



# Wealth Protection Questionnaire

**Plan to create wealth**

*lifestyle freedom confidence*

**PRIVATE AND CONFIDENTIAL**

Client 1:

.....

Client 2:

.....



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## Important Notice

In order for us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The information requested in this Client Profile & Lifestyle Questionnaire is one of the tools we use to establish a basis for the advice we will provide. It is therefore important for you to complete this document as accurately and fully as possible.

All the information you provide will only be used by us and is strictly confidential. Our Privacy Statement is included.

**Please return this questionnaire to our office prior to your appointment along with any other relevant information. A reply paid envelope has been included for your convenience.**

If you experience any difficulties in completing this please don't hesitate to contact us on 9633-5255.

The following questions will help us to understand what's important to you and in particular your lifestyle goals and objectives. In addition your answers will provide us with a snapshot of your current financial position. It should take approximately 10 minutes to complete.

## Personal Information

### Your Details

Type	Client 1	Client 2
Title		
Surname		
Given Names		
Preferred Name		
Date of Birth	/ /	/ /
Marital Status/Relationship		
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual / Retired <input type="checkbox"/> Home maker	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual / Retired <input type="checkbox"/> Home maker
Job Description		
Qualifications		
Are you a smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major illness	<input type="checkbox"/> Yes, please provide details <input type="checkbox"/> No	<input type="checkbox"/> Yes, please provide details <input type="checkbox"/> No
	-----	-----
	-----	-----
Requirements	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> I/P	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> I/P

## Your Contact Details

Type	Client 1	Client 2
Residential Address		
Postal Address (if applicable)		
Home Phone		
Home Fax		
E-mail		
Mobile		
Business Phone		
Business Fax		
Business E-mail		
Preferred Contact	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> E-mail	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> E-mail

## Your Dependants

(eg Parents, Children)

Name	Relationship	Date of Birth	Financially Dependent?	Dependent Until Age
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Your Insurances

Life Insured	Policy Owner	Insurer	Type of Policy	Level of Cover	Wait period and term	Annual premium	Is this insurance part of your super?	Details of any loading

## A Summary of your Assets and Liabilities

The following information will provide a snapshot of your current net worth position.

Type	Owner	Amount	Comments
Assets		\$	
Principal Home		\$	
Home Contents		\$	
Non-income Producing Real Estate		\$	
Motor Vehicles		\$	
Boat/Marine Equipment		\$	
Caravan		\$	
Collectables/Art or Other Valuables		\$	
Own Business		\$	
Investments (eg Shares/Managed Funds/Cash)		\$	
Investment Property		\$	
Personal Superannuation		\$	
Company Superannuation		\$	
Other		\$	
<b>Total Assets</b>		<b>\$</b>	

Type	Owner	Interest Rate	Amount	Monthly Repayment
Liabilities			\$	
Home Loan			\$	
Motor Vehicles Loan			\$	
Personal Loan			\$	
Credit Cards			\$	
Investment Loan			\$	
Other			\$	
<b>Total Liabilities</b>			<b>\$</b>	
<b>Total Net Worth</b>			<b>\$</b>	

## Your Current Financial Position

The information on the next couple of pages will give us a snapshot of your current cash flow position.

### Your Income

Before-tax income	Client 1	Client 2
Salary/wages/earnings (1)	\$ <i>per</i>	\$ <i>per</i>
Interest/dividends	\$ <i>per</i>	\$ <i>per</i>
Other (eg Rental, Family allowance)	\$ <i>per</i>	\$ <i>per</i>
<b>Total Annual Before-tax income</b>	\$	\$
Combined Annual Total (Client 1 + Client 2)	\$	

(1) Where the client is **self-employed** ie. directly or indirectly owns part or all of a business practice – earnings means the income of the business or practice generated by the personal efforts of the client after the deduction of their appropriate share of business or practice expenses in generating that income

## Objectives for Wealth Protection

Please select the objectives below that best describe your wealth protection needs:

Type	Description
<input type="checkbox"/> Income Protection	Protection of your earnings in the event that you are unable to work for a prolonged period of time due to accident or illness.
<input type="checkbox"/> Principal Breadwinner	Income is the main source of cash flow for the family. In the event of your death or disability your household will still require income to maintain your family's standard of living and meet other expenses such as children's' costs of education and additional costs of living with a disability or chronic illness.
<input type="checkbox"/> Eliminate Debt	In the event of a serious illness or injury or your death, to be able to repay your outstanding debts and loans, e.g. your home loan.
<input type="checkbox"/> Financial Protection & Costs of Care	To protect against the financial hardship caused by, and costs involved with, a serious illness, trauma or disablement, such costs of care can be significant and ongoing, and may include medical expenses and costs associated with any necessary home modifications.
<input type="checkbox"/> Household Duties	Your partner contributes significantly to childcare and home maintenance and in the event of their death or disability the cost of hiring professionals to provide these services could be considerable.
<input type="checkbox"/> Funeral Expenses	Cover can be used to cover the costs of funeral expenses.
<input type="checkbox"/> Maintain Wealth	Protection of your assets from being depleted through illness or accident.

## Your Estate Planning Needs

### Current Details

Type	Client 1	Client 2
Do you have a valid Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, who was it prepared by?		
When was it prepared?	/ /	/ /
When was it last reviewed?	/ /	/ /
Who are the Executor(s) of your Will?		
Who are the beneficiaries of your estate?	1.	1.
	2.	2.
	3.	3.
	4.	4.
Who do you wish to pass your Superannuation benefits to? Includes any insurance you have within Super). <i>Please note that superannuation benefits do not generally form part of your estate.</i>	1.	1.
	2.	2.
	3.	3.
	4.	4.
Have you married, separated divorced or had children since it was last signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the following Estate Planning issues applicable to either you or your partner?	<input type="checkbox"/> Likely to receive an inheritance <input type="checkbox"/> Currently in a de facto relationship <input type="checkbox"/> Have children from different relationships <input type="checkbox"/> Desire to omit a spouse, child or financial dependent from will <input type="checkbox"/> Potential beneficiaries in a vulnerable situation, ie financial trouble, spendthrifts, handicapped or have marital problems	
Have you appointed someone to look after your financial affairs (via Power of Attorney) if you become incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please state type. eg Enduring Power of Attorney		
Have you appointed someone to make medical decisions or lifestyle decisions for you if you become incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Important Information

### Financial Services Guide (FSG)

I/We acknowledge that we have received a copy of the Strategic Wealth Solutions Pty Limited Financial Services Guide dated 2 February 2006.

### Client Signatures

Client 1 Name

Client 2 Name

Client 1 Signature

Client 2 Signature

Date: \_\_\_ / \_\_\_ / \_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

## PRIVACY STATEMENT

Your privacy is important to Strategic Wealth Solutions Pty Ltd and your financial planner. Our policy is to abide by the Strategic Wealth Solutions Pty Ltd Privacy Policy Statement which incorporates the National Privacy Principles contained in the Commonwealth Privacy Act. This policy requires that your financial planner respects the confidentiality of information and privacy of individuals.

The Strategic Wealth Solutions Pty Ltd Privacy Policy Statement is based upon upfront communication and we are committed to being open as to how we use your personal information we need to gather as part of the financial planning process. When your financial planner gathers information from you on behalf of Strategic Wealth Solutions Pty Ltd, he or she will generally state the purpose for which it will be used and to whom it may be disclosed.

### ***Your rights***

We use your personal information if you become a client of Strategic Wealth Solutions to:

- Assist you with your financial planning needs
- Administer and manage your investments, and
- Facilitate our internal business operations, including fulfilment of any legal requirements and confidential systems maintenance and testing

### ***Our right to disclose your personal information if you become a client of Strategic Wealth Solutions.***

We may disclose your personal information if it is necessary to do so in the following circumstances:

- to our external service providers who provide services for the purposes only of our business, on a confidential basis, for example to investment advisers
- except in respect of health information, to any persons acting on your behalf, including your solicitor, accountant, unless you tell us not to
- in connection with a proposed sale or acquisition of an interest in a business
- to any complaints body to whom a complaint relating to this product or service is referred, and
- if you request us to do so or if you consent (for example for a direct debit) or where the law requires or permits us to do so.