



*seafinancialgroup*

SUSTAINABLE | ETHICAL | ASPIRATIONAL ADVICE

# Pre-Interview client information questionnaire

Client Name

Date



# Your perspective

## Giving thought to what you want

What is important to you about your lifestyle, at this time and for the future?

(eg Ensuring credit card debt is cleared, having a holiday, children's education, maintain activities such as club memberships)


What is the reason for seeking our services and what would you like to achieve at our first meeting?

(eg Paying additional money into our mortgage – is this the best thing to do?, concerned about private school fees, whether we need additional part-time income to support our lifestyle etc)


What decision or event, if any, that impacts on your lifestyle is confronting you at the moment and how do you feel about it?

(eg Just changed jobs and able to salary sacrifice but not sure what to do, have received an inheritance and would like to use it in a tax effective way etc)


Are there any health issues, of which you are aware, that you believe may impact on your planning?


# Your objectives

## Directing your efforts

How much money do you require, on a regular basis, to meet your current cost of living?

The best way to determine this is via a budget. How much do you save each pay period?


If planning your retirement, how much money (in today's \$'s) do you desire in retirement and at what age do you realistically plan to retire?

As a guide, studies suggest that most retirees require 50-80% of their pre-retirement income to maintain their lifestyle.


What significant expenditures are you planning now and into the future? (in today's \$'s)

Item	Amount \$	When?	How often afterwards
eg update car	\$15,000	Next 6 months	every 3 years

How much money do you require to be available at short notice for unforeseen expenses?

(eg \$10,000 to meet major car breakdown, medical bills etc or to provide peace of mind.)


How do you feel about leaving an estate to family members or other causes you support?


Do you have any other objectives that you think are relevant, at this stage?

(eg ethical investments, tax, family relationships, social security enhancement etc)


# Your personal details

## Personal details

	Client 1	Client 2
Title		
First Names		
Surname		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth		
Marital Status		

## Contact details

	Client 1	Client 2
Address		
Telephone (home)		
Telephone (work)		
Mobile		
Fax		
Email		
Preferred Contact Method and Time		

## Dependants

Name	Date of Birth	Relationship	Financially Dependant	Number of Years to Support
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Your existing resources

## Building your foundations

What do you own?

Asset Description	Client 1		Client 2	
	Units/shares	Value	Units/shares	Value
Family home		\$		\$
Contents		\$		\$
Car(s)		\$		\$
Bank accounts/cash trusts/term deposits		\$		\$
Shares		\$		\$
Superannuation		\$		\$
Other:		\$		\$
Other:		\$		\$
Other:		\$		\$
Other:		\$		\$
Other:		\$		\$
Other:		\$		\$
Other:		\$		\$
Other:		\$		\$

\* (use approximate figures)

What do you owe?

Description	Client 1			Client 2		
	Amount	Interest rate	Repayments (f/n or mthly)	Amount	Interest rate	Repayments (f/n or mthly)
On home loans	\$		\$	\$		\$
On investment loans	\$		\$	\$		\$
On other loans (credit cards etc)	\$		\$	\$		\$
Other	\$		\$	\$		\$

What is your occupation and what do you earn?

Description	Client 1	Client 2
Occupation		
Salary pa	\$	\$
Business income	\$	\$
Rent	\$	\$
Other income (eg Social Security)	\$	\$
Total	\$	\$

What other money do you expect to receive, if at all, and when?

(eg redundancies, business, share or property sales, term deposit maturity, inheritance etc)


From your current income, how much money do you estimate you can save on a regular basis, if at all?

(eg refer back to your budget and estimate the amount (\$) per week and or the amount (\$) per month)


Personal insurance

Type of cover	Client 1				Client 2			
	Income protection	Life/TPD	Trauma	Health insurance	Income protection	Life/TPD	Trauma	Health insurance
Insurer								
Life insured								
Amount of cover	\$	\$	\$	\$	\$	\$	\$	\$
Monthly benefit	\$	\$	\$	\$	\$	\$	\$	\$
Waiting period								
Benefit period								
Premium pa	\$	\$	\$	\$	\$	\$	\$	\$

# Your priorities

## Your choices

What are your most important financial priorities?


The achievement of your objectives over time, will be dependent upon one or more of the following elements:

- Your starting point (how much money you have now)
- How much money you earn, through working and/or investing
- What you spend

Some sacrifices may be required and can include the following: Reduce your lifestyle now;

Reduce your lifestyle later in life; Delay your retirement (if working); Modify any planned expenditure; Increase your money's target rate of return, acknowledging this may increase risk.


# Privacy statement

Your financial planner will collect personal and possibly sensitive information from you for the purpose of identifying and reviewing your financial and lifestyle objectives to enable the delivery of financial services and advice. The information you provide and any recommendations made will be kept on file. You are entitled to request reasonable access to any information held about you. It is also important to understand that we reserve the right to appoint another financial planner from time to time. In these circumstances we will write to you advising you of the change.

In order to best meet your needs and provide you with financial services and advice, we may need to disclose your personal information to other parties. Typically these parties include fund managers, life companies, related entities and other licensees. Similarly we may bring to your attention products, services or other information, which may be relevant to your financial plan. At these times you will be given the opportunity to choose whether or not you continue to receive such information.

If you wish to examine your file, it is available upon request.

# Your acknowledgment

I/We acknowledge that, by completing and authorising this overview, its contents are correct to the best of my/our knowledge and that its role is to enable SEA Financial Group to undertake an initial assessment of my/our situation.

Client 1 signature

Name (please print)

Date

 /  / 

Client 2 signature

Name (please print)

Date

 /  / 

Authorised representative

Name (please print)

Date

 /  /