

Client Questionnaire





Important Notice

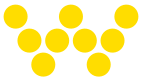
The Australian Corporations Act (2001) requires that an Adviser making personal advice recommendations must have reasonable grounds for making those recommendations and they must be in the best interests of the client. This means that an Adviser must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the client. The information requested in this form is necessary to enable recommendations to be made and will be used solely for that purpose.

We accept no liability for any advice given on the basis of inaccurate or incomplete information.

Please Note

Please complete and return this Client Details Questionnaire to the following address:

GPO Box 2031
Melbourne, Victoria 3001
or
adviser@wattlepartners.com.au



Client Questionnaire

The process for developing and implementing a financial and investment plan is continuous and can be broadly summarized by the following four steps:

-
1. The client completes this questionnaire and the enclosed risk profile which will allow us to determine their personal and financial objectives and their tolerance towards exposure to the various risks associated with investing. The initial discussions will include but not be limited to tax issues, appropriate structures for investments, general investment and superannuation strategies, agreed time horizons and investment objectives.

 2. Based on our understanding of the client's situation and objectives, we construct a tailored financial and investment strategy with the client by developing long term exposures and benchmarks.

 3. With the client's situation and tailored investment strategy agreed, we continuously review the economic environment and implement a dynamic asset allocation approach that facilitates the achievement of the agreed objectives. Factors considered include the current state of markets, specific assets, diversification and propensity to act in the current environment.

 4. We establish a timeframe and routine for ongoing review and monitoring of the client's portfolio. This will involve updating the client's needs analysis, reassessing the client's personal and financial objectives, evaluating the client's portfolio structure and measuring the client's portfolio performance against both relevant benchmarks and personal expectations.
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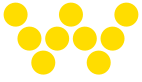
Personal Information

Important Details

	Client	Client
Title
Given Name
Surname
Preferred Name
Home Address
Date of Birth
Marital Status
Tax File Number
Contact Phone	()	()
Email (preferred)
How did you hear about us?

Dependant/s details (Children or other)

	Date of Birth	Financially Dependant?
Name
Name
Name
Name



Personal Information (cont.)

Corporate Structure - Entities (Companies, Trusts, SMSF, Partnerships)

Name	Purpose	ABN / TFN
.....
.....
.....
.....
.....

Please attach all trust deeds and constitutions that relate to the above entities.

Other Professional Advisers

	Company Name	Contact Details
Accountant

Solicitor

Other



Income and Expense Information

Employment Details

	Client	Client
Occupation	.....	.....
Status	<input type="checkbox"/> full <input type="checkbox"/> part <input type="checkbox"/> casual <input type="checkbox"/> retired <input type="checkbox"/> none	<input type="checkbox"/> full <input type="checkbox"/> part <input type="checkbox"/> casual <input type="checkbox"/> retired <input type="checkbox"/> none
Employer	.....	.....
Salary	\$	\$
Superannuation Guarantee	\$	\$
Salary Sacrifice	\$	\$

Other sources of income

	Client	Client
Superannuation	\$	\$
Company	\$	\$
Family Trust	\$	\$
Government pension	\$	\$
Investments	\$	\$
Rent	\$	\$

Estimated Expenses

	Amount	Frequency <i>Weekly, Monthly, Yearly</i>	Yearly Total	Amount or % tax deductible
Living Expenses (Non-discretionary)	\$	\$
Capital Expenses (Discretionary i.e. holidays, personal loans)	\$	\$



Income and Expense Information (cont.)

Do you expect any significant change in income or expenses in the next year?

Yes (details as follows) No

.....
.....

Major Future Expenses

Please detail here all potential future lump sum expenses including new vehicles, travel, renovations, gifts etc.

Purpose	Amount	Year of Expense
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

Retirement Planning / Forecast

	Client	Client
When do you plan to retire?	.....	.....
What do you estimate your annual living expenses will be in retirement?	\$	\$
Are you comfortable that your current rate of saving/contributions will provide you with the retirement lifestyle you desire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



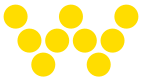
Assets and Liabilities Information

Assets

Lifestyle Assets	Owner	Value	Security for Loan	Details
Principal Residence		\$		
Holiday House		\$		
Home Contents		\$		
Vehicles / Boat / Caravan		\$		
Other (eg. Jewellery / Art)		\$		
Total		\$		

Financial Assets	Owner	Value	Details including: Account Number/s, Broker Details, Provider/s
Cash		\$	
Term Deposits		\$	
Investment Property		\$	
Shares		\$	
Managed Funds		\$	
Company		\$	
Family Trust		\$	
Superannuation		\$	
Total		\$	

Please attach a copy of all relevant policies, annual statements and CGT history of each investment and superannuation account.

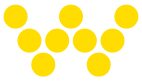


Assets and Liabilities Information (cont.)

Liabilities

Non Tax Deductible

Loan Purpose	Comp/ Lender	Interest Rate	Amount Owing	Repayments	Term	Tax Deductible?
Principal Residence			\$	\$		
Holiday Property			\$	\$		
Car Loan			\$	\$		
Credit Cards			\$	\$		
Other			\$	\$		
Investment Property			\$	\$		
Line of Credit			\$	\$		
Investment Loan			\$	\$		
Margin Lending			\$	\$		



Contingency Planning

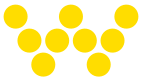
Personal Insurance

Owner	Provider	Type	Life Insured	Amount	Premium p.a.
.....	\$	\$
.....	\$	\$
.....	\$	\$
.....	\$	\$
.....	\$	\$
.....	\$	\$
.....	\$	\$

Please provide a recent statement for each policy listed above

Estate Planning

	Client	Client
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original Date	/ /	/ /
Location	.....	.....
Executor(s)	.....	.....
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type	<input type="checkbox"/> General <input type="checkbox"/> Enduring	<input type="checkbox"/> General <input type="checkbox"/> Enduring



Objectives

Personal and Financial Objectives

Your financial plan should take into consideration factors that are important to you. Please highlight both short and long term personal and financial objectives. Please rate your objectives in order of importance to you by placing a circle around the relevant number.

The numbers represent: 1: not important, 2: slightly important, 3: important, 4: very important.

Short Term Objectives

Importance

.....	1	2	3	4
.....	1	2	3	4
.....	1	2	3	4
.....	1	2	3	4
.....	1	2	3	4

Medium Term Objectives

Importance

.....	1	2	3	4
.....	1	2	3	4
.....	1	2	3	4
.....	1	2	3	4
.....	1	2	3	4

Long Term Objectives

Importance

.....	1	2	3	4
.....	1	2	3	4
.....	1	2	3	4
.....	1	2	3	4
.....	1	2	3	4

CONTACTING US

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