



ALL ABOUT YOU QUESTIONNAIRE

To enable me to provide you with financial advice, it is important that I understand your goals, objectives and financial situation. This document is designed to record this information.

The 'All About You Questionnaire' consists of five parts:

- PART 1: **Your profile**
- PART 2: **Your detailed information**
- PART 3: **Your risk profile**
- PART 4: **Adviser needs assessment**
- PART 5: **Client acknowledgement**

Client name:

Financial adviser:



PART 1

YOUR PROFILE

INSTRUCTIONS

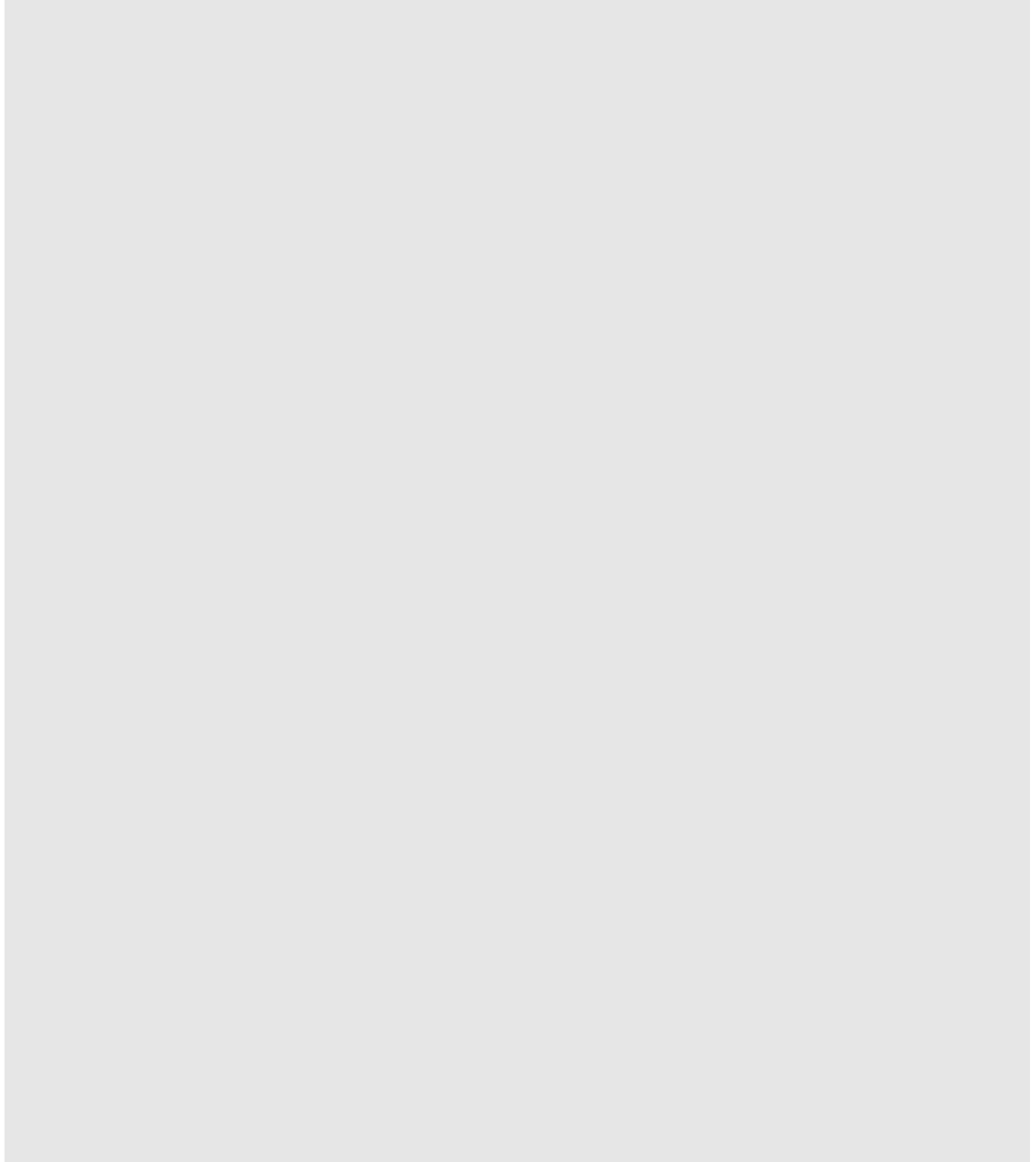
So that our upcoming meeting is both productive and valuable for you, please complete the following questionnaire. The aim of the questionnaire is to prompt you to think about the goals and objectives you would like to achieve and the guidance that you are seeking. Your answers will also provide me with a basis to have a more meaningful discussion with you at our meeting

PART 1: YOUR PROFILE

1. Why are you seeking advice?

What are your reasons for seeking financial advice? What are you looking to achieve?

Please use the section below to detail why you have come to see us, and how you would like us to help you. You should also think about your goals. What are they? What is your timeframe? Your goals may include paying off your mortgage, saving for your children's education, retiring early, buying a new home or even overseas travel.



PART 1: YOUR PROFILE

2. Your information

Personal details

	Client	Partner
Title		
First name(s)		
Surname		
Date of birth		
Gender		
Relationship status		

Contact information

Residential address	Street no / name		
	Suburb		
	State	Postcode	Preferred <input type="checkbox"/>
Postal address			
	Suburb		
	State	Postcode	Preferred <input type="checkbox"/>
Home phone		Preferred <input type="checkbox"/>	Preferred <input type="checkbox"/>
Mobile phone		Preferred <input type="checkbox"/>	Preferred <input type="checkbox"/>
Work phone		Preferred <input type="checkbox"/>	Preferred <input type="checkbox"/>
Email			

Health

	Client	Partner
How would you describe your health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Average <input type="checkbox"/> Poor
Please detail any health issues that could affect your goals and objectives?		

PART 1: YOUR PROFILE

Employment

(More detail: Part 2 - Section 1.2 of questionnaire)

Employer 1	Client	Partner
Employment status	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Not working / retired	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Not working / retired
Employment type	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employed <input type="checkbox"/> Other	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employed <input type="checkbox"/> Other
What is your job title?		

Employer 2	Client	Partner
Employment status	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Not working / retired	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Not working / retired
Employment type	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employed <input type="checkbox"/> Other	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employed <input type="checkbox"/> Other
What is your job title?		

Income details

(More detail: Part 2 - Section 2.1 of questionnaire)

	Client	Partner	Joint
Gross salary	\$	\$	\$
Rental	\$	\$	\$
Investment: interest	\$	\$	\$
Investment: dividends	\$	\$	\$
Centrelink / DVA	\$	\$	\$
Super / Pension	\$	\$	\$

Savings capacity

(More detail: Part 2 - Section 2.1 and 2.2 of questionnaire)

	Client	Partner	Joint
How much do you save? (p/w, p/m, p/a)	\$ <input type="checkbox"/> p/w <input type="checkbox"/> p/m <input type="checkbox"/> p/a	\$ <input type="checkbox"/> p/w <input type="checkbox"/> p/m <input type="checkbox"/> p/a	\$ <input type="checkbox"/> p/w <input type="checkbox"/> p/m <input type="checkbox"/> p/a

PART 1: YOUR PROFILE

Asset details

(More detail: Part 2 - Section 2.4 of questionnaire)

Lifestyle assets	Client	Partner	Joint
Family home	\$	\$	\$
Contents	\$	\$	\$
Motor vehicles	\$	\$	\$

Note: If you have any other significant lifestyle assets, please include the details in the notes section at the end of this document.

Investment assets	Client	Partner	Joint
Cash	\$	\$	\$
Term deposits	\$	\$	\$
Managed funds	\$	\$	\$
Shares	\$	\$	\$
Investment properties	\$	\$	\$

Note: If you have listed any investment assets above (or have any other investment assets), please bring the relevant statements to our meeting.

Liability details

(More detail: Part 2 - Section 2.5 of questionnaire)

	Client	Partner	Joint
Home mortgage	\$	\$	\$
Margin loans	\$	\$	\$
Investment loans	\$	\$	\$
Personal loans	\$	\$	\$
Credit cards	\$	\$	\$

Note: If you have listed any liabilities above (or have any other liabilities), please bring the relevant statements to our meeting.

PART 1: YOUR PROFILE

Insurance

(More detail: Part 2 - Section 4 of questionnaire)

Client

Current insurances	Life insured	Annual premium	Benefit amount
Life		\$	\$
Total & Permanent Disability		\$	\$
Trauma		\$	\$
Income protection		\$	\$

Partner

Current insurances	Life insured	Annual premium	Benefit amount
Life		\$	\$
Total & Permanent Disability		\$	\$
Trauma		\$	\$
Income protection		\$	\$

Note: If you have listed any insurance policies above, please bring the relevant statements and/or policy details to our meeting.

Superannuation and retirement planning

(More detail: Part 2 – Section 3 of questionnaire)

	Client	Partner
What is the approximate balance of your super or retirement savings?	\$	\$
Expected retirement age		
Desired retirement income (pa)	\$	\$

Note: If you have listed any superannuation accounts above please bring the relevant statements to our meeting.

Estate planning

(More detail: Part 2, Section 1.4 of questionnaire)

	Client				Partner			
Do you have a Will in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year last reviewed	----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year last reviewed	----
Do you have Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	Year last reviewed	----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	<input type="checkbox"/> No					<input type="checkbox"/> No		

Note: If you listed any estate planning information above, please bring details to our meeting.

PART 1: YOUR PROFILE

Notes

Please provide any additional information that you think may be relevant for our meeting.

