

Confidential Questionnaire

Client: _____

Date: / /

Adviser: _____



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Australian Financial Services Limited

Australian Financial Services Licence No. 297239

Important Notice to Clients

Your Adviser/ Financial Planner must have reasonable grounds for making an investment or insurance recommendation. Before making such a recommendation the Adviser must ask you about your investment objectives, financial situation and your particular needs. The information requested in this form will be used strictly for that purpose.

Warning

Your Adviser could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form.

Personal Details	You	Partner
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Surname:		
Given Names:		
Preferred Name:		
Marital Status:		
Where and When Born:		
Address:		
Telephone Home:	()	()
Work:	()	()
Fax:	()	()
Mobile:	()	()
Email Address:		
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No Ceased ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No Ceased ____/____/____
Australian Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax File Number:		

Dependents	Private Education Details				
Name	DOB	Occupation/ School	Start Year	End Year	Cost

Health Details	You	Partner
State of Health:	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
Current medication:		
Is there family history of cancer, heart, diabetes etc:		
Height/weight/BMI:	Kg / stone “ Cm / ft inches	Kg / stone “ Cm / ft inches

Employment Details		
Occupation:		
Employer:		
Employer Address:		
If self employed:	<input type="checkbox"/> Company <input type="checkbox"/> Partnership	<input type="checkbox"/> Company <input type="checkbox"/> Partnership
Business Structure:	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Sub-contractor	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Sub-contractor
Employee status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Home duties <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Home duties <input type="checkbox"/> Unemployed
Hours worked per week:		
Qualifications:		
Duties:	_____%Managerial _____%Administration/office _____%Light manual e.g. driving/retail _____%Supervisory of manual work _____%Manual work egg. tradesman _____%Other _____	_____%Managerial _____%Administration/office _____%Light manual e.g. driving/retail _____%Supervisory of manual work _____%Manual work egg. tradesman _____%Other _____
Number of Years service		
Leave Entitlements	_____ days sick leave _____ annual leave _____ long service leave	_____ days sick leave _____ annual leave _____ long service leave

Annual Income Details	You	Partner
Gross Salary/ Wages:		
Bonus/ Commissions:		
Fringe Benefits:		
Annuity/ Allocated Pension:		
Investment Property Income:		
Social Security Benefits:		
Business Income:		
Superannuation:		
Motor vehicle:		
Other:		
Total:		

SMSF Self Managed Super Fund	Name: _____ Trustee: _____ Trustee: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Common Seal Investment Strategy: <input type="checkbox"/> Yes <input type="checkbox"/> No ABN: _____ TFN: _____	Corporate Structure Diagram
	Name: _____ Share Holder: Share Holder: Director: _____ Director: _____ ABN: _____ TFN: _____	
	Name: _____ Trustee: _____ Trustee: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Common Seal Investment Strategy: <input type="checkbox"/> Yes <input type="checkbox"/> No ABN: _____ TFN: _____	

Other Contacts		
	Name and Address	Contact Number
Accountant		
Solicitor		

EXPENSES

	Monthly	Yearly	Total		Monthly	Yearly	Total
Weekly Living				Utilities			
Groceries	\$	\$		Gas	\$	\$	
Alcohol	\$	\$		Electric	\$	\$	
Tobacco	\$	\$		Telephone: Home	\$	\$	
Child Care	\$	\$		Telephone: Mobile	\$	\$	\$
Dry Cleaning	\$	\$		Social			
Lunches	\$	\$		Pay TV	\$	\$	
Cleaning / Ironing	\$	\$	\$	Broadband	\$	\$	
Place of Residence				Movies	\$	\$	
Mortgage / Rent	\$	\$		Theatre	\$	\$	
Rates	\$	\$		Books	\$	\$	
Insurance	\$	\$		Music	\$	\$	
Body Corporate	\$	\$		Dining Out	\$	\$	
Maintenance (inc Garder	\$	\$	\$	Subscriptions - Magazines	\$	\$	
Investment Property No. 1				Subscriptions - Other	\$	\$	\$
Rates	\$	\$		Personal Insurance			
Insurance	\$	\$		Income Protection	\$	\$	
Body Corporate	\$	\$		Life	\$	\$	
Repairs / Maintenance	\$	\$		TPD	\$	\$	
Other	\$	\$		Trauma	\$	\$	
Management Fees	\$	\$	\$	Health	\$	\$	\$
Investment Property No. 2				Personal			
Rates	\$	\$		Clothing / Footwear	\$	\$	
Insurance	\$	\$		Haircuts / Personal Care	\$	\$	
Body Corporate	\$	\$		Gifts	\$	\$	
Repairs / Maintenance	\$	\$		Gym Fees	\$	\$	
Other	\$	\$		Doctors and Prescriptions	\$	\$	\$
Management Fees	\$	\$	\$	Financial Obligations			
Vehicle				Credit Card	\$	\$	
Loan	\$	\$		Tax	\$	\$	
Registration	\$	\$		Personal Loan(S)	\$	\$	
Fuel	\$	\$		Other	\$	\$	
Insurance	\$	\$		Savings	\$	\$	\$
RACQ	\$	\$		Other			
Maintenance	\$	\$		Charity	\$	\$	
Parking	\$	\$		Miscellaneous	\$	\$	
Tolls	\$	\$		Vacation	\$	\$	\$
Professional Cleaning	\$	\$		SUB - TOTAL			
Public Transport	\$	\$	\$	\$			
SUB - TOTAL				GRAND TOTAL			
\$				\$			

Personal Assets & All Liabilities

	Description	Owner	Current Value	Current Loan	Lender	Interest Rate	Term of Loan	Repays & Frequency	P & I or Int Only	Free Review
Home										
Home Contents										
Motor Vehicle(s)										
Caravan										
Boat										
Other Assets										
Other Loans										
Credit / Store Cards										

Insurance Details

Life & Health Insurance

								Type	Amount
Life Insurance									
Critical Illness/ Trauma Insurance:									
Income Protection/ Salary Continuance:									
Business Overheads:									
Medical Insurance:	Hospital &/or Extras	Single Couple Family							
Property Insurance									
Property:									
Contents:									
Jewellery:									
Motor Vehicle 1:									
Motor Vehicle 2:									

Financial Goals

At what age do you wish to retire and what income do you want in today's dollars?	At Age \$	Per _____
Do you want an additional Lump Sum at retirement?	New Car	\$
	Holiday	\$
	Upgrade Home	\$
	Renovate Home	\$
		\$
What other financial goals do you have, by when do you want to achieve them and how much are they likely to cost?		
	Likely Cost?	\$
	By When?	
	Likely Cost?	\$
	By When?	
	Likely Cost?	\$
	By When?	
	Likely Cost?	\$
	By When?	
Do you expect to inherit any money? Please provide details.		

How much of your current income can you devote to achieving your financial goals?	\$
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Legal Details	You	Partner
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year will last updated:		
Where is it kept?		
Executor's Name & Address:		
Do you have an enduring power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Testamentary Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solicitor's Name:		
Would you like to be referred for advice on Estate Planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referred to:		

Insurance Planning

Your Authorised Representative will go through this section with you to determine how much insurance you require.

Life Insurance

Clean Up Fund Final expenses fund (debts, expenses, legals, medicals, emergencies, funeral fees, Income Tax)		
Income Capital Sum to provide an Income for Spouse. Capital Sum to provide an income for Children	\$ p.a.net no. years	\$ p.a.net no. years
Mortgage Amount to pay off all Debt to allow home to be free of debt		
Education Capital sum to generate an income to pay school fees		
Contingent Liabilities Guarantees etc that could carry into your Estate		
Loan Accounts etc within a Private Company or Family Trust		
TOTAL Funds Required by Family		
Less: Cash available & Assets to be sold cashed		
Less: Existing Cover to be retained		
Less: Superannuation		
Less: Assets that would be sold e.g. 2nd car, boat		
Shortfall/surplus to be Insured		

Total and Permanent Disability

Replacement Income required (\$ per year)	\$ p.a.net no. years	\$ p.a.net no. years
Mortgage & debts to be cleared		
One off Expenses		
Alterations to home		
Purchase of equipment to assist with rehabilitation		
Medical Costs		
Debts to be cleared		
TOTAL Funds Required by Family		
Less: Cash available & Assets to be sold cashed		
Less: Existing Cover to be retained		
Less: Super ETPs on the Life		
Less: Assets that would be sold e.g. 2nd car, boat		
Shortfall/surplus to be Insured		

Trauma Insurance

Additional expenses fund (debts, expenses, legal, emergencies)		
Mortgage Discharge		
Education Amount to pay education fees for your children		
Specific Trauma needs Fund to cover out-of-pocket health care costs, egg: excess over health insurance, medications, physiotherapy etc		
Additional expenses of a permanent nature, wheelchairs, home alterations etc		
Additional income: income protection only covers 75% Would you need extra?		
TOTAL Funds required		
Less cash available or assets that can be sold for cashed		
Shortfall/surplus to be Insured		

Income Protection

Gross annual income (before tax)		
Less business expenses		
Net annual income (before tax)		
Maximum allowable annual benefit (75% of net annual income)		
Divide annual benefit by 12 (=monthly benefit)		
Less existing insurance		
Insured monthly benefit shortfall (before tax)		
Benefit Period Proposed Years or to Age (Circle)	1 2 5 50 55 60 65	1 2 5 50 55 60 65
Waiting Period Proposed (Circle days)	14 30 60 90 180 1yr 2yr	14 30 60 90 180 1yr 2yr

Business Overheads

Rent, phone, electricity, accountant, leases, insurance, cleaning		
Depreciation		
Taxes and rates etc		
Interest repayments on business loans		
Salaries and costs associated with non income producing staff		
Other fixed expenses incurred in running a business		
Leasing costs of equipment and motor vehicles		
Maximum allowable annual benefit		
Divide annual benefit by 12 (=monthly benefit)		
Less existing insurance		
Insured monthly benefit shortfall (before tax)		

Advice Should Address the Following Areas

Please tick which is appropriate

<input type="checkbox"/> Production of Financial Plan	<input type="checkbox"/> Superannuation Advice	<input type="checkbox"/> Life Insurance Analysis
<input type="checkbox"/> Investment Concerns	<input type="checkbox"/> Analysis of existing Rollovers	<input type="checkbox"/> Mortgage/ Debt Analysis
<input type="checkbox"/> Lump Sum to Invest	<input type="checkbox"/> Analysis of existing Super	<input type="checkbox"/> Income Protection Analysis
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Self Managed Super Advice	<input type="checkbox"/> Trauma Insurance Analysis
<input type="checkbox"/> Investing a New Rollover	<input type="checkbox"/> Savings short term	<input type="checkbox"/> DSS Analysis
<input type="checkbox"/> Gearing	<input type="checkbox"/> Savings medium term	<input type="checkbox"/> Children's Education
<input type="checkbox"/> Remuneration Packaging	<input type="checkbox"/> Savings long term	<input type="checkbox"/> Taxation Concerns

Declaration

The details disclosed herein accurately document my/ our personal and financial details, investment objectives, and my/ our individual needs. I /We are not aware of any other material information relevant to the provision of investment recommendations and understand that this information is the basis on which recommendations will be made. If only a limited amount of information has been supplied, or if personal and financial information is omitted, AFS will be unable to undertake a full needs analysis, and the appropriateness of our recommendations will be limited.

I/ We have been provided with the Financial Services Guide prior to obtaining investment advisory services and/ or investment advice.

Privacy

I/ We accept that it will be necessary for AFS to store information, including my/ our Tax File Number. From time to time it will be necessary to disclose information about myself/ ourselves to authorised representatives of this firm and to other professionals, insurance providers, superannuation trustees and product issuers in connection with the purposes detailed above.

Client(s) Signature(s):

	/	/
	/	/
	/	/

Adviser Signature:

Office Use Only

Who referred Client?			
FSG provided to client?	Post <input type="checkbox"/>	Person <input type="checkbox"/>	Email <input type="checkbox"/>
Plan Preparation Fee to be Charged	Version _____		
	\$	+ GST	
Letter of Engagement Signed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date Plan Required	/ /		
Referral Required	General	Finance	Legal

AUTHORISATION TO COLLECT INFORMATION / TRANSFER OF SERVICING RIGHTS

Securinvest Financial Services Pty Ltd
Suite 15/220 Boundary Street Spring Hill Qld 4000
PO Box 410 Spring Hill QLD 4004
Tel: 1300 735 675
Fax: (07) 3136 5544
Email: admin@securinvest.com.au

INSURANCE/SUPERANNUATION FUND: _____

POLICY/MEMBER NO: _____

I/We authorise you to supply the staff of Securinvest Financial Services Pty Ltd, any information and/or documentation/forms in respect of the above policy/ies. Our advisers are Authorised Representatives of Australian Financial Services. Please accept a facsimile / photocopy of this Authority as the original which will be held on our office.

It has been explained to me/us that Securinvest Financial Services will only seek information and request paperwork which is required to deal with the enquires/matters at hand and will maintain the confidentiality of my/our information at all times.

Policyowner's Name(s): _____

Policyowner's Date of Birth: _____

Policyowner's Address: _____

Policyowner's Telephone No: _____

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I/We also authorise you to register Adviser: _____ of Securinvest Financial Services Pty Ltd, as my/our nominated Financial Planner his/her details are provided below.

Financial Planner: _____
Authorised Representative Number: _____
Securinvest Financial Services Pty Ltd
Australian Financial Services Ltd
AFS Licence Number: 297239

Existing Adviser Number: No / Yes # _____

Signature: _____ Signature: _____

Client Name: _____

Date: ____/____/____