

About You Questionnaire

Please complete and return to us prior to our first meeting

Personal details		
	Client 1 (you)	Client 2 (your spouse/partner)
Full name		
Date of birth		
Home address		
Email		
Home phone		
Work phone		
Mobile phone		
Marital Status		

Overview of your financial lifestyle goals	
What are your major lifestyle and financial goals?	Short term goals (less than 2 years)
	Medium term goals (2-5 years)
	Long term goals (more than 5 years)

Please indicate (tick box) areas of advice that you would like to discuss		
Income	<input type="checkbox"/>	Strategies to reduce tax & improve cash flow
Investment	<input type="checkbox"/>	Explore different options for wealth creation
Debt	<input type="checkbox"/>	Structure existing debt and potential use of debt for wealth creation
Risk	<input type="checkbox"/>	Strategies to identify & mitigate financial risks through life insurance
Retirement	<input type="checkbox"/>	Strategies to identify & achieve your retirement needs
Estate Planning	<input type="checkbox"/>	Strategies for asset protection and tax effective transfer of assets

What key issues would you like to discuss with the adviser?	Please elaborate:
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Expected Changes				
In the next five years, are you expecting any major financial changes to occur:		Client 1	Client 2	Please explain:
	Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Liabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Income	Client 1 (you)	Client 2 (your spouse/partner)
Base Salary		
Super-Employer (SGC)		
Super Personal – Salary Sacrifice		
Packaged Items - Motor vehicle, etc		
Bonus/Commission		
Other – rent/dividends		
Occupation and industry		
Employer Name		
What do you currently spend per month?		
What do you currently save per month?		

Dependants	1	2	3	4
Name				
Date of Birth				
Sex				
Current Year at School or Year they will start				
Expected education expenses per annum				
Primary School	\$	\$	\$	\$
High School	\$	\$	\$	\$
University	\$	\$	\$	\$

Health	Client 1 (you)	Client 2 (your spouse/partner)
Your Current Health Status	poor/fair/good/excellent	poor/fair/good/excellent
Private Health Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No Fund name:	<input type="checkbox"/> Yes <input type="checkbox"/> No Fund name:
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, when did you give up?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, when did you give up?

Super and Non Super Assets					
Please list your current super and non super assets.	Assets	Value	Income Revenues	Debt	Owner (Client 1, Client 2, joint)
	Family Home	\$	\$	\$	
	Investment Property 1	\$	\$	\$	
	Investment Property 2	\$	\$	\$	
	Bank Accounts/ Cash Trusts	\$	\$	\$	
	Directly held Shares	\$	\$	\$	
	Managed Funds	\$	\$	\$	
	Superannuation	\$	\$	\$	
	Superannuation	\$	\$	\$	
	Other Financial Assets	\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Liabilities					
Please list your current liabilities.		Loan Amount	Monthly Payments	Interest Rates	Bank Name
	Home Loan	\$	\$	%	
	Investment Loan	\$	\$	%	
	Personal Loan	\$	\$	%	
	Credit Card	\$	\$	%	
	Other Loan	\$	\$	%	

Life Insurances				
	Policy 1	Policy 2	Policy 3	Policy 4
Owner (Client 1, Client 2, joint)				
Type (e.g. life, trauma, income protection, TPD)				
Level of cover	\$	\$	\$	\$
Premium frequency (yearly, monthly)				
Premium amount	\$	\$	\$	\$

Estate Planning	Client 1 (you)	Client 2 (your spouse/partner)
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year last reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No Year last reviewed:
Enduring Power of Attorney - financial decisions after loss of capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enduring Guardian - medical and lifestyle decisions after loss of capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any other entities you own – full name of entity

Client Declaration:

- I consent to the collection, use and exchange of the personal and financial information (including relevant sensitive information, such as health and lifestyle information) which I have provided to my adviser in accordance with the Commonwealth Bank Group's Privacy Policy. Yes No

Signature (Client 1) _____ Date _____

Signature (Client 2) _____ Date _____