Financial Planning Short Form Questionnaire

Please tell us about you….

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To help us understand what prompted you to seek our services, please take some time to let us know what you would like us to focus on:

Personal Details

All clients need to complete this section.

	Client 1	Client 2
Are you fluent in English?	☐ Yes ☐ No	☐ Yes ☐ No
Do you require the assistance of an interpreter?	☐ Yes ☐ No	☐ Yes ☐ No
Title (e.g. Mr, Mrs)		
Surname		
Given name		
Preferred name		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Marital status		
Date of birth (DD/MM/YYYY)	/ /	/ /
Retirement age		
Relationship between clients 1 and 2		
Residential address	State Postcode	State Postcode
Postal address (write 'as above' if same as residential address)	State Postcode	State Postcode
Home telephone		
Business telephone		
Mobile		
Email address		
Facsimile		
Preferred contact method		
Are you an Australian resident for taxation purposes?	☐ Yes ☐ No	☐ Yes ☐ No
If no, which country?		

Family Position

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

Name	Date of Birth	Relationship	Financial Dependants	When Would You Expect Dependency to Cease?
	/ /		☐ Yes ☐ No	
	/ /		☐ Yes ☐ No	
	/ /		☐ Yes ☐ No	
	/ /		☐ Yes ☐ No	

Employment Details

All clients need to complete this section.

	Client 1		Client 2	
Occupation				
Breakdown of occupation duties (administration, manual, travel, etc)				
Employment status	☐ Full-time Part-time Casual	☐ Unemployed Homemaker Retired	☐ Full-time Part-time Casual	☐ Unemployed Homemaker Retired
Hours worked per week				
Employer's name				

Income Details

All clients need to complete this section.

	Client 1		Client 2	
Base package per annum $				
Do you receive any additional benefits/bonuses? If so what: Regular ? Yes or No	Yes ☐	No ☐	Yes ☐	No ☐
Do you salary sacrifice? If so, How much?	☐ $……	☐ % ……	☐ $……	☐ % ……

Health

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

	Client 1	Client 2
Smoker	☐ Yes ☐ No	☐ Yes ☐ No
Do you have private health insurance?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please outline the provider details		
Do you know of, or have you been made aware of, any issues which may be relevant to the assessment of a life insurance application? For example: known medical conditions; occupational hazards; planned overseas travel; engagement in hazardous pursuits; and/or immediate family medical history concerns.	☐ Yes ☐ No ☐ Not disclosed	☐ Yes ☐ No ☐ Not disclosed
If yes, please provide details or alternatively complete the 'Life Insurance Pre-Assessment Request' and attach as an addendum to this document.		

Assets and Liabilities

All clients need to complete this section.

Lifestyle and Business Assets

Detail	Owner	Current Value	Debt
Principal residence		$	$
Home contents		$	$
Motor vehicle		$	$
Holiday house		$	$
Business goodwill		$	$
Business (plant, stock & equipment)		$	$
Other		$	$
Other		$	$
Other		$	$

Superannuation / Pension / Investment

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

☐ Alternate superannuation/income stream data collection used and attached.

Please attach an addendum to the back of this document if you are unable to fit all existing funds below.

Please attach the Replacement Checklist as an addendum to the back of this document if you are replacing an existing superannuation/income stream.

Superannuation Details - Client 1

	1	2	3	4
Owner				
Fund name/provider				
Member number				
Estimated balance				

Superannuation Details - Client 2

	1	2	3	4
Owner				
Fund name/provider				
Member number				
Estimated balance				

Current Protection Insurance Details

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

Client 1

Life Insured	Policy Number	Insurer	Insured Benefits	Cover / Sum Insured
			☐ Life	$
			☐ TPD	$
			☐ Trauma	$
			☐ IP	$

Client 2

Life Insured	Policy Number	Insurer	Insured Benefits	Cover / Sum Insured
			☐ Life	$
			☐ TPD	$
			☐ Trauma	$
			☐ IP	$

Estate Planning

Please complete this section or tick the relevant box ☐ Not applicable ☐ Not disclosed

	Client 1	Client 2
Will		
Do you have a Will?	☐ Yes ☐ No	☐ Yes ☐ No
What is the date of your Will?	/ /	/ /
Is your Will current?	☐ Yes ☐ No	☐ Yes ☐ No
Power of Attorney (POA)		
Do you have a current POA?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please state type:	☐ Enduring ☐ General ☐ Medical ☐ Other ☐ Normal	☐ Enduring ☐ General ☐ Medical ☐ Other ☐ Normal
Who is (are) the Attorney(s)?		