

Date

**Client**

Title  Mr / Mrs / Ms / Miss / Dr / Other

Name

Address

Suburb  State  Postcode



Home (  ) Mobile

Date of Birth  /  /  Marital Status  Place of Birth

Smoker?  Yes/No

Employer Company Name

Job Title

Telephone (  ) E-mail

**Partner**

Title  Mr / Mrs / Ms / Miss / Dr / Other

Name

Address

Suburb  State  Postcode



Home (  ) Mobile

Date of Birth  /  /  Marital Status  Place of Birth

Smoker?  Yes/No

Employer Company Name

Job Title

Telephone (  ) E-mail

**Dependents (Children)**

Name	Date of Birth	Financially Dependent	Dependent Until Age
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> Yes/ No	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> Yes/ No	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> Yes/ No	<input type="text"/>



Note: Complete at your discretion - refer to lifestyle question three.

Expenses	Monthly	OR	Anually	Expenses	Monthly	OR	Annually
Food	\$		\$	Health Insurance	\$		\$
Telephone	\$		\$	Property and Contents Insurance	\$		\$
Electricity	\$		\$	Life Insurance	\$		\$
Gas	\$		\$	Income protection insurance	\$		\$
Clothing	\$		\$	Motor vehicle insurance	\$		\$
Chemist and toiletries	\$		\$	Motor vehicle registration	\$		\$
Household maintenance	\$		\$	Council rates	\$		\$
Household cleaning	\$		\$	Water rates	\$		\$
Gardening costs	\$		\$	Professional subscriptions	\$		\$
Petrol and oil	\$		\$	Alcohol and Tobacco	\$		\$
Motor vehicle maintenance	\$		\$	Entertainment	\$		\$
Commuting and travel costs	\$		\$	Newspapers and Magazines	\$		\$
Laundry and dry cleaning	\$		\$	Charities and Gifts	\$		\$
Education expenses	\$		\$	Social Club Subscriptions	\$		\$
Mortgage repayments or rent	\$		\$	Short trips - holidays	\$		\$
Other loan repayments	\$		\$	Other	\$		\$
Leasing or Hire Purchase Costs	\$		\$		\$		\$
<b>Total</b>	\$		\$		\$		\$
<b>Total Annual Expenses</b>	\$						



1. Do you have any specific lifestyle or financial goals? If so, when & how much will they cost?

- Education costs
- Car replacements
- Travel
- Weddings
- Renovations etc.

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2. Do you intend to re-locate in the foreseeable future?

- If yes, what year?
- What is the anticipated cost of your new home?

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3. What are your current lifestyle costs per year (after tax)?

- Completing the budget on page 2 will help you to
- Alternatively nominate an annual requirement after tax

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4. Do you expect to inherit any money or property?

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5. If not retired, at what age do you plan to retire?

*If retired please indicate here.*

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6. In retirement, how much income will you need? (use today's dollars, after tax)

- To maintain your current standard of living, two-thirds pre-retirement net of tax income is a widely-accepted formula.

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7. Will you want to give your children any financial assistance before and during retirement?

- If so, when and how much (use today's dollars)?

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**RISK PROFILE**

How important are the following? (please circle to indicate your level of concern).

- 1. Not concerned
- 2. Slightly concerned
- 3. Very concerned

	Self			Partner		
Security of capital	1	2	3	1	2	3
Portfolio capital is to keep pace with inflation	1	2	3	1	2	3
Portfolio capital is easy to manage	1	2	3	1	2	3
Portfolio capital is readily accessible	1	2	3	1	2	3
Portfolio to generate income	1	2	3	1	2	3
Portfolio to be Social Security effective	1	2	3	1	2	3
Portfolio to be Tax effective	1	2	3	1	2	3

Are you prepared to accept a more volatile mix of investments to achieve your lifestyle objectives?

Yes/No	Yes/No
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Client's Name:	<input type="text"/>	Client's signature:	<input type="text"/>
Client's Name:	<input type="text"/>	Client's signature:	<input type="text"/>
Adviser's Name:	<input type="text"/>	Adviser's Signature:	<input type="text"/>
Date:	<input type="text"/>	Referred by:	<input type="text"/>

Have you received our financial services guide?	Yes/No
Do you give us permission to obtain and retain your tax file number?	Yes/No

Advisers Notes:


**Authority to Access Information**

Please accept this letter as my/our authority to provide any information requested and documentation if required to  (or their representative)

Please accept a photocopy or fax of this letter, as the original will remain on file at the offices  
**AssetPlan Financial Services Pty Ltd**

Correspondence should be sent to

Street Number	LEVEL 7 / 488	Street name	BOURKE STREET		
Suburb	MELBOURNE	State	VIC	Postcode	3000

This authority remains in force until withdrawn in writing by me/us.

Client name 1

Signature	<input type="text"/>	Date	<input type="text"/>
x			

Date of birth

Address					
Street Number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

Client name 2

Signature	<input type="text"/>	Date	<input type="text"/>
x			

Date of birth

Address					
Street Number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>