I/we have or will as soon as practicable, provide the individual with a copy of the Privacy Notification Statement (**PNS**) that was provided to me/us with the Financial Services Guide and make them aware that the PNS applies to their personal information that has been collected for the purpose of my planner providing me/us with the financial advice I/we have requested.
3. If I/we have provided sensitive information about someone else, I/we have or will obtain the consent of that person to that information being collected by my/our planner and my/our planner's service providers.

Delete any item or consent in paragraphs 1 to 5 above which you do not agree with.

Client 1 Name _____

Client 1 Signature _____ Date / /

Client 2 Name _____

Client 2 Signature _____ Date / /

Planner Name

Planner Signature

Date / /
