

CLIENT QUESTIONNAIRE

VERSION 1 : JUNE 2011

We do not expect you to complete this document fully by yourself. Please fill in as many details as you can, and then your adviser will go through it with you in your first meeting.



INTEGRITY KNOWLEDGE INNOVATION

STRATEGIC WEALTH SOLUTIONS PTY LTD

ABN 83 108 131 871

AFSL 273368

LEVEL 5, 69 PHILLIP STREET
PARRAMATTA NSW 2150

 (02) 9633 5255

 (02) 9633 5299

contactus@swsadvisers.com



www.strategicwealthsolutions.com

Important Notice

In order for us to provide financial planning advice to you, we need to have reasonable basis for that advice. The information requested in the Client Questionnaire is one of the tools we use to establish a basis for the advice we will provide. It is therefore important for you to complete this document as accurately and as fully as possible.

All the information you provide will only be used by us and is strictly confidential.

Please return this Questionnaire to our office prior to your appointment along with the relevant information requested throughout this document. A reply paid envelope has been included for your convenience.



Contact Details

	Client 1	Client 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Miss
Surname		
Given Names		
Preferred Name		
Date of Birth	__ / __ / ____	__ / __ / ____
Country of residence/citizenship		
Residential Address		
Postal Address	<input type="checkbox"/> Same as above	<input type="checkbox"/> Same as above
Method of contact Please tick preferred method of contact	Home <input type="checkbox"/> (__) _____ Work <input type="checkbox"/> (__) _____ Mobile <input type="checkbox"/> _____ Email <input type="checkbox"/>	Home <input type="checkbox"/> (__) _____ Work <input type="checkbox"/> (__) _____ Mobile <input type="checkbox"/> _____ Email <input type="checkbox"/>
Tax File Number	_____	_____
Customer Reference Number (Centrelink)	_____	_____
Provide <u>one</u> primary ID source		
Drivers Licence / Passport / Photo ID		
OR Provide <u>two</u> secondary ID sources e.g. birth certificate		
	[ID type]	[ID type]
	[ID type]	[ID type]



Customer Identification

By law we are required to collect, verify and store your information before we can arrange to invest your money.



Family & Health

		Client 1		Client 2	
Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____	<input type="checkbox"/> Married <input type="checkbox"/> De-Facto <input type="checkbox"/> Engaged	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____	<input type="checkbox"/> Married <input type="checkbox"/> De-Facto <input type="checkbox"/> Engaged
Children		Name	Date Of Birth		Tick if Financially Dependant
			__ / __ / ____		<input type="checkbox"/>
			__ / __ / ____		<input type="checkbox"/>
			__ / __ / ____		<input type="checkbox"/>
Parents	Mother	Current Age :		Current Age :	
	Father	Current Age :		Current Age :	
Your Hobbies (please provide details of any sports, hobbies and other interests if applicable)					
Do you smoke?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have private health insurance		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you exempt from the Medicare surcharge		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your Health / Family's Health (Please provide details of any health issues / concerns / or your family's health history if known)					

Estate Planning

	Client 1	Client 2
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Will Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was it last reviewed?	___ / ___ Month / year	___ / ___ Month / year
Who is the Executor of your Will?
Have your circumstances changed since it was last reviewed? (please provide details below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Will / Solicitors Details		
Do you have a Power of Attorney?	<input type="checkbox"/> General <input type="checkbox"/> Enduring <input type="checkbox"/> Medical	<input type="checkbox"/> General <input type="checkbox"/> Enduring <input type="checkbox"/> Medical
Have you appointed an Enduring Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a funeral Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been married before? (please provide details below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you nominated a beneficiary in respect of your superannuation benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the nomination binding on the Trustee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any special estate planning issues or requirements, such as special bequests, testamentary trusts or substantial inheritances, that we should be aware of, please provide details below:



Cash Flow



Providing copies of your current pay slips, tax returns and any investment statements will allow us to use accurate information to when preparing our advice documents.

If you require more space, please complete our online budgeting planner – ‘Money Smart’

The online budgeting planner has been completed. The results are attached

Employment details

	Client 1	Client 2
Occupation / Position		
Industry		
Name of Employer		
Commencement Date:		
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Not working (ill health)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Not working (ill health)
If you are expecting a change to your employment conditions, please provide details.		
Provide details on your Annual Leave, Long Service Leave, Sick Leave etc		
If Self Employed:	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust

If Self Employed - Please provide details of structure, Ownership, Directorships etc:



Expenses

Record details about extraordinary or once off expenses with your goals

	Attached	Monthly	Annually
Mortgage Repayments / Rent	<input type="checkbox"/>	\$	\$
Investment Loan Repayments	<input type="checkbox"/>	\$	\$
Rates / utilities	<input type="checkbox"/>	\$	\$
Food / General Living	<input type="checkbox"/>	\$	\$
Insurance – home / car / life / Private Health	<input type="checkbox"/>	\$	\$
Education	<input type="checkbox"/>	\$	\$
Entertainment	<input type="checkbox"/>	\$	\$
Other []	<input type="checkbox"/>	\$	\$
Other []	<input type="checkbox"/>	\$	\$
Total		\$	\$
Total Annual expenses		\$	

Surplus / Deficit

Income minus expenses = annual surplus / (deficit)	\$
--	----

Notes:

Net Wealth



Providing copies of your mortgage, superannuation and investment statements, rates notices, Centrelink Schedules and pension accounts will allow us to use accurate information to prepare our advice documents.

If you require more space, please attach a blank page

Assets

Please provide details of any debts associated with your assets in the “liabilities” section on the next page

	Attached	Owner	Associated Debt	Value
Principal Residence	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Contents	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Vehicle []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Vehicle []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Everyday Bank Account			n/a	\$
Other []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other []	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Total				\$

Superannuation

Fund Name	Attached	Owner	Receiving Contributions	Value
	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Total				\$

Retirement Income Fund

Please record details of all annuities or superannuation pensions, even if they have a residual capital value of \$0.

Pension Name	Account number / details attached	Owner	Value
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
Total			\$

Liabilities

Only record details about your credit card if you do not clear the balance each month.

Asset the loan is secured against	Attached	Owner	% pa Repayment type	Value
[Principal Loan]	<input type="checkbox"/>		<input type="checkbox"/> Principal <input type="checkbox"/> Interest	\$
[Vehicle]	<input type="checkbox"/>		<input type="checkbox"/> Principal <input type="checkbox"/> Interest	\$
[Investment loan]	<input type="checkbox"/>		<input type="checkbox"/> Principal <input type="checkbox"/> Interest	\$
	<input type="checkbox"/>		<input type="checkbox"/> Principal <input type="checkbox"/> Interest	\$
	<input type="checkbox"/>		<input type="checkbox"/> Principal <input type="checkbox"/> Interest	\$
Total				\$

Net Wealth

Assets + superannuation – liabilities = your net wealth	\$
--	-----------

Notes:

Please provide the following:

	Client 1	Client 2
Have you made withdrawals from your superannuation in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you given any personal guarantees on family or friend debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax liabilities or HECS debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding liability with Centrelink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of the above questions, please provide details:

	Client 1	Client 2
Do you have a Self Managed Super Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a private company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Please provide copies of Trust Deeds and the most recent financial statements for the relevant entities.

Notes:

Insurance

Your ability to earn an income is critical to the success of the financial planning strategy that we will develop for you. It is essential that this is protected and that your family is not left in a worse financial position in the event of death or disablement. To learn more about how insurance can help your wellbeing, please ask us to arrange a meeting with our Insurance Specialists: Australian Financial Risk Management (AFRM).

Concerns

	Client 1	Client 2
To protect income against sickness or accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
To protect your family or assets in the event of death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
To protect against a critical illness or trauma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
To protect your family or assets in the event of receiving a total and permanent disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Insurances

Type of cover you have in place:	Client 1	Client 2
Life Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total & Permanent Disability Insurance (TPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Protection (IP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

How can we help you?

Below is a list of common reasons why people seek financial planning advice. Please tick those that apply, or are of interest to you.

I need advice on	Client 1	Client 2
Starting to save	<input type="checkbox"/>	<input type="checkbox"/>
Paying off my debts more quickly	<input type="checkbox"/>	<input type="checkbox"/>
Building wealth and investing	<input type="checkbox"/>	<input type="checkbox"/>
Better managing my investments	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the amount of tax I pay	<input type="checkbox"/>	<input type="checkbox"/>
Planning for retirement	<input type="checkbox"/>	<input type="checkbox"/>
Making my savings last during retirement	<input type="checkbox"/>	<input type="checkbox"/>
Securing my family's financial well being in the event I am sick, injured or die	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>

Please rank the following issues in terms of importance so that we can ensure your concerns are addressed in our recommendations.

Planning issues	Importance			Comments
	Low	Medium	High	
Protecting assets and income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consistency of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ownership of Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tax efficiency of investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consolidation of superannuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Active control of investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Having a portfolio that is easy to understand and manage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaving an inheritance for your family/others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maximising Centrelink benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flexible advice fee payment methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Your investment goals

Cash buffer

	Client 1	Client 2
How much money do you want to have available for in case of emergencies?	\$	\$

Future Goals

Try to be as specific as to the purpose and time frame of funds required.

Description	Frequency	Due Date	Value
			\$
			\$
			\$
			\$
			\$

Are there any other issues that we need to take into consideration that may affect you achieving your goals? E.g. Health, job security, aging parents?

Retirement Savings

	Client 1	Client 2
At what age do you want to retire?		
What income do you think you will need to finance your desired lifestyle?	\$	\$
Would you be prepared to accept a reduction in your income during your retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be prepared to access the equity in your home to fund your retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Investment Considerations

Are there any particular products or financial institutions that you prefer?	
Are there any particular products or financial institutions that you do not want to support?	
Would you be more inclined to borrow or save to fund your goals?	<input type="checkbox"/> Borrow <input type="checkbox"/> Save
Are you comfortable with the concept of borrowing money to invest, in order to build long term wealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This page has been intentionally left blank.

**Part B of the Questionnaire will be completed in
your meeting with your Adviser**

