



About you

Before I make any recommendations, I need to consider your current financial situation and what you would like to achieve now and in the future. This questionnaire will help me do this.

Your details	
Your name (s)	
Date	

Please answer the questions as openly as honestly as you can as it will allow me to better understand what you need and what your concerns are. This will then allow me to make sure that any recommendations I make are appropriate for you.

If you do not have all the details of your situation refer to things such as last year's tax return, superannuation member statements, bank statements, credit card statements and so on.

Any financial advice I give you will be based on the answers you provided me with, further discussions we have, statements you provide me with or I obtain from the relevant third parties and investigations I make into your situation.

If you need any information at any time, would like to discuss your details further or provide me with updated information, please contact me.

My contact details

Practice name: Greg Healey
Phone: 08 9315 4788
Fax: 08 9315 4799
Email: admin@explorewealth.com.au
Website: www.explorewealth.com.au

Authorised representative of AMP Financial Planning Pty Limited ABN 89 051 208 327 AFS Licence No. 232706

Your personal details

This section captures information about your personal details, such as your current contact details and how you would like to be contacted by us.

Individual details

Title		
Surname		
Given name		
Preferred name		
Sex		
Marital status		
Date of birth		
Tax resident of Australia		
Country of residence	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:
Country of citizenship	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:

Contact details

Home address		
Work address		
Other address		
Mailing address		
Home phone		
Work phone		
Mobile phone		
Fax		
Email		
Contact me by		

About your family

This section captures information about your family, including your children and other family members that are dependent on you. This helps me consider both you and your family when I make my recommendations.

Dependants/Children

You have no children/dependants at this time You choose not to provide these details now.

	1	2	3	4
Surname				
Given names				
Date of birth				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is he/she financially dependent on you?	<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, until when?				
Do any of your children have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any other financial dependants?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there other family matters I should know?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes				

Health details

This section captures information on your current state of health and issues I may need to know about as this may impact any advice I provide you, particularly personal insurance.

	Client 1	Client 2
How would you rate your current health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Do you currently have any personal health, lifestyle or occupation issues that may affect you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed Details:
Are you currently taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Have you suffered from any serious medical condition or undergone any medical procedure / operation in the last 10 years? If yes please specify?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Have you ever been diagnosed with or had any of the following conditions?	<input type="checkbox"/> Back / Neck / Joint pain <input type="checkbox"/> Skin lesion <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer	<input type="checkbox"/> Back / Neck / Joint pain <input type="checkbox"/> Skin lesion <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer

	<input type="checkbox"/> Heart conditions <input type="checkbox"/> Mental health <input type="checkbox"/> Cholesterol / Hypertension <input type="checkbox"/> Arthritis <input type="checkbox"/> Sleep apnoea Other:	<input type="checkbox"/> Heart conditions <input type="checkbox"/> Mental health <input type="checkbox"/> Cholesterol / Hypertension <input type="checkbox"/> Arthritis <input type="checkbox"/> Sleep apnoea Other:
Do you have any major illness in your family history?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Do you have private health cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No Provider: Type of cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No Provider: Type of cover:
Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Daily Average:	<input type="checkbox"/> Yes <input type="checkbox"/> No Daily Average:
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No Weekly Average:	<input type="checkbox"/> Yes <input type="checkbox"/> No Weekly Average:
Sports, hobbies other interests:	<input type="checkbox"/> Aviation / piloting <input type="checkbox"/> Water diving <input type="checkbox"/> Football <input type="checkbox"/> Motorbike riding <input type="checkbox"/> Horse riding <input type="checkbox"/> Motor racing <input type="checkbox"/> Rock climbing <input type="checkbox"/> Hang gliding <input type="checkbox"/> Ocean racing <input type="checkbox"/> Martial arts <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: Details / how often:	<input type="checkbox"/> Aviation / piloting <input type="checkbox"/> Water diving <input type="checkbox"/> Football <input type="checkbox"/> Motorbike riding <input type="checkbox"/> Horse riding <input type="checkbox"/> Motor racing <input type="checkbox"/> Rock climbing <input type="checkbox"/> Hang gliding <input type="checkbox"/> Ocean racing <input type="checkbox"/> Martial arts <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: Details / how often:
Quote discounts	<input type="checkbox"/> RACV <input type="checkbox"/> Business rewards Other:	<input type="checkbox"/> RACV <input type="checkbox"/> Business rewards Other:
Notes		

What's on your mind

This section captures why you have come to see us and any concerns or goals you may have. This will allow us to determine your needs and objectives and the advice we provide.

What's important to you?

In this section we will start to categorise and detail your goals captured in the *What's on your mind* section under specific areas. This will help us to determine priorities for each area and develop an appropriate timeline as a next step.

Timeframe: Short = within a year, medium = 1- 5 years, long = more than 5 years.

Lifestyle and family

	Timeframe	Priority	Amount
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Debt management

	Timeframe	Priority	Amount
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Estate planning eg Wills, power of attorney

	Timeframe	Priority	Amount
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Investment planning

	Timeframe	Priority	Amount
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Personal insurance planning

	Timeframe	Priority	Amount
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Superannuation planning

	Timeframe	Priority	Amount
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Retirement planning

	Timeframe	Priority	Amount
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
Notes			

Additional things that are important to you

	Client 1	Client 2
I would prefer not to pay for your fees out of my own pocket	<input type="checkbox"/>	<input type="checkbox"/>
Can I control where my money goes after I die?	<input type="checkbox"/>	<input type="checkbox"/>
I want to have a range of options and choices when investing because....	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to spend a lot of time thinking about my investment strategy	<input type="checkbox"/>	<input type="checkbox"/>
I would like to easily access my funds if required	<input type="checkbox"/>	<input type="checkbox"/>
I would like choice on how I receive an income	<input type="checkbox"/>	<input type="checkbox"/>
How do I bring it all together and co-ordinate everything for my retirement?	<input type="checkbox"/>	<input type="checkbox"/>
I want options, value and peace of mind in my insurance cover	<input type="checkbox"/>	<input type="checkbox"/>
Keeping my super fund when changing employers	<input type="checkbox"/>	<input type="checkbox"/>

What do you want from your financial product?

Investment / superannuation / pension feature and benefits

Investment Features	Client 1		Client 2		Why is this feature or benefit sought after?
	Must have	Like to have	Must have	Like to have	
Access to single manager or default life cycle investment options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to more complex investment options (multi-manager etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to socially or ethically responsible investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to direct equity within super or investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to pay for advice fees from super/ investment/ pension account balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to capital protected investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to income protected investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to receive electronic statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to view balance online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Superannuation only

Access to binding nominations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to non-lapsing binding nominations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A fund that accepts SG contributions, personal deductible contributions and rollovers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to a retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to a transition to retirement (TTR) product (if the client has reached preservation age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to pay for my insurance premiums using my super or investment account balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fund has QROPS status (UK pensions transfer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to have direct operational control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to borrow within the fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Ability to invest in direct property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Insurance policy features, definitions and limitations

Policy features / definitions	Client 1		Client 2		Why?
	Must have	Nice to have	Must have	Nice to have	
Ability to pay for insurance premiums through super fund balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client 1
					Client 2
A policy that has a heavy manual labour or hazardous occupation definition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client 1
					Client 2
Ability to choose either stepped or level premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client 1
					Client 2
Access to indexed benefit products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client 1
					Client 2
Ability to de-link life and TPD insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client 1
					Client 2

Other product features / definitions	Client 1		Client 2		Why?
	Must have	Nice to have	Must have	Nice to have	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client 1
					Client 2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client 1
					Client 2

Scope of this advice

Now we understand your goals, objectives, timeframes and priorities, we need to confirm what issues you would like us to advise on today, those you want us to address at a later date and any risks this may pose to you.

<p>What will be included in our advice:</p>	<p>At this time, you have asked us to provide advice on:</p>
<p>What will not be included in our advice:</p>	<p>After discussions, you have requested the following be excluded from our advice at the moment:</p> <p>We will address these in:</p>
<p>Risks of not including these in our advice:</p>	<p>By not receiving advice on these matters, the following potential risks may exist:</p>

Investment planning considerations

This section captures information about any concerns you have in relation to investment planning and any specific issues you would like to address.

You have no investment planning needs now. You choose not to provide these details now.

	Client 1	Client 2
How long would you be willing to invest your money for, before you would need to access it?	<input type="checkbox"/> < 2 years <input type="checkbox"/> 2 – 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 – 7 years <input type="checkbox"/> > 7 years	<input type="checkbox"/> < 2 years <input type="checkbox"/> 2 – 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 – 7 years <input type="checkbox"/> > 7 years
Do you prefer direct (shares) to managed investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure – need advice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure – need advice
Do you prefer any investments? If yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any investments you wish to avoid? If yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is borrowing to invest something you'd consider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to use your home as security for investment borrowing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any unused capital losses from previous years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$

Notes

Superannuation planning considerations

This section captures information about any concerns you have with your superannuation planning and any specific issues you would like to address.

You have no super planning needs now.

You choose not to provide these details now.

	Client 1	Client 2
Have you made a personal contribution in the last 3 years? If yes, give details	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Amount: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Amount: \$
Have you claim tax deduction from your personal contribution in the last 3 years? If yes, give details	<input type="checkbox"/> Yes <input type="checkbox"/> No Tax deductions claimed: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Tax deductions claimed: \$
Does your employer allow you to salary sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you previously received the low rate cap on lump sum super withdrawals? If yes, give details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Date: Amount \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Date: Amount \$
Do you have lost super funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you want a lost super search conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received an Employment Termination Payment?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Notes		

* Attach a copy of your statement or complete Appendix – Payments on termination of employment.

Retirement planning considerations

This section captures information about any concerns you have in relation to your retirement planning and any specific issues you would like use to address.

You have no retirement planning needs now. You choose not to provide these details now.

	Client 1	Client 2
When do you plan on retiring?		
How much income do you think you will need in retirement?		
Which assets will you use to fund your retirement, other than superannuation?		
Do you have any planned expenses in retirement?		
Will you downsize your home? If yes, amount you will free up	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Notes		

Risk profile

Your risk profile looks at investment risk and your attitude to it. By asking you more detailed questions we can determine the most appropriate investment strategies to match your investment risk profile. Once all the sections are complete, we will discuss your scores and whether or not you are comfortable with the outcome.

1. Which of the following best describes your own experience level as an investor?	Score	1	2	Joint
I have had virtually no experience in investing money apart from using bank accounts	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had limited experience in investing	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had a reasonable level of investment experience	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would consider myself an experienced investor	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Which of the following best describes your level of knowledge and understanding of financial markets and investing?	Score	1	2	Joint
Solid	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasonable	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Thinking about the risk you have taken with your past investment choices, how would you describe the level of risk?	Score	1	2	Joint
High	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as my past experience is limited	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In the context of investing, what best describes your attitude to risk?	Score	1	2	Joint
It is something to be avoided	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is a source of uncertainty and needs to be limited	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It can create the opportunity for improved returns	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is something to be embraced	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. If asked to make your own investment decisions how would you feel?	Score	1	2	Joint
Not confident at all	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat hesitant	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasonably confident	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very comfortable	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you held a sizable investment that regularly went up and down in value, which would you be likely to do?	Score	1	2	Joint
Watch its progress daily or weekly as I'm likely to be anxious about investment performance	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch its progress monthly out of concern over investment performance	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Watch its progress regularly, not out of concern, but just for general interest	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only check its progress once or twice a year	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How would you feel if a large percentage of your investment portfolio was invested in the share market?	Score	1	2	Joint
Very comfortable	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasonably comfortable	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A little hesitant but willing to consider it	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not comfortable	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In order to earn a return above the level of bank interest rates you may need to hold investments that go up and down in value (i.e. have volatility). How important is it to you to protect your investment and minimise the prospect of any fall in the value?	Score	1	2	Joint
Very important. Protecting my existing investment is my main objective.	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Important, but I'm comfortable for at least a small part of my portfolio to have volatility in order to improve returns over the longer term.	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat important but I'm prepared to take on a reasonable amount of volatility in order to increase my chance of higher returns over the longer term.	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not particularly important as I'm comfortable that having exposure to volatility is the best way to maximise returns over the longer term.	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If you owned a large amount of shares and the stock market fell quickly by 20%, what do you believe your natural reaction would be?	Score	1	2	Joint
To sell all the shares as soon as possible to avoid any further falls	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To sell the some of the shares to reduce exposure to future falls	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To hold the shares and wait for a recovery	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To look for ways to buy more shares	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Investments that go up and down in value in the short-term (ie have volatility) are more likely to produce higher returns than investments that remain steady. Are you prepared to experience volatility in your investments in order to increase the chance of higher returns?	Score	1	2	Joint
Yes, definitely	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for a significant part of my investment portfolio	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but only for some of my investment portfolio	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, not at all	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total score		1	2	Joint
Add up the scores for each question and record the totals.				
According to the information below, what is your risk profile?				
If you don't agree with above, what is your preferred risk profile?				

Risk benchmarks

Score	Investment risk profile	Score	Investment risk profile
NA	0% growth	27 to 32	70% growth
10 to 17	30% growth	33 to 36	85% growth
18 to 26	50% growth	37 to 40	100% growth

Go to Appendix – Investor risk profile summary for an explanation of your risk profile.

Are you willing to consider a trade-off?

I am here to help you achieve your goals and objectives if possible and whilst I can help you to understand how you may be able to maximise your current investments, there may still be a gap between where you want to be and what your attitude to risk allows you to achieve. Think about how comfortable you feel with the level of risk you are willing to take across all your investment assets. Whilst you may be comfortable with this, you may not be able to meet your financial or lifestyle objectives.

Let's say that you are a "cautious" investor, so you don't want to take big risks. If you have a short timeframe in which to grow your assets, you may not be able to achieve your desired goals and objectives and need to reconsider your options. This may mean a trade-off where you might consider investing a little bit more aggressively or reconsider your goals and objectives. This will give you a greater chance of achieving them.

I can help you understand your options so that you choose what is right for you. Please choose which of the options below you would be willing to consider if it is unlikely that you will achieve your goals and objectives.

If it is unlikely that you will be able to meet your goals, which option would you consider?	Client 1	Client 2
Make changes to my current lifestyle now by spending less and saving more.	<input type="checkbox"/>	<input type="checkbox"/>
Make changes to my lifestyle at a later stage by spending less eg in retirement	<input type="checkbox"/>	<input type="checkbox"/>
Downsize my lifestyle assets, or reduce my planned expenses.	<input type="checkbox"/>	<input type="checkbox"/>
Delay my retirement.	<input type="checkbox"/>	<input type="checkbox"/>
Increase my exposure to growth assets, giving me increased investment risk.	<input type="checkbox"/>	<input type="checkbox"/>
Borrow funds to invest.	<input type="checkbox"/>	<input type="checkbox"/>
Reduce the estate I leave to my beneficiaries.	<input type="checkbox"/>	<input type="checkbox"/>
Revise my financial goals.	<input type="checkbox"/>	<input type="checkbox"/>
Other (provide list below):	<input type="checkbox"/>	<input type="checkbox"/>
Notes		

About your employment

This section captures information about your current employment situation. This helps me to understand any issues needing consideration when providing you with advice, for example, for advice on insurance, your daily duties may affect your premiums if you work in a high risk industry.

	Client 1	Client 2
Occupation type	<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Semi-retired <input type="checkbox"/> Retired from ill health <input type="checkbox"/> Sole trader <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Semi-retired <input type="checkbox"/> Retired from ill health <input type="checkbox"/> Sole trader <input type="checkbox"/> Unemployed
Employment type	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Contract Contract end date:.....	<input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual <input type="checkbox"/> Contract Contract end date:.....
Employer name		
Number of hours a week		
Occupation		
Industry		
Main duties		
Qualifications		
Do you currently have a salary package in place? If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes		

If you are a business owner or have other structures such as a family trust, complete *Appendix - Business ownership*.

About your income and expenses

This section captures information on your income and expenses to help me understand your current cashflow situation. This allows me to make appropriate recommendations while considering any cashflow shortages or surplus you have. You can provide me with your last tax return if you are unsure of any of the following details.

Income

Income description	Client 1 \$ a year	Client 2 \$ a year
Base salary or wages		
Bonus / allowance		
Annuity / allocated pension		
Rental income		
Share / investment income		
Foreign pension income		
Maintenance income		
Current Centrelink or Department of Veterans' affairs benefit amount	Amount: \$ Payment name: Centrelink reference number CRN:	Amount: \$ Payment name: Centrelink reference number CRN:
Other taxable income		
Other non-taxable income		
Total		
Reportable fringe benefits		
Are you expecting your income to change in the foreseeable future? Provide details		

Annual household expenses/surplus

Category	
Complete either option 1 or 2:	
1. Estimated total annual household expenses. – Are loan repayments included? – Are insurance premiums for personal risk, included?	\$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Estimated annual surplus - after household expenses, loan repayment and insurance premiums.	\$
3. What % of your total expenses are variable?	
4. Are you expecting your expenses to change in the foreseeable future? Provide details	

* For a detailed expense table, eg for budget planning purposes, complete Appendix - Detailed household expenses. Completion of the *Detailed household expenses* appendix is required where providing debt management advice.

About your assets and liabilities

This section captures information about your current financial situation - what you currently own and owe. You can give me current statements rather than completing the tables below.

Personal assets (excluding assets which generate income)

You have no personal assets.

You choose not to provide these details now.

Description	Owner				Estimated market value \$	Estimated Centrelink value \$	Retain
	1	2	Joint	Other			
Principal residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Home contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Motor vehicle 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Motor vehicle 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Investment property assets

You have no investment property.

You choose not to provide these details now.

Description	Owner				Date of purchase / Price \$	Estimated market value \$	Net income pa* \$	Retain
	1	2	Joint	Other				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ / \$			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ / \$			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ / \$			<input type="checkbox"/>

* This includes the gross rental income less any property expenses (not including loan repayment)

Cash / fixed interest assets

You have no cash/fixed interest assets.

You choose not to provide these details now.

Description	Owner				Market value \$	Interest rate %	Maturity date	Retain
	1	2	Joint	Other				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Liabilities (including credit cards)

You currently have no liabilities.

You choose not to provide these details now.

Lender and Loan type	Owner				Balance o/s \$	Interest %pa	Actual payment amount / freq	Tax deduct % pa	Retain (R) Consolidate (C) Discharge (D)
	1	2	Joint	Other					
<input type="checkbox"/> Interest only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<>
<input type="checkbox"/> Interest only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<>
<input type="checkbox"/> Interest only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<>
Notes (include details of any associated fees, other benefits and previous history concerns e.g. break costs, and honeymoon rates)									

Additional mortgage details

	Mortgage
How long you lived in the home?	
What are the contractual loan repayments? (where repayments differ from the actual repayments you make)	
Number of years with the Lender?	
Estimated market value of house?	

Investment, superannuation and income stream summary

Investment assets eg shares, managed investments or master trusts

You do not own any investment assets.

You choose not to provide these details now.

Investment name	Owner				Type	Account number	Balance \$	Statement attached
	1	2	Joint	Other				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Superannuation assets

You do not have any superannuation assets.

You choose not to provide these details now.

Superannuation fund	Owner		Account number	Balance \$	Statement attached
	1	2			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Retirement income streams

You do not have any retirement income streams.

You choose not to provide these details now.

Fund name	Owner		Account number	Balance (account based)	Income pa \$	Statement attached
	1	2				
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Where you have not provided a statement, complete the relevant investment, superannuation or retirement income streams forms in the appendix.

Notes

Insurance summary

Insurance policies

You do not have any insurance policies.

You choose not to provide these details now.

Life insured	Owner			Insurance company	Policy number	Type and level of cover Life / TPD Trauma / IP	Statement attached
	1	2	Joint				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type: \$	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type: \$	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type: \$	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type: \$	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type: \$	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type: \$	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type: \$	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type: \$	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type: \$	<input type="checkbox"/>

Where you have not provided a copy of your policies, complete Appendix-- Current insurance details.

Notes

Insurance needs analysis

Life insurance analysis

You do not have any life insurance needs.

You choose not to provide these details now.

	Client 1	Client 2
	Lump sum required (\$)	Lump sum required (\$)
Clear debts eg mortgage, personal loans		
Funeral costs		
Emergency fund		
Capital needs		
Income required (pa)		
For how many years?		
Childcare/education (pa)		
For how many years?		
Other funding (pa)		
For how many years?		
Income replacement (lump sum required)		
– Realisable financial assets	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$
– Realisable lifestyle assets	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$
Total cover required		
– Existing cover retained		
Additional cover required or Amount of over-insurance		
Notes		

TPD analysis

You do not have any TPD insurance needs.

You choose not to provide these details now.

	Client 1	Client 2
	Lump sum required (\$)	Lump sum required (\$)
Clear debts eg mortgage, personal loans		
Medical / lifestyle		
Emergency fund		
Recovery income		
Capital needs		
Income required (pa)		
For how many years?		
Childcare/education (pa)		
For how many years?		
Other funding (pa)		
For how many years?		
Income replacement (lump sum required)		
– Realisable financial assets	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$
– Realisable lifestyle assets	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$
Total cover required		
– Existing cover retained		
Additional cover required or Amount of over-insurance		

Notes

Trauma analysis

You do not have any trauma insurance needs. You choose not to provide these details now.

	Client 1	Client 2
	Lump sum required (\$)	Lump sum required (\$)
Clear debts eg mortgage, personal loans		
Medical / lifestyle		
Emergency fund		
Recovery income		
Capital needs		
Income required (pa)		
For how many years?		
Childcare/education (pa)		
For how many years?		
Other funding (pa)		
For how many years?		
Income replacement (lump sum required)		
– Realisable financial assets	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$	<input type="checkbox"/> Investment property \$ <input type="checkbox"/> Direct shares \$ <input type="checkbox"/> Cash assets \$ <input type="checkbox"/> Superannuation \$ <input type="checkbox"/> Other \$
– Realisable lifestyle assets	<input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> Home \$ <input type="checkbox"/> Other \$
Total cover required		
– Existing cover retained		
Additional cover required or Amount of over-insurance		
Notes		

Income continuation analysis

You do not have any income protection needs. You choose not to provide these details now.

Income continuation analysis	Client 1	Client 2
Occupation		
Income		
% of income to cover		
Superannuation maintenance benefit		
Total cover required (pa)		
Less		
Income not affected by disability		
Existing cover		
Additional cover required (yearly)		
Additional cover required (monthly)		
Benefit period		
Waiting period		
Notes		

Estate planning

This section captures any concerns you may have in relation to your estate planning needs. It helps me understand some of the gaps you might currently have, what you would like to achieve and the level of assistance that you need from myself or other parties, such as an estate planning specialist or your solicitor.

Wills

You do not have any estate planning needs. You choose not to provide these details now.

	Client 1		Client 2	
Do you have a Will? If yes, provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
– Last updated				
– Name of Executor				
– Is it up to date and reflects your current wishes? <i>eg have you remarried or had more children?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
– Do you have a testamentary trust provision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, who is the trustee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, who is the trustee?
Are you concerned about your beneficiaries paying tax on inherited assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like information on how to manage this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like help with your estate planning needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Power of Attorney

	Client 1		Client 2	
Do you have a Power of Attorney? If yes, provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
– Type of Power of Attorney	<input type="checkbox"/> General	<input type="checkbox"/> Enduring	<input type="checkbox"/> General	<input type="checkbox"/> Enduring
– Who is the person named as your Power of Attorney?				
– Date of execution				

Notes

Planner notes

Appendix - Investor risk profile summary

Your attitude to investment risk is a crucial factor in determining an appropriate investment strategy to meet your needs. Investing is considered risky because there is uncertainty about how the investment will perform over the short and long term. Different types of investments experience different levels of volatility. Negative returns can happen at any time, so during periods of poor performance, remaining invested for the minimum investment term will provide an opportunity for your portfolio to recover.

Here are the main approaches to investing, otherwise known as investment risk profiles.

Score	Risk profile	Description
N/A	0% Growth	Protection of capital or certainty of income is your only objective. You do not wish to attain higher returns if your capital is at risk.
10 - 17	30% Growth	You are a defensive investor. You are willing to consider less risky assets; mainly cash only and some fixed interest investments. You are prepared to accept lower returns to protect the value of your capital. The recommended minimum investment term is 2 years.
18 - 26	50% Growth	You are an investor seeking a combination of income and growth from your investment portfolio. Generally, you are willing to pursue medium to long-term goals while accepting the risk of short to medium term negative returns. Your investment mix is likely to have a marginal bias to growth assets such as equities and property. The recommended minimum investment term is 4 years.
27 - 32	70% Growth	You are a growth investor. You are willing to consider assets with higher volatility in the short-term (such as equities and property) to achieve capital growth over the medium to longer term. Your investment mix will comprise a greater share of growth assets. The recommended minimum investment term is 5 years.
33 - 36	85% Growth	You are a Growth investor. Prepared to accept higher volatility in the short to medium term, your primary concern is to accumulate growth assets over the long term. Your investment mix will spread a variety of sectors but will mainly consist of more aggressive investments. The minimum investment term is 6 years.
37 - 40	100% Growth	You are willing to accept higher levels of risk. Fluctuation in capital is acceptable in the short-medium term for the greater potential for wealth accumulation. With the exception of a minimal level of cash for liquidity purposes, your investment mix will only consist of growth assets such as international and domestic equities and property. The minimum investment term is 7 years.

Appendix - Notes