

CLIENT QUESTIONNAIRE

Please take the time to complete this document as thoroughly as possible. We use this information to develop our advice to you. If any part of the questionnaire is not relevant, please write "N/R" in the space provided. Please also feel free to attach any extra documents that you feel are relevant.

Completed forms can be sent to us via the following media:

Fax:

Email:

Post: PO Box

Alternatively, you can bring the questionnaire to your first meeting with Adviser.

Section A: Personal Details

Name (1): Bill Smith _____ DOB: ___/___/___

Name (2): _____ DOB: ___/___/___

Home Address: _____
 _____ P/C: _____

Work Address: _____
 _____ P/C: _____

Postal Address: _____
 _____ P/C: _____

Telephone/Fax: _____ (a/h)
 _____ (b/h)
 _____ (mob)
 _____ (fax)

Email: _____

Children: _____ DOB: ___/___/___
 _____ DOB: ___/___/___
 _____ DOB: ___/___/___
 _____ DOB: ___/___/___

Marital Status: Single/Married/Co-Habiting/Separated
 (please circle)

Section B: Your Reasons for Seeing Us

In the following sections, we ask you to give us specific information about your financial circumstances. In this section, we ask you to tell us in your own words what you would like us to help you with. Please let us know of any and all other information that is relevant to your financial situation. Please feel free to attach other documents to this questionnaire.

General Information

Short Term Goals – Please list your financial goals for the next 12 months

Medium Term Goals – Please list your financial goals for the next five years

Long Term Goals – Please list your financial goals for the period after the next five years

Section C: Assets and Liabilities

C1: Your Home

Value of your home: _____

Debt Secured Against the home: _____

Deductible (business/investment): _____

Non-Deductible (private): _____

Home is owned in whose name: _____

C2: Investment Properties

Address	Owner (ie whose name is the property held in)	Cost	Date of Acquisition	Current Value	Debt	Net Value
<i>Eg 1 Smith St Blacktown</i>	<i>Husband</i>	<i>\$400,000</i>	<i>Oct 2003</i>	<i>\$650,000</i>	<i>\$150,000</i>	<i>\$500,000</i>

C3 Share or Managed Investments

Company/Fund Manager	Owner (ie whose name is the asset held in)	Cost	Date of Acquisition	Current Value	Debt	Net Value
<i>Eg AMP Managed Fund</i>	<i>Husband</i>	<i>\$100,000</i>	<i>Oct 2003</i>	<i>\$150,000</i>	<i>Nil</i>	<i>\$150,000</i>

C4: Other Assets

Cash: _____

Superannuation: Client 1 member balance: _____

(see also section D) Client 2 member balance: _____

Other Assets _____

C5: Debts:

Credit card: _____

Leases: _____

Other: _____

C6: Comments – is there anything else we should know about these assets and liabilities:

Section D: Superannuation

Please complete the following tables:

D1: Client 1

Name: _____

Fund	Annual Contribution	Current Value	Comments
<i>Eg HESTA</i>	<i>9% of salary: \$4,500</i>	<i>\$52,000</i>	<i>Invested in high growth</i>

Are you happy with your current superannuation fund/s?

D2: Client 2

Name: _____

Fund	Annual Contribution	Current Value	Comments
<i>Eg HESTA</i>	<i>9% of salary: \$4,500</i>	<i>\$52,000</i>	<i>Invested in high growth</i>

Are you happy with your current superannuation fund/s?

Section E: Life Insurances (term life, income protection, etc – please do not show general insurances such as home and contents and health cover)

Please complete the following tables:

E1: Client 1

Name: _____

Type of Insurance	Annual Premium	Amount of Cover	Insurer
<i>e.g Death Cover</i>	<i>\$1,000</i>	<i>\$1,000,000</i>	<i>AIG</i>

Are you happy with your current life insurances?

Are there any medical reasons why you might not be able to increase or change your cover?

E2: Client 2

Name: _____

Type of Insurance	Annual Premium	Amount of Cover	Insurer
<i>e.g Death Cover</i>	<i>\$1,000</i>	<i>\$1,000,000</i>	<i>AIG</i>

Are you happy with your current life insurances?

Are there any medical reasons why you might not be able to increase or change your cover?

Section F – Estate Planning and Financial Management

F1: Client 1:

Do you have a will? Y/N. Last reviewed: ___/___/___

Do you have powers of attorney? Y/N. Last reviewed: ___/___/___

Do you have a solicitor? Y/N

Name of solicitor: _____

Address: _____

Telephone: _____

Have you previously used an accountant? Y/N

Name of accountants: _____

Address: _____

Telephone: _____

F2: Client 2:

Do you have a will? Y/N. Last reviewed: ___/___/___

Do you have powers of attorney? Y/N. Last reviewed: ___/___/___

Do you have a solicitor? Y/N

Name of solicitor: _____

Address: _____

Telephone: _____

Have you previously used an accountant? Y/N

Name of accountants: _____

Address: _____

Telephone: _____

F3: Other Details

Do you expect to inherit any major amounts in the next five years?

Do any of your beneficiaries need particular protection in your will?

Section G: Income and expenses

G1. Please provide details of your current income.

Client 1	
Name:	_____
Occupation:	_____
Employer:	_____
SOURCE	GROSS \$ PA
Salary	
Business	
Trust Income	
Centrelink	
Superannuation	
Rental	
Dividends	
Other (please specify)	
TOTAL	

Client 2	
Name:	_____
Occupation:	_____
Employer:	_____
SOURCE	GROSS \$ PA
Salary	
Business	
Trust Income	
Centrelink	
Superannuation	
Rental	
Dividends	
Other (please specify)	
TOTAL	

G2. Do you expect to inherit any major amounts in the next five years?

G3. Is there any other further information about your income that may be relevant to the development of your financial plan?

G4. How reliant are you on investment income to meet your day to day living expense?

G5. How reliant will you be on investment income in the future to meet your daily living expense?

G6. What is your annual combined living expenses including interest on loans?

G7. Do you anticipate any major expenses in the next five years?

Section H: Investment Profile

H1: Please rate how comfortable you would feel investing in the following types of assets:

1 = very uncomfortable; 3 = reasonably comfortable; 5 = very comfortable

	1	2	3	4	5
Residential Property					
Commercial Property					
Direct Australian Shares					
Direct International Shares					
Managed Equity Funds					
Managed Property Funds					
Other Managed Funds					
Fixed Rate Investments					
Speculative Investments					

H2: Investment Time Frame

Time Frame	< 10%	10-20%	20-60%	60-80%	80-100%
< 1 Year					
1-5 Years					
> 5 Years					

H3: Retirement Plans

	Retired	< 5 Years	5-10 Years	10-20 Years	> 20 Years
Client 1					
Client 2					

H4. How would you describe yourself as an investor?

H5. How comfortable are you with debt?

H6. How comfortable are you in borrowing to finance investments?

H7. What is/would be the main purpose of your investments?

Section I: Client Signatures

Please complete this page before sending the questionnaire to us.

The contents of this fact finder represent a true and accurate reflection of my financial circumstances.

I understand that this information will be used for the purposes of providing financial and investment advice to me.

My information will not be used for any other purpose unless directed by me.

I confirm that I have received a Financial Services Guide from Dover Financial Advisers.

Client 1: _____ / / _____
(please sign)

Client 2: _____ / / _____
(please sign)