

Snapshot questionnaire



Personal details

	Client 1	Client 2
Title		
Given Names		
Surname		
Preferred Name		
Date of birth		
Health Status		
Smoker status		
Relationship Status		
Children & other financial dependants (include names and ages)		
Employment Status		
Occupation		
Home Address		
Postal Address		
Home Phone		
Work Phone		
Mobile		
E-mail		
Preferred Contact		

Your needs and objectives

	Details
Short term (0 – 12 months)	
Medium term (1 to 5 years)	
Long term (5+ years)	
Retirement <ul style="list-style-type: none"> • When do you plan to retire? • What income will you need (in today's \$): <ul style="list-style-type: none"> * In the early years of retirement? * In the later years of retirement? 	
Do you want to leave any money to your children or charity?	
Main reasons for seeking advice	

Financial planning questionnaire

Assets and liabilities

Please provide details including estimated value and ownership (eg. you, your partner, jointly owned, SMSF etc).

Personal assets	Owner	Current Value
Home		\$
Contents		\$
Car(s)		\$
Holiday home		\$
Other (boat, caravan etc)		\$

Superannuation/Pension assets	Owner	Current Value
Fund:		\$
Fund:		\$
Fund:		\$
Fund:		\$

Investment assets	Owner	Current Value
Shares		\$
Managed funds		\$
Investment properties		\$
Term deposits		\$
Bank accounts (cash)		\$
Business assets		\$
Other:		\$
Other:		\$

Liabilities (debt)	Owner	Current Value
Home loan		\$
Personal loan		\$
Credit card		\$
Business loan		\$
Investment loan		\$
Other:		\$
Other:		\$

Additional information
Annual super contributions (eg. employer, salary sacrifice, after tax)
Liabilities (eg. interest rates, loan repayments)

Financial planning questionnaire

Income and Expenditure

Please provide details of your income and expenditure.

Income	Client 1	Client 2
Salary/Wage (gross)	\$	\$
Business Income	\$	\$
Rental Income	\$	\$
Dividends	\$	\$
Interest	\$	\$
Pension/Annuity Income	\$	\$
Other Investment Income: • Details:	\$	\$
Centrelink/DVA: • Payment type:	\$	\$
Other:	\$	\$
Other:	\$	\$
Total Income (per annum)	\$	\$
Expenses	Client 1	Client 2
Total Expenses (per annum) *	\$	\$

* Use the optional mini budget below if required.

Budget (optional)

Expense (pa)	Client 1	Client 2
Household expenses	\$	\$
School fees	\$	\$
Loan repayments - Home	\$	\$
- Personal	\$	\$
- Other	\$	\$
Credit card repayments	\$	\$
General Insurance premiums	\$	\$
Personal Insurance premiums	\$	\$
Other:	\$	\$
Other:	\$	\$
Total Expenses (per annum)	\$	\$

Any anticipated changes to your Assets, Liabilities, Income or Expenses over the next 3 – 5 years.

Assets:

Liabilities:

Income:

Expenses:

Financial planning questionnaire

Personal Insurances

Please provide details of any personal insurance, including cover in your super fund(s).

Type of cover	Client 1	Client 2
Death	\$	\$
Total & Permanent Disablement	\$	\$
Trauma	\$	\$
Income Protection	\$per month after a day waiting period payable up to age	\$per month after a day waiting period payable up to age
Business Expenses	\$per month after a day waiting period	\$per month after a day waiting period

Topics for discussion

The main topics you would like to discuss.

Other information

Any additional information that will help us understand your circumstances.

CLIENT 1: Name _____ Signed _____ Date _____

CLIENT 2: Name _____ Signed _____ Date _____