

Client Financial Profile

	Client 1	Client 2/Partner (if applicable)
Personal Details of:		
Prepared by:		
Interview Date:		

The following items (if applicable to you) will assist in completing the data form, Please provide originals or copies of the applicable documents for your appointment:

- € Employment – recent payslips
- € Tax – most recent ATO notice of assessment
- € Investments – most recent tax and end of year statements
- € Liabilities – Current loan statement/repayment schedule
- € Superannuation – Most recent statement from fund/s
- € Personal Insurance – Most recent correspondence (renewal/premium notice)
- € Social Security – Centrelink/DVA Assessment

“HELP US TO HELP YOU”

by reading the information below before completing this form

- This booklet is designed to assist your personal adviser to gather information essential for future recommendations.
- To ensure that the recommendations are entirely consistent with your personal requirements, it is absolutely necessary for you to provide accurate and fully detailed information.
- If you are uncertain on how to answer a question please consult your adviser.
- The information you provide will be treated with the utmost confidentiality.
- If the information you provide is incomplete or inaccurate, you need to be aware that the recommendations we make is based on the information you provide.

Licensee details

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SECTION 1 – Pre Discovery (What are your goals?)

This information will provide your adviser with an insight into what your goals and objectives are.

1.1 What is your reason for seeking advice?

- For example, the scope of advice is superannuation planning (ie what are areas we providing advice on)*

1.2 Long Term Needs and Short Term Objectives

- In relation to your future lifestyle what do you consider to be your main goals/important considerations? For example, needs and objectives may include pay off mortgage, purchase a car, holiday etc*

Needs and Objectives	Time Frame eg 6 mths/5 yrs	Cost	Priority (High/Medium/Low)

- Have you been satisfied with the progress you have made in the past few years towards achieving your goals? Y/N
- If no., what has been the main barrier to your progress?

Adviser Notes

SECTION 2 – PERSONAL DETAILS

Contact Details

• Preferred title eg Mr,Mrs,Ms		
• Surname		
• Given name(s)		
• Preferred name		
• Date of birth		
• Marital status		
• Australian resident		
• If no, country of residence		
Residential Address		
• Street Number		
• Suburb/Town		
• State		
• Postcode		
Postal Address (Please tick if same as above) <input type="checkbox"/>		
• Street Number		
• Suburb/Town		
• State		
• Postcode		
Phone, Fax and Email		
• Home phone		
• Business phone		
• Business fax		
• Mobile		
• Email		
• Preferred contact method		
• Personal interests		

Client Financial Profile

Children and/or Other Dependants | Current or Expected

Full Name	Date of Birth	Gender	Relationship	Dependant Y/N

Employment Details

• Occupation/Title		
• Job description/duties		
• Qualifications		
• Employer name		
• Employment start date		
• Do you work overseas?		
• If yes, list relevant country(ies)		
• Available personal leave days		
• Tax File Number (TFN)		
• Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Home duties <input type="checkbox"/> Self employed <input type="checkbox"/> Part Time – Hrs? <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Home duties <input type="checkbox"/> Self employed <input type="checkbox"/> Part Time – Hrs? <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
• If self-employed, what structure?	<input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership	<input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership
• Proposed Retirement Age: • Date of Retirement		

Adviser Notes

SECTION 3 – INCOMINGS & OUTGOINGS

Insert NET Income – Annual Amounts

Wages/Salary		
Bonuses		
Centrelink/DVA/Other benefits		
Investment/Rental Income		
Other Income		
Total Annual Income	\$	\$

Outgoings – Annual Amounts

	Client 1 (or joint)	Client 2/Partner (if applicable)
Home Mortgage/Rent		
Rates		
House Repairs/Maintenance		
Electricity/Gas/Phone		
House Insurance		
Car Maintenance/Registration/Insurance		
General Living – Food, clothing etc		
Insurance Premiums		
Health – Insurance, medical etc		
Education – Fees, books, uniforms		
Holidays		
Entertainment/Other		
Total Annual Outgoings	\$	\$
Annual Surplus/(Deficit)		

What is the likely pattern of your expenses over the next 5 years?: Decrease Same Increase

• What is your current savings ability per month? \$

• What annual income would you ideally like in retirement to allow you to have a comfortable life ? \$

SECTION 4 – ASSETS & LIABILITIES

Assets and Liabilities – This information assist with tax effectiveness and capital gains purposes

Assets	Owner(s)	Purchase Price \$	Current Value \$	Notes
• Principal Residence				
• Holiday Home/Rental Property				
• Bank Accounts				
• Contents/Personal Property				
• Motor Vehicles				
• Managed Funds				
Total assets			\$	

Liabilities	Owner(s)	Amount Owing \$	Interest Rate on loan %	Repayments Principal & Interest or Interest Only
• Home Mortgage				
• Car Loan				
• Personal Loan				
• Contents/Personal Property				
• Motor Vehicles				
• Investment Loan				
Total liabilities			\$	

Net worth	(Total Assets less Total Liabilities)	\$	
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Adviser Notes

SECTION 5 - SUPERANNUATION

Superannuation Assets and Income Streams

Fund Name	Owner(s)	Value	Pension Amount (if applic.)	Insurance Type	Sum Insured	Premium

Superannuation Contributions

	Client 1	Client 2
Have you made any super contributions to any superannuation fund in the current or previous two financial years?	Y/N	Y/N
If yes, please provide full details of amount(s)	\$	\$

Beneficiaries

Name	Percentage Benefit

Adviser Notes

SECTION 7 – EXISTING INSURANCES

Insurance is an essential part of financial planning. It is important you ensure that you have adequate cover for all aspects (personal and business) of your life. In helping you to assess the adequacy of your insurances, please answer the following:

Insurance Details including Life, TPD, Trauma, Income Protection (IP) and Business Expenses

Please provide details of existing insurance policies or rider benefits

Name of Insured Person	Who owns the policy ? eg spouse/super fund	Type eg Life/TPD	Insurer	Sum Insured	Premium Amount & how often ?

General Insurance Details *(Independent Capital Advisers Pty Ltd is not licensed to provide general insurance advice)*

	Provider	Sum Insured
Home		
Contents		
Motor Vehicle		
Private Health		
Other:		

Adviser Notes

SECTION 8 – INVESTMENT OBJECTIVES

- Provide and after tax income of: \$ _____
- Provide capital growth of _____%, or in line with inflation (subject to investment profile)
- Maintain an emergency fund of: \$ _____
- Forseeable future large expenses (overseas holiday, home renovations, etc): \$ _____
- Do you know of any further circumstances that may affect your financial situation in the near future? Y/N

If Yes, what are they?

- Do you have any concerns or limits in regard to asset splitting with your partner to reduce taxation? Y/N
- Would you consider taking out a loan to fund your investment at any stage? Y/N

If Yes, what is the level of gearing you are prepared to accept? _____%

Investment Profile

How important to you are the following? A higher number indicates greater concerns. Range 1 – 5

1. Not concerned 2. Slightly Concerned 3. Concerned 4. Very Concerned 5. Extremely Concerned

- How concerned are you about having your portfolio keep pace with inflation?
- How concerned are you about tax effective investments and placements?
- To what extent are you concerned about capital stability of your investments?
- How concerned are you that cash be made available to meet emergencies or other investment opportunities?
- How concerned are you about generating maximum income for your portfolio?
- To what extent are you concerned about maximising the value of your estate?
- Will you worry if your investments go down in value in the short term, but have the potential for long term growth?

Income Needs

Regarding your income needs, do you wish to (Please Select One of The Following):

- Live off income, preserve capital: Yes No
- Live off income and capital, no need to preserve assets for estate: Yes No
- Live off income and capital, but would like to have some assets left to estate: Yes No
- Not live off income or capital: Yes No

Client Financial Profile

Knowledge of Financial Matters

	Client 1	Client 2/Partner (if applicable)
<ul style="list-style-type: none"> Experience with financial products and in particular managed investments 	<ul style="list-style-type: none"> € Good € Fair € Unfamiliar 	<ul style="list-style-type: none"> € Good € Fair € Unfamiliar
<ul style="list-style-type: none"> Your ability to understand financial terms and to express your preference? 	<ul style="list-style-type: none"> € Good € Fair € Unfamiliar 	<ul style="list-style-type: none"> € Good € Fair € Unfamiliar

- Are you or your partner expecting to receive an inheritance in the near future ? Y/N

If yes, details ie Amount \$ and when

Investor Type

	Please Initial
<input type="checkbox"/> <i>Conservative</i> Long term and secure income stream. Minimal growth on capital invested. Preservation of capital invested.	
<input type="checkbox"/> <i>Moderately Conservative</i> Stable income streams. Modest growth on capital invested. Low to moderate capital volatility.	
<input type="checkbox"/> <i>Balanced</i> Moderate growth on capital invested. Moderate income stream. Moderate level of capital volatility.	
<input type="checkbox"/> <i>Assertive</i> High level of growth on capital invested. Income is incidental. High level of capital volatility.	
<input type="checkbox"/> <i>Aggressive</i> Very high level of growth on capital invested. Very high level of capital volatility. Understands and accepts risk.	

- Complete the above for each client/partner

SECTION 9 – PERSONAL INSURANCE NEEDS ANALYSIS

Income Protection Needs – How would you replace your income in the event of temporary or permanent loss of your current income.

	Insert Name:	Insert Name:
• Do you have an alternative source of income in the event of serious illness or disability?	Y/N	Y/N
• How many days could you go without your regular income?ie 30/60/90		
• In the event you are unable to work for a long period of time due to illness or accident, how long would you like your income protection payments to continue e.g. 2, 5 years, up to age 60, up to age 70?		
• What minimum percentage or dollar amount of your current gross income would you need to maintain your lifestyle (NB maximum 75%)?		
• Replace superannuation contributions?	Y/N	Y/N

9.2 Lump Sum Insurance Needs

	Death		TPD		Trauma	
Insert Name/s:						
Indicate who requires the cover In the event of death, TPD or a medical event.						
<i>If so, what are the amounts that you would require?</i>						
• Repay mortgage(s)	\$		\$		\$	
• Repay personal debt(s)	\$		\$		\$	
• Provide funds for funeral costs	\$		\$		\$	
• Provide funds for emergency e.g. cash in bank	\$		\$		\$	
• Provide a lump sum for home and lifestyle alterations e.g. access ramps	\$		\$		\$	
• Provide a lump sum for medical costs e.g. major operations	\$		\$		\$	
• Other:	\$		\$		\$	
• Number of years income required for children’s education						
• Amount required each year for children’s education	\$		\$		\$	
• Number of years income required for spouse/partner						
• Amount required each year for spouse/partner	\$		\$		\$	
Sub-total	\$		\$		\$	
Self-insurance e.g. sale of assets, existing insurance	\$		\$		\$	
Total	\$		\$		\$	

