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About You Questionnaire

Please complete and return to us prior to our first meeting

Personal details		
	Client 1 (you)	Client 2 (your spouse/partner)
Full name		
Date of birth		
Home address		
Email		
Home phone		
Work phone		
Mobile phone		
Marital Status		

Why are you seeking advice? What key issues would you like to discuss with the adviser?	Please elaborate:

Please indicate (tick box) areas of advice that you would like to discuss		
Income	❑	Strategies to reduce tax & improve cash flow
Investment	❑	Explore different options for wealth creation
Debt	❑	Structure existing debt and potential use of debt for wealth creation
Risk	❑	Strategies to identify & mitigate financial risks through life insurance
Retirement	❑	Strategies to identify & achieve your retirement needs
Estate Planning	❑	Strategies for asset protection and tax effective transfer of assets

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Overview of your financial and lifestyle goals and objectives	
What are your major lifestyle and financial goals?	Short term goals (less than 2 years)
	Medium term goals (2-5 years)
	Long term goals (more than 5 years)

Expected Changes				
In the next five years, are you expecting any major financial changes to occur:		Client 1	Client 2	Please explain:
	Income	❑Yes ❑ No	❑Yes ❑ No	
	Expenses	❑Yes ❑ No	❑Yes ❑ No	
	Assets	❑Yes ❑ No	❑Yes ❑ No	
	Liabilities	❑Yes ❑ No	❑Yes ❑ No	

Health	Client 1 (you)	Client 2 (your spouse/partner)
Your Current Health Status (poor / fair / good / excellent)		
Private Health Fund	❑ Yes ❑ No Fund name:	❑ Yes ❑ No Fund name:
Smoker?	❑ Yes ❑ No If no, when did you give up?	❑ Yes ❑ No If no, when did you give up?
Have you ever had an application for personal insurance modified or rejected for any reason?	❑ Yes ❑ No If yes, give details:	❑ Yes ❑ No If yes, give details:

Income	Client 1 (you)	Client 2 (your spouse/partner)
Base Salary		
Super-Employer (SGC)		
Super Personal – Salary Sacrifice		
Packaged Items - Motor vehicle, etc		
Bonus/Commission		
Other – rent/dividends		
Occupation and industry		
Employer Name		
At what age do you plan to retire?		
What do you currently spend per month?		
What do you currently save per month?		
Do you receive any Centrelink or Social Security payments? If yes, provide details		

Dependants	1	2	3	4
Name				
Date of Birth				
Sex				
Current Year at School or Year they will start				
Expected education expenses per annum				
Primary School	$	$	$	$
High School	$	$	$	$
University	$	$	$	$

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Super and Non Super Assets					
	Assets	Value	Income Revenues	Debt	Owner (Client 1, Client 2, joint, other)
Please list your current super and non super assets.	Family Home	$	$	$	
	Investment Property 1	$	$	$	
	Investment Property 2	$	$	$	
	Bank Accounts/ Cash Trusts	$	$	$	
	Directly held Shares	$	$	$	
	Managed Funds	$	$	$	
	Superannuation	$	$	$	
	Superannuation	$	$	$	
	Other Financial Assets	$	$	$	
		$	$	$	
		$	$	$	
		$	$	$	

Liabilities					
		Loan Amount	Monthly Payments	Interest Rates	Bank Name
Please list your current liabilities.	Home Loan	$	$	%	
	Investment Loan	$	$	%	
	Personal Loan	$	$	%	
	Credit Card	$	$	%	
	Other Loan	$	$	%	

Life Insurances				
	Policy 1	Policy 2	Policy 3	Policy 4
Owner (Client 1, Client 2, joint, other)				
Type (e.g. life, trauma, income protection, TPD)				
Level of cover	$	$	$	$
Premium frequency (yearly, monthly)				
Premium amount	$	$	$	$

Estate Planning	Client 1 (you)	Client 2 (your spouse/partner)
Do you have a will?	❑Yes ❑ No Year last reviewed:	❑Yes ❑ No Year last reviewed:
Enduring Power of Attorney - financial decisions after loss of capacity?	❑Yes ❑ No	❑Yes ❑ No
Enduring Guardian - medical and lifestyle decisions after loss of capacity?	❑Yes ❑ No	❑Yes ❑ No

Please list any other entities you own – full name of entity. Are you seeking advice for this entity?

Client Declaration:

- I consent to the collection, use and exchange of the personal and financial information (including relevant sensitive information, such as health and lifestyle information) which I have provided to my adviser in accordance with Fenwicke Financial's Privacy Policy.

Signature (Client 1) ____ Date__________________

Signature (Client 2) ____ Date__________________