Strategyfirst FINANCIAL PLANNING PTY LTD

Private & Confidential

Client Questionnaire

Client Name : ______________________________

Today's Date : ______________________________

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

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.

Office Use: ☐ VIZ ☐ S/Inv ☐ O/File ☐ ALC ☐ A/C Let ☐ SMSF ☐ Trust Structures
AML: ☐ Low ☐ Med ☐ High Client Code:_______________

Personal Details

Contact Details	Client 1	Client 2
Title	Dr | Mr | Mrs | Ms | Miss	Dr | Mr | Mrs | Ms | Miss
Surname		
Given Names		
Preferred Name		
Date of Birth		
Marital Status		
Residency	Yes | No	Yes | No
Home Address		
Postal Address		
Work Phone		
Home Phone		
Mobile		
Fax		
E-mail		
Preferred Contact	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
Employment Status *(Please circle)*	Full Time Part Time Casual Retired Home Maker Unemployed Self Employed Contracting	Full Time Part Time Casual Retired Home Maker Unemployed Self Employed Contracting
Occupation		
Employer’s Name:		
Qualifications:		

Objectives and Planned Capital Expenses	When	Estimated Cost
Short Term (<2 years)		
		$
		$
		$
Medium Term (2 – 5 years)		
		$
		$
		$
Long Term (> 5 years)		
		$
		$
		$

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

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: ______________________

Date: ______ | ______ | ______

Agreed Risk Profile (Client 2): ______________________

Client Signature: ______________________

Date: ______ | ______ | ______

Comments:

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	$	$	$	
	$	$	$	
Total	$	$	$	

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		$			%	$
Total		**$**				**$**

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

Notes

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.
Total	**$**	**p.a.**	**$**	**p.a.**

Notes

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.
Total	**$**	**p.a.**	**$**	**p.a.**

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__________________	$
Monthly Total	**$**

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 __________________	$
Monthly Total	**$**

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 __________________	$
Monthly Total	**$**

Other	Monthly Amount
Deductible Work Expenses	$
Holidays	$
Savings Plan	$
Other __________________	$
Other __________________	$
Monthly Total	**$**

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

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

Trustee:

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

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

Family Trust Details

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

Professional Contacts and 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:		
Company Name		
Contact Number		
Address:		

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 6: 1 March 2010) 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:		
Client(s) Signature:		
Date:	| |	| |