

Confidential Lifestyle and Financial Questionnaire

Client 1	
Client 2	
Authorised Representative	
Date of Completion	
Version of FSG Provided	
Date of FSG Provided	

Thank you in advance for taking the time to complete this questionnaire.

To begin the process, we need you to consider the following points and then complete and return this form to us prior to our meeting.

If you are completing this form as a couple, we ask that you discuss the questions together and provide a collaborated response. If there are differences in views, as is often the case, please note them on the form and they can be addressed at our meeting.

1. Your Personal Details & Resources

By clearly identifying your personal details and resources you will assist us understand your current financial situation.

2. Your Objectives

By identifying your Objectives, you will allow us to focus your resources on the range of outcomes you would like to achieve.

3. Your Priorities

By prioritising your Objectives, you will assist us work towards those outcomes that are most important to you.

4. Additional Information

By providing us with any additional information you might think is relevant, we will be able to help identify hurdles that may impede you achieving your lifestyle and financial objectives.

5. Privacy Statement, Acknowledgment and Tax File Number Authorisation

By reading and signing these sections, you will assist us in designing a plan around the information provided within this questionnaire.

Please post this completed questionnaire along with any additional information to:

**Collins House Private Wealth
PO Box 16056
Collins Street West VIC 8007**

1. Your personal details and resources

	Client 1		Client 2	
Surname				
Given name(s) Eg. William Frederick				
Preferred name Eg. Bill				
Date of birth/Current age				
Place of birth				
Country of Residence				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Other, please state below:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other, please state below:	
Children(s) Name	Age	Date of birth	Financially dependant?	
			<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	
Name of any other dependents	Age	Relationship		
Your Residential address				
Your Postal address	<input type="checkbox"/> Tick if as above			
Telephone (home)	()	()		
Telephone (work)	()	()		
Mobile number				
Email				

	Client 1	Client 2
Occupation		
Name of employer		
Employment status	<input type="checkbox"/> Retired <input type="checkbox"/> Semi retired <input type="checkbox"/> Full time occupation <input type="checkbox"/> Part time occupation <input type="checkbox"/> Home manager <input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired <input type="checkbox"/> Semi retired <input type="checkbox"/> Full time occupation <input type="checkbox"/> Part time occupation <input type="checkbox"/> Home manager <input type="checkbox"/> Unemployed
Remuneration Package	\$	\$
Employment type	<input type="checkbox"/> Permanent employee <input type="checkbox"/> Temp/contractor <input type="checkbox"/> Self employed	<input type="checkbox"/> Permanent employee <input type="checkbox"/> Temp/contractor <input type="checkbox"/> Self employed

Do you have Private Health cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of Private Health cover do you have?	<input type="checkbox"/> Hospital <input type="checkbox"/> Ancillary <input type="checkbox"/> Special extras	<input type="checkbox"/> Hospital <input type="checkbox"/> Ancillary <input type="checkbox"/> Special extras
Do you have any health concerns or issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide details		
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Power of Attorney (POA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of Power of Attorney do you have?	<input type="checkbox"/> Enduring POA <input type="checkbox"/> Medical POA <input type="checkbox"/> Financial POA	<input type="checkbox"/> Enduring POA <input type="checkbox"/> Medical POA <input type="checkbox"/> Financial POA

Do you have Life Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is the level of your Death Cover?		
The level of your Total & Permanent Disability Cover?		
The level of your Trauma & Critical Illness Cover?		
The level of your Monthly Income Protection Cover?		

What do you own? (use approximate figures)

Lifestyle Assets	Client 1	Client 2	Joint
Family Home	\$	\$	\$
Holiday Home	\$	\$	\$
Other (eg: Boat, Caravan, Etc)	\$	\$	\$
A - Total Lifestyle Assets	\$	\$	\$

Home and Personal Loans

Outstanding Credit Card/Personal Loans	\$	\$	\$
Home Mortgage Balance	\$	\$	\$
B- Total Non Deductible Debt	\$	\$	\$
Net Lifestyle Assets (A-B)	\$	\$	\$

Investments	Client 1	Client 2	Joint
At Call Bank Accounts	\$	\$	\$
Term Deposits	\$	\$	\$
Share Portfolio (attach list)	\$	\$	\$
Managed Funds/Insurance Bonds	\$	\$	\$
Discretionary Trusts (attach financials)	\$	\$	\$
Unit Trusts (attach financials)	\$	\$	\$
Rental Properties (attach list)	\$	\$	\$
Other Assets (attach financials)	\$	\$	\$
C – Total Investments	\$	\$	\$

Deductible Loans

Margin Loans (attach statements)	\$	\$	\$
Mortgages (attach list)	\$	\$	\$
D - Total Deductible Loans	\$	\$	\$
E - Net Investments (C-D)	\$	\$	\$

Superannuation & Pension

Employer Funds	\$	\$
Personal Funds	\$	\$
SMSF	\$	\$
Pension Fund Balances	\$	\$
Other (eg QROPs)	\$	\$
F - Total Superannuation	\$	\$
Net Investment & Superannuation (E + F)	\$	\$

Are you expecting an inheritance? If yes, please detail the amount and likely time frame.

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What do you earn each year before Tax?

	Client 1	Client 2	Total
Salary	\$	\$	\$
Business income	\$	\$	\$
Rental Income	\$	\$	\$
Superannuation Pensions	\$	\$	\$
Trust Distributions	\$	\$	\$
Government Pensions/Allowances	\$	\$	\$
Other Income	\$	\$	\$
G – Total Income before Tax	\$	\$	\$

How much do you need to cover your cost of living each year?

H- Annual cost of living	\$
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How much do you estimate that you save each year?

I – Annual savings	\$
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What Expenditure do you have planned?

	Amount \$	When ?	How often afterwards
Motorcar/motorbike?	\$		
Renovations?	\$		
Paying out a mortgage	\$		
Holiday	\$		
Other	\$		
J- Total Planned Expenditure	\$		

2. What are your Objectives?

3. What are your Priorities?

4. Additional Information:

What are the main reasons for contacting Collins House?

When do you realistically plan to retire from full time work (age or year)?

When do you plan to retire from all forms of paid employment (age or year)?

In retirement, what regular income (in today's dollar) do you need to cover your cost of living on a monthly basis after tax?

How much money do you require to be available at short notice for unforeseen expenses?

Which assets do you wish to leave to your family and/or charity if any?

Are there any issues or events that are confronting you at the moment?

5. Privacy Statement:

Your personal information is collected for the purpose of providing you with financial planning advice. We need to conduct an appropriate investigation of your financial and personal situation and your particular needs and objectives to enable us to make recommendations to you on a reasonable basis. If you choose not to provide the information requested by us, we may not be able to provide you with the advice you require.

We may disclose information about you to annuity providers in the process of preparing our financial planning advice.

You are entitled to obtain access to the information collected by contacting **Collins House Private Wealth** or your adviser.

You need to be aware that if you provide information to **Collins House Private Wealth** on behalf of another person, it is your responsibility to inform them of your disclosure and to make them aware that they may obtain access to their information held by **Collins House Private Wealth**.

Your Acknowledgment:

I/We acknowledge that, by completing and authorising this overview, its contents are correct to the best of my/our knowledge and that its role is to enable **Collins House Private Wealth** to undertake an initial assessment of my/our situation.

Client 1: _____ Signature: _____ Date: _____

Client 2: _____ Signature: _____ Date: _____

Tax File Number Authorisation:

I/We give permission for my/our tax file number/s, as provided below, to be forwarded to financial institutions as requested or as necessary.

	Client 1		Client 2	
Tax File Number (TFN)				
TFN Authorisation	Yes	No	Yes	No

Client 1: _____ Signature: _____ Date: _____

Client 2: _____ Signature: _____ Date: _____