

# Questionnaire

## getting to know

### Personal Details

Personal Consultation Date: \_\_\_\_\_ Time: \_\_\_\_\_

MR  MRS  MS  MISS (Client 1)  MR  MRS  MS  MISS (Client 2)

Surname		
Given Names		
Date of Birth		
Occupation		
Address		
Phone Number		
Email		
Employed / Self Employed / Retired		
Employer or Business name		
Describe your health	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a family history of longevity?		
Preferred Retirement Age?		
Are your Wills current and up to date?		
Do you have a Power of Attorney?		
Where did you hear about Segue Financial Services?		

### Children Details

Name	Date of Birth	Occupation / Year at School	School Fees p.a.	Financially dependant
				<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

# Income & Expenses

## Your Current Salary

Client Name	Gross per week / fortnight / month	Salary Sacrifice per week / fortnight / month	Do you salary package any expenses (i.e. motor vehicle?)	Do you receive 9% Super Guarantee?
	\$	\$		
	\$	\$		

## Superannuation Pensions (If applicable)

Client Name	Type of Pension	Gross per week / fortnight / month	Tax per week / fortnight / month
		\$	\$
		\$	\$

## Social Security / DVA Pensions and Allowances (If applicable)

Client Name	Type of Pension / Allowance	Gross per fortnight	Tax per fortnight
		\$	\$
		\$	\$

## Other Income (Please specify)

Client Name	Type of Income	Gross per week / fortnight / month	Tax per week / fortnight / month
		\$	\$
		\$	\$
		\$	\$
		\$	\$

## Estimate Of Current Expenses

Type of Expense	Amount Per Annum
Living Expenses (Food, Clothing, Medical, Utilities, Home Maintenance, Home Insurance etc.)	\$
Entertainment Expenses (Holidays, Dining Out, Birthdays, Sport, Memberships, Magazines etc.)	\$
Education Expenses (School Fees, Stationary, Uniforms etc.)	\$
Home Mortgage / Rental Expense	\$
Motor Vehicle Expenses (Loan, Registration, Insurance, Running Costs, Service etc.)	\$
Personal Insurance Expenses (Medical, Life & TPD, Income Protection, Trauma)	\$
Investment Expenses (Loan Payments, Capital Expenses, Fees, Investment Property Insurance etc.)	\$
Miscellaneous Expenses (i.e. those not covered above)	\$
<b>TOTAL YEARLY EXPENSES</b>	<b>\$</b>

# Assets & Liabilities

## Bank Accounts / CMT / Term Deposits / Bonds / Debentures

Client Name (Owner)	Bank / Institution	Date Invested	Current Value	Maturity Date	Interest Rate %
			\$		%
			\$		%
			\$		%
			\$		%

## Superannuation & Rollover Funds

Client Name (Owner)	Fund Name / Provider	Current Value	Is the Fund Paying you a Pension?
		\$	
		\$	
		\$	
		\$	

## Shares & / or Managed Funds (Non superannuation)

Type of Investment	Client Name (Owner)	Current Value	Gross Income p.a.	Estimate of Unrealised Gains / Losses
Share Portfolio		\$	\$	\$
Share Portfolio		\$	\$	\$
Combined Managed Funds		\$	\$	\$
Combined Managed Funds		\$	\$	\$

## Property

Type of Investment	Suburb / State	Client Name (Owner)	Current Value	Cost Price	Gross Income p.a.
Home (Primary Residence)			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

## Mortgages, Loans and Finance

Type of Loan	Client Name (Debtor)	Outstanding Balance	Interest Rate p.a.	Regular Payments (pw / pf / pm)	P & I or Interest Only Payments?	Security Backing Loan
		\$	%	\$		
		\$	%	\$		
		\$	%	\$		
		\$	%	\$		

Do any loans have an attaching offset or redraw facility with a current balance? If so, please detail below:

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## Insurance

### Death & TPD Insurance

Life Insured	Life Office	Death Sum Insured	TPD Sum Insured	Current Premium Payable	Cover Held in Superannuation?
		\$	\$	\$	<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

### Income Protection Insurance

Life Insured	Life Office	Sum Insured (per month)	Current Premium Payable	Waiting Period	Benefit Period (i.e. 2 years, to age 65)	Cover Held in Superannuation?
		\$	\$			<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

### Trauma Insurance

Life Insured	Life Office	Trauma Sum Insured	Current Premium Payable	Cover Held in Superannuation?
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Risk Tolerance

## Risk/Return Profile

Which of the following statements best describes your attitude to investment risk and return (select one):

- Definitely no risk regardless of return
- Maybe a small risk for a slight potential increase in return
- A reasonable risk for a potentially increased return
- Happy to take a higher risk for a potentially higher return

**Low Risk / Low Return**    1         2         3         4         5     **High Risk / Higher Return**

Select where you place yourself

## In Thinking About Your Portfolio, How Important Is...

Protecting your income in the event of Sickness or Injury	<input type="checkbox"/> Low Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> High Priority
Protecting the family and assets in the event of death or permanent disability	<input type="checkbox"/> Low Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> High Priority
Planning for Retirement	<input type="checkbox"/> Low Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> High Priority
Investing for Children's education	<input type="checkbox"/> Low Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> High Priority
Investing for medium term goals (such as early mortgage repayment, renovations, new car)	<input type="checkbox"/> Low Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> High Priority
Investing for short term goals (such as deposit for home, overseas holiday)	<input type="checkbox"/> Low Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> High Priority
Avoiding negative returns over the shorter term (6 to 12 months)	<input type="checkbox"/> Low Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> High Priority
Focusing on achieving positive returns over the medium – long term rather than short term volatility	<input type="checkbox"/> Low Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> High Priority
Ready access to capital	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%
Leaving money to your Estate	<input type="checkbox"/> Low Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> High Priority

# Needs, Objectives and Issues You Want to Address

How much net income do you need to meet your lifestyle expenses?

*Comment*

Do you have any significant expenses on the horizon which need to be planned for?

*Comment*

Describe your attitude to passing on wealth to your dependents (i.e. would you prefer to enjoy your wealth, or save up and pass on as much as possible to your children, or a bit of both)?

*Comment*

Do you have any particular plans for the future that will impact upon our planning?

*Comment*

Have you had any bad experiences with professionals in the past (i.e. advisers, accountants, lawyers etc.)?

*Comment*

## How Do You Think Segue Can Help You?

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**If in the course of seeking Segue Financial Services advice or service I/we provide my/our tax file number I/we authorise Segue Financial Services to hold it on file for the purpose of meeting my/our needs. I/we understand that confidentiality will be protected.**

*Acknowledgement/Declaration: The information provided in this Confidential Questionnaire is complete and accurate to the best of my/our knowledge. I/we understand that any report and investment recommendations will be based on the information contained in this document.*

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Name (please print):**

\_\_\_\_\_

**Adviser:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_