

Private & Confidential

# Client Questionnaire

Client Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Important Notice

For us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The Client Questionnaire helps us to establish the basis for the advice we will provide. Therefore, it is important to complete this document as accurately and fully as possible.

**Due to the new Anti-Money Laundering and Counter Terrorism Financing Act, we require a copy of your Drivers Licence or Passport.**

I have attached a copy of my Drivers Licence or Passport.

At Strategy First, we offer genuine Fee for Service financial planning.  
We only charge fees for the services we deliver.  
We recommend investments and strategies based purely on your needs.  
This is a relationship focused on achieving your financial goals.

**No Commissions | No Conflicts of Interest | Just Independent Advice**

# Personal Details

Contact Details	Client 1	Client 2
<b>Title</b>	Dr   Mr   Mrs   Ms   Miss	Dr   Mr   Mrs   Ms   Miss
<b>Surname</b>	_____	_____
<b>Given Names</b>	_____	_____
<b>Preferred Name</b>	_____	_____
<b>Date of Birth</b>	_____	_____
<b>Marital Status</b>	_____	_____
<b>Residency</b>	Yes   No	Yes   No
<b>Home Address</b>	_____	_____
	_____	_____
<b>Postal Address</b>	_____	_____
	_____	_____
<b>Work Phone</b>	_____	_____
<b>Home Phone</b>	_____	_____
<b>Mobile</b>	_____	_____
<b>Fax</b>	_____	_____
<b>E-mail</b>	_____	_____
<b>Preferred Contact</b>	Home   Work   Mobile   E-mail	Home   Work   Mobile   E-mail

How did you hear about Strategy First? \_\_\_\_\_  
*(Please include Referrer's name if appropriate)*

Would you like to be invited to Seminars Yes | No

Would you like to receive E-Newsletters? Yes | No

Dependants (i.e.: Parents or Children)	Relationship	Date of Birth	Financially Dependant
_____	_____		Yes   No
_____	_____		Yes   No
_____	_____		Yes   No
_____	_____		Yes   No

Do any of your dependants suffer from a particular illness or have any disabilities? Yes | No

Employment Details	Client 1	Client 2
<b>Employment Status</b> <i>(Please circle)</i>	Full Time Part Time Casual Retired Home Maker Unemployed Self Employed Contracting	Full Time Part Time Casual Retired Home Maker Unemployed Self Employed Contracting
<b>Occupation</b>		
<b>Employer's Name:</b>		
<b>Qualifications:</b>		

Objectives and Planned Capital Expenses	When	Estimated Cost
<b>Short Term (&lt;2 years)</b>		\$
		\$
		\$
<b>Medium Term (2 – 5 years)</b>		\$
		\$
		\$
<b>Long Term (&gt; 5 years)</b>		\$
		\$
		\$

Retirement Objectives	Client 1	Client 2
At what age do you plan to retire?	_____ yrs	_____ yrs
How much after-tax income do you want to retire on, based on today's dollars? (combined)	\$ _____	
Do you need an additional special lump sum at retirement?	Yes   No	
If so, how much do you need in today's dollars?	\$ _____	
Are there any other issues we need to take into consideration?	_____	

# Investment Strategy - Risk Profile

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Your risk profile is very important; as it will help us determine how much risk you can psychologically tolerate in terms of the rise and fall in the value of your investments over time.

When we combine this with your financial information, we are able to gauge whether or not your financial objectives are achievable given the level of risk suited to who you are as an investor.

**To do this, please complete the attached Risk Profile Questionnaire (one each),** which contains a series of multiple-choice questions.

## Agreed Risk Profile (to be completed with your Adviser)

### Agreed Risk Profile (Client 1):

Client Signature:

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Date:

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### Agreed Risk Profile (Client 2):

Client Signature:

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Date:

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|                      |

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Comments:

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# Assets and Liabilities

Assets	Current Market Value \$	Liability \$	Net Worth	Owner
Principal Home	\$	\$	\$	
Holiday Home	\$	\$	\$	
Cash	\$		\$	
Shares	\$	\$	\$	
Managed Funds	\$	\$		
Investment Property	\$	\$	\$	
Investment Property	\$	\$	\$	
Superannuation – Client 1	\$		\$	
Superannuation – Client 2	\$		\$	
Other	\$	\$	\$	
	\$	\$	\$	
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

Loan Details	Interest Only (Y/N)	Amount Outstanding	Provider	Type: (Fixed / variable)	Current Interest Rate	Monthly Payment
Principal Home		\$			%	\$
Holiday Home		\$			%	\$
Shares		\$			%	\$
Managed Funds		\$			%	\$
Invest. Property		\$			%	\$
Invest. Property		\$			%	\$
Credit Cards		\$			%	\$
Other		\$			%	\$
Other		\$			%	\$
<b>Total</b>		<b>\$</b>				<b>\$</b>

\*\* If you prefer, please attach loan details instead of completing the table above.

## Notes

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# Income (Before Tax) and Super Contributions

Income	Client 1		Client 2	
Salary / Wages (excluding Super)	\$	p.a.	\$	p.a.
Fringe Benefits	\$	p.a.	\$	p.a.
Bonus / Commission	\$	p.a.	\$	p.a.
Car Bonus	\$	p.a.	\$	p.a.
Rent Received	\$	p.a.	\$	p.a.
Other Investment Income	\$	p.a.	\$	p.a.
Other Taxable Income	\$	p.a.	\$	p.a.
Non Taxable Income	\$	p.a.	\$	p.a.
<b>Total</b>	<b>\$</b>	<b>p.a.</b>	<b>\$</b>	<b>p.a.</b>

## Notes

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Superannuation Contributions	Client 1		Client 2	
Employer Contributions	\$	p.a.	\$	p.a.
Additional Contributions via Salary Sacrifice	\$	p.a.	\$	p.a.
After Tax Contributions	\$	p.a.	\$	p.a.
<b>Total</b>	<b>\$</b>	<b>p.a.</b>	<b>\$</b>	<b>p.a.</b>

# Monthly Expenses

\*\* Alternatively, please attach a copy of your own Budget. My surplus cashflow is \$ \_\_\_\_\_

Debt Commitments	Monthly Amount
Mortgage	\$ _____
Personal Loans	\$ _____
Investment Loans	\$ _____
Car Loans	\$ _____
Credit Cards	\$ _____
Other _____	\$ _____
<b>Monthly Total</b>	<b>\$ _____</b>

Housing / Fixed Expenses	Monthly Amount
Rates	\$ _____
Rent	\$ _____
Body Corporate	\$ _____
Electricity / Gas / Water	\$ _____
House & Contents Insurance	\$ _____
Car Insurance	\$ _____
Car Rego / Maintenance	\$ _____
Private Health Insurance	\$ _____
Childcare	\$ _____
Child Maintenance	\$ _____
Education	\$ _____
Other _____	\$ _____
<b>Monthly Total</b>	<b>\$ _____</b>

Living Expenses	Monthly Amount
House Repairs/Maintenance	\$ _____
Food	\$ _____
Petrol	\$ _____
Phone	\$ _____
Clothing	\$ _____
Medical / Dental / Pharmacy	\$ _____
Public Transport / Taxis	\$ _____
Alcohol / Dining Out	\$ _____
Memberships/Subscriptions	\$ _____
Children's Activities	\$ _____
Gifts / Christmas Spending	\$ _____
Sporting Fees	\$ _____
Other _____	\$ _____
<b>Monthly Total</b>	<b>\$ _____</b>

Other	Monthly Amount
Deductible Work Expenses	\$ _____
Holidays	\$ _____
Savings Plan	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>Monthly Total</b>	<b>\$ _____</b>

**TOTAL EXPENSES** \$ \_\_\_\_\_

Do you anticipate any major change in your expenditure over the next 12 months? Yes | No

# Insurance and Estate Planning

Insurance - Client 1	Amount of Cover	Annual Premium	Provider	Via Super (Yes   No)
Life Insurance	\$ _____	\$ _____	_____	_____
Total & Permanent Disability	\$ _____	\$ _____	_____	_____
Critical Illness / Trauma	\$ _____	\$ _____	_____	_____
Income Protection	\$ _____ p.m	\$ _____	_____	_____
Business Expenses	\$ _____ p.m	\$ _____	_____	_____
Do you smoke?	Yes   No			

Insurance - Client 2	Amount of Cover	Annual Premium	Provider	Via Super (Yes / No)
Life Insurance	\$ _____	\$ _____	_____	_____
Total & Permanent Disability	\$ _____	\$ _____	_____	_____
Critical Illness / Trauma	\$ _____	\$ _____	_____	_____
Income Protection	\$ _____ p.m	\$ _____	_____	_____
Business Expenses	\$ _____ p.m	\$ _____	_____	_____
Do you smoke?	Yes   No			

Estate Planning	Client 1	Client 2
Do you have a valid Will?	Yes   No	Yes   No
When was it prepared?		
When it was last reviewed?		
Where it is stored?	_____	_____
Does it incorporate testamentary trusts?	Yes   No	Yes   No
Have you married, separated, divorced or had children since it was last signed?	Yes   No	Yes   No
Are you likely to receive an inheritance?	Yes   No	Yes   No
Do you have children from different relationships?	Yes   No	Yes   No
Do you plan to omit anyone from your Will?	Yes   No	Yes   No
Are any of your potential beneficiaries in a vulnerable situation, i.e. financial trouble, spendthrifts, handicapped or marital problems?	Yes   No	Yes   No
Have you appointed someone to look after your financial affairs (via Power of Attorney) if you become incapacitated?	Yes   No	Yes   No
If Yes, which type: Enduring or General	End.   Gen.	End.   Gen.
Have you appointed someone to make medical decisions or lifestyle decisions for you if you become incapacitated?	Yes   No	Yes   No

# Self Managed Super Fund (SMSF) Details

## SMSF Fund

<b>Fund Name</b>		
<b>Fund ABN / TFN</b>		
<b>Established Date</b>		
<b>Member 1</b>		
<b>Member 2</b>		
<b>Member 3</b>		
<b>Member 4</b>		

## Trustee:

<b>Corporate Trustee Name</b>		
<b>ABN / TFN</b>		
<b>Director or Individual Trustee 1</b>		
<b>Director or Individual Trustee 2</b>		
<b>Director or Individual Trustee 3</b>		
<b>Director or Individual Trustee 4</b>		

\* Please provide a copy of the Fund's Trust Deed.

## Family Trust Details

<b>Family Trust Name</b>		
<b>ABN / TFN</b>		
<b>Established Date</b>		
<b>Corporate Trustee Name</b>		
<b>Director or Individual Trustee 1</b>		
<b>Director or Individual Trustee 2</b>		

# Professional Contacts & Acknowledgments

## Professional Contacts

In order to prepare advice for you, we may need to contact your accountant and solicitor. Please provide their details below:

### Solicitor:

### Accountant:

Contact Name:

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Company Name

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Contact Number

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Address:

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Would you be happy for us to contact your Accountant or Solicitor?

Yes | No

Would you be happy for us to share formal documents such as your Financial Plan with your accountant or solicitor?

Yes | No

## Acknowledgements

### Information in this Form

The information provided in this form is complete and accurate to the best of my/our knowledge. I/We understand and acknowledge by either not fully or accurately completing the Client Questionnaire, financial advice given by Strategy First may be inappropriate to my/our needs and I/we risk making a financial commitment that may be inappropriate.

### Financial Services Guide

I/We have been provided, read and understood the Financial Services Guide ([Version 12: 28 July 2011](#)) prior to obtaining financial advice from Strategy First.

### Information and Privacy Agreement

1. I/We agree and understand Strategy First is collecting information to provide me/us with appropriate financial advice. The information collected is in accordance with the Privacy Policy I/we have read and understood.
2. I/We also consent to the disclosure of my/our personal information to organisations involved in providing Strategy First with marketing services and to their service providers so Strategy First may offer me/us suitable advice and/or financial products.
3. If I/we have provided personal information about an individual (such as a partner, dependant, employer, or accountant), I/we have or will as soon as practicable, provide the individual with a copy of the Privacy Statement provided to me/us with the Financial Services Guide. I/we will also make them aware the Privacy Statement applies to their personal information that has been collected for the purpose of Strategy First providing me/us with financial advice.
4. If I/we have provided sensitive information about someone else, I/we have obtained the consent of that person to that information being collected by Strategy First.

Client(s) Name:

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Client(s) Signature:

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Date:

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