



Financial Planning Questionnaire

Personal and Confidential

Client Name: _____

Financial Advisor: _____

Date: _____

**PLEASE MAIL ME, PRIOR TO OUR MEETING, THE FOLLOWING DOCUMENTS
ALONG WITH THE FILLED OUT QUESTIONNAIRE SO THAT I CAN BE BETTER
PREPARED.**

FINANCIAL DOCUMENTS CHECKLIST

Personal

- ☐ Latest income tax returns
- ☐ Most recent paystub(s)
- ☐ Brokerage accounts, Mutual Funds - latest monthly statements
- ☐ Money Market Accounts, CDs – latest monthly statements
- ☐ Loan documents (Mortgage, Home equity line, Car loan, etc.)
- ☐ Retirement Plan statements (401K, Keogh, IRA, TSA, PERRA)
- ☐ Life insurance / Annuity account statements
 - ☐ Long-term care, disability, health and property & casualty insurance statements
- ☐ Wills and Trust Agreements
- ☐ Social Security Benefits statements for both individuals
- ☐ Other: _____

Business

- ☐ Income Tax Returns -2 years
- ☐ Profit & Loss Statements – 2 years
- ☐ Balance Sheet
- ☐ Buy-Sell Agreements
- ☐ Stock/Option/Bonus Plan
- ☐ Other: _____

Other:

1. Your personal details

a. Your Personal Details	Your details	Partner's details
Title		
Family name		
Given names		
Preferred name		
Date of birth		
Gender		
Relationship status		

b. Your Contact Details		
Home street address		
City or suburb		
State and postcode		
Mailing address if different		
City or suburb		
State and postcode		
Phone	Work	Home
Mobile		Fax
E-mail		

c. Your Children and Dependants - please list all children (even if not dependant on you) as well as any other person/s you support				
Name	Date of birth	Relationship to you	Dependant? Yes/No	Date/age support will end

Notes/Comments:

2. Your employment

a. Employment Details	Your employment	Partner's employment
Current occupation		
Status (e.g. full-time, self-employed)		
Employer name		
Date commenced		

b. Future Employment	Your future employment	Partner's future employment
Is current situation likely to change?		
If so, reason? (eg retirement, resignation, redundancy, relocation)		
Expected date of change.		
Do you intend to work again? F/T, P/T or casual?		
Planned retirement age		

3. Annual salary and income

Please provide a recent payslip or other confirmation of salary details

a. Salary	Your salary	Partner's salary
Base salary or wage (gross)	\$	\$
Total salary or wage (gross)	\$	\$
Packaged items (list)	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL WAGE or SALARY	\$	\$

b. Other Income	Your other income	Partner's other income
Centrelink or Veteran's Affairs?	\$	\$
Investments? (annual income)	\$	\$
Business? (annual income)	\$	\$
Other income? (specify)	\$	\$
TOTAL OTHER INCOME	\$	\$

Notes/Comments:

4. Your annual expenditure (what you spend)

The listed items below are provided to help you work out your estimated Total expenditure. However, you can simply complete the Total expenditure figure if you know it. We will request further details from you later if they are required

a.Expenditure	Your expenditure	Partner's expenditure
Mortgage or rent	\$	\$
Local rates and taxes	\$	\$
Household (food, electricity, telephone etc)	\$	\$
Car, boat, transport	\$	\$
Clothing, personal	\$	\$
Education	\$	\$
Entertainment	\$	\$
Insurance (life, general, medical)	\$	\$
Medical, dental	\$	\$
Loans, credit cards	\$	\$
Other	\$	\$
Other	\$	\$
TOTAL EXPENDITURE	\$	\$

5. Annual Surplus

a. Income Less Expenditure	Combined expenditure
Total income (3a plus 3b above)	\$
Less tax	\$
Net income	\$
Less expenditure (4a)	\$
SURPLUS (deficit)	\$

Do you consider your budget to be: Tight? ☐ or Comfortable? ☐

Notes/Comments:

6 . Assets (what you own)

To help you achieve your life goals, we need an accurate record of the assets you own and those which could be reallocated as part of your financial plan. These include your current lifestyle, business and investment assets.

If you are seeking advice on your investment assets, please provide copies of your most recent statements.

a. Your Lifestyle Assets	Owner/s	Current value
Principal residence (home)		\$
Household contents		\$
Car/s		\$
Other (boat, caravan etc)		\$
TOTAL LIFESTYLE ASSETS		

b. Cash, Savings, or Term Deposits

Bank/Institution	Account type	Owner	Interest rate	Maturity date	Current value
					\$
					\$
					\$
					\$
TOTAL CASH ASSETS					\$

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

\$

c. Your Investment Assets:	Owner	Date of investment	Original Investment \$	No of units or shares	Current value \$
Name or Description of Shares, Property, Managed Funds etc					
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
TOTAL OTHER ASSETS			\$		\$

Your superannuation / employment termination payments / rollovers

- Please include all superannuation, superannuation life policies, employment termination payments and/or rollover funds held by you and your partner.
- Most of the information should be included in your most recent fund statement or your statement of termination payment.
- Please provide a copy of the most recent statement for each fund.

d. Fund or Product Name/Description	Owner	Current value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
TOTAL AMOUNT		\$

Have you or anyone else made contributions for you to any superannuation funds (apart from those listed above) in this or the previous two financial years? Provide fund details below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you received any other termination payments e.g. redundancy, invalidity, long-service leave or other leave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you withdrawn benefits from superannuation in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide details

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7. Liabilities (what you owe)

Please provide the following information so that we can calculate how much you have to invest and your current net wealth.

Description	Owner	Type and term	Date loan commenced	Original amount	Interest rate %	Monthly repayment	Interest tax deductible?	Current amount owing
Mortgages								
				\$	%	\$		\$
				\$	%	\$		\$
				\$	%	\$		\$
Other loans, credit cards, tax:								
				\$	%	\$		\$
				\$	%	\$		\$
				\$	%	\$		\$
				\$	%	\$		\$
				\$	%	\$		\$
TOTAL LIABILITIES				\$		\$		\$

Notes/Comments:

8. Your life goals

- We want to help you achieve your life goals.
- To do so, we need a general understanding of your situation and how you think we could help you.
- If you are unsure of your requirements you might like to consider the questions below.

a. Do you have particular reasons for seeking advice at this time?			
Do you have:		Would you like to:	
A lump sum of money to invest?	<input type="checkbox"/>	Build an investment portfolio?	<input type="checkbox"/>
A change in employment approaching?	<input type="checkbox"/>	Provide for retirement?	<input type="checkbox"/>
Surplus cash flow?	<input type="checkbox"/>	Manage your debts?	<input type="checkbox"/>
Questions about salary packaging?	<input type="checkbox"/>	Reduce your tax?	<input type="checkbox"/>
Questions about insurance?	<input type="checkbox"/>	Increase income?	<input type="checkbox"/>
Questions about estate planning?	<input type="checkbox"/>	Achieve specific goals? (specify below)	<input type="checkbox"/>

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

b. Your goals			
Goal	Estimated funds required	Target date	Frequency
Home/property purchase	\$		
Home renovation	\$		
Holiday/travel	\$		
Car/boat/caravan	\$		
Children's education/wedding	\$		
Pay off mortgage/debts	\$		
Purchase business	\$		
Other (specify)	\$		
Other (specify)	\$		
TOTAL FUNDS REQUIRED	\$		

Notes/Comments:

c. Your retirement plans

On retirement, how much income do you estimate that you will require to cover your annual expenses (in today's dollar terms)?

Plan	Estimated retirement income	Expected retirement age
Your plan	\$	
Partner's plan	\$	
TOTAL PLANS	\$	

What are your most important needs in reaching your financial goals?

Please rate each of the following common needs on a scale of 1 to 10 where 1 is a low priority and 10 is a high priority for you.

Add any other needs that are important to you but not listed.

Need	Priority	Need	Priority
Security of capital		Quick access	
Capital growth		Low fees and costs	
Income		Simplicity	
Tax efficiency		Communication	
Social or ethical		Government benefits	
Size of estate		Other (specify)	
Other (specify)		Other (specify)	

Clarification of terms used in table above.

Security – You are concerned about losing capital as a result of fluctuations in the value of your portfolio of investments.

Capital growth – You want your portfolio to produce capital growth.

Income – You want your portfolio to produce income from the start.

Tax efficiency – You are concerned about the amount of tax you will need to pay.

Quick access – You want ready access to the majority of your funds.

Low fees and costs - you want to minimise costs associated with maintaining your investment

Simplicity – You want investment solutions you can easily understand.

Communication – You want to be kept well informed about your investments.

Social or ethical – Environmental, social or ethical considerations are important to you in selecting your investments.

Government benefits – You want to maximize your entitlement to Centrelink/Veteran's affairs benefits

Size of estate – You want to provide an inheritance for your dependants

Notes/Comments:

9. Your health

	Your health	Your partner
Good/Fair/Poor?		
Smoker Yes/No?		

Are you aware of any issues that might affect your current or future financial planning or insurance considerations? eg. Have you had any personal insurance policy declined or revised by an insurer?

Please provide details:

10. Your insurance

Please show amount and whether it is personal cover or through your superannuation fund.

Provide a copy of your most recent statement/policy at the interview (not required for b. General insurance policies).

a. Life Insurance	Your cover	Estimated premium (if known)	Your partner's	Estimated premium (if known)
Death cover				
Total & permanent disability				
Income protection				
Critical illness/trauma				
Whole of life/endowment				
Other insurance				

b. General Insurance	Type of cover	Insured value	Estimated premium (if known)	Date last reviewed
Home (replacement or residual value)				
Contents (replacement or residual value)				
Car (comprehensive or third party)				
Private health cover (hospital/extras)				
Other general insurance				

11. Your estate planning

a. Wills	You	Your partner
Do you have a will? Yes/No?		
When was your will last reviewed?		
Have your circumstances changed since your last review?		
Who holds your will?		
Does your will include Testamentary Trusts?		

b. Other important matters	You	Your partner
Have you executed an enduring power of attorney? (name)		
Do you have a funeral plan?		
Do you have an Advanced Health Directive?		
Have you been married before?		
Do you have children from previous marriages/relationships?		
Are there any other special estate planning issues?		
Are any of your potential beneficiaries in a vulnerable situation? ie financial trouble, relationship problems, disabilities		

Notes/Comments::

12. Your other advisers and entities

a. Your Advisers	Name	Address	Phone
Your tax accountant/adviser			
Your legal adviser			
Other advisers			

b. Other Entities	You	Your partner
Are you involved in a family trust?		
Do you have a self-managed superannuation fund?		
Do you have a private company?		

Notes/Comments::