

Preliminary Confidential Information

Personal details	Client 1	Client 2
Title		
Given names		
Surname		
Preferred name		
Marital status		
Date of birth		
Planned retirement age		
Australian resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		
Phone	(W)	(W)
	(H)	(H)
	(M)	(M)
Fax		
Email		
Preferred method of communication	<input type="checkbox"/> Phone(W) <input type="checkbox"/> Phone(H) <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Post	
Home address		
	Suburb	Suburb
	State Postcode	State Postcode
Postal address (if different from home address)		
	Suburb	Suburb
	State Postcode	State Postcode

Children and other dependents	Date of birth	Male/Female	Dependent to what age?

Your sources of income	Client 1	Client 2
Gross employment income/operating profit		
Bonuses (estimate)		
Investment income		
Superannuation/Pension income		
Other		

Your anticipated expenses – Estimate of your annual cost of living is \$ _____

Your assets	Client 1	Client 2
Family home		
Motor vehicles		
Recreational property		
Superannuation/Pensions		
Shares		
Managed funds		
Investment property		
Available cash		
Other		
Other		

Your liabilities	Client 1	Client 2
Family home		
Business related		
Investment related		
Other _____		

Your existing personal insurance	Client 1	Approximate current cover	Client 2	Approximate current cover
Death and TPD	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income protection	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Your structures and entities – What structures do you currently have?

- Self-Managed Super Fund Company/Business
 Discretionary Family Trust Other _____

Financial planning objectives –

What are you looking to achieve (e.g. retirement planning, income objective, capital expenditure, other)?

Notes – Any significant issues impacting on your future direction?
