



LOWE
LIPPMANN
TRAKMAN
FINANCIAL SERVICES

PERSONAL & FINANCIAL QUESTIONNAIRE

for

_____ (Client 1)

_____ (Client 2)

Completed by

Completed on

Low Lippmann Trakman Financial Services Pty Ltd

Authorised Representative of Hillross Financial Services ABN 77 003 323 055 AFSL 232705

Level 7, 616 St Kilda Road

Melbourne Victoria 3004

(PO Box 130 St Kilda Victoria 3182)

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(Version 2017 08)

FINANCIAL PLANNING NEEDS

Why has the client come to see us? What are their concerns? Are there any particular concerns they want us to address?

OBJECTIVES

e.g. travel, purchasing a new motor vehicle, home, renovations, repay a mortgage or other debt, start a family, establish an education fund, change jobs, asset/beneficiary protection, etc.

Measurable and specific goals that will be addressed in the current advice	Timeframe to be achieved	Amount
		\$
		\$
		\$
		\$
		\$
		\$

Other Objectives

Income in retirement: \$

Planned retirement age - Client: Partner:

Emergency fund: \$

Other:

SCOPE OF ADVICE

Areas of Advice to be discussed	IN SCOPE You have requested advice on:	OUT OF SCOPE
<p>Superannuation / Pension</p> <ul style="list-style-type: none"> - Review of current superannuation plans - Review of current pension plans - Review of underlying investments - Review of estate planning matters - Review of contribution strategies 	<input type="checkbox"/>	<p><input type="checkbox"/> exclude from advice <input type="checkbox"/> address later _____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided</p> <p>By not receiving advice on these matters, the following potential risks may exist:</p> <p><input type="checkbox"/> Your super balance may not be invested in line with your risk profile. You may breach contribution caps if you are making super contributions or if you are not, you may not have sufficient funds at retirement.</p> <p><input type="checkbox"/> Without a review of your product, it may not be the most appropriate for your need and you may be paying higher management costs than necessary.</p> <p><input type="checkbox"/> By not reviewing your superannuation contributions and the fund's underlying investments, there is a possibility that your current savings and investment strategies may not allow you to meet the necessary balance at retirement to meet your living expenses</p> <p><input type="checkbox"/> You may find that your retirement planning and savings will not meet your goal at retirement and you may have insufficient funds to retire on and may not be able to have the same lifestyle that you are accustomed to. You may need to rely on Centrelink or work longer.</p> <p>_____</p> <p>_____</p>
<p>Retirement Planning</p> <ul style="list-style-type: none"> - Review of retirement objectives - Review of adequacy of investments - Identification of pension income shortfall - Projection of retirement incomes 	<input type="checkbox"/>	<p><input type="checkbox"/> exclude from advice <input type="checkbox"/> address later _____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided</p> <p>By not receiving advice on these matters, the following potential risks may exist:</p> <p><input type="checkbox"/> You may find that you do not have sufficient assets to meet your retirement goals. This may mean that you do not have sufficient income to meet expenses in retirement. This could mean you may need to work longer or downsize your home.</p> <p>_____</p> <p>_____</p>
<p>Insurance</p> <ul style="list-style-type: none"> - Review of current insurance policies - Review of current insurance levels - Analysis of appropriate insurance cover requirements - Identification of current protection shortfalls 	<input type="checkbox"/>	<p><input type="checkbox"/> exclude from advice <input type="checkbox"/> address later _____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided</p> <p>By not receiving advice on these matters, the following potential risks may exist:</p> <p><input type="checkbox"/> Without an analysis of your insurance needs, you may not consider the full impact that your inability to work, death, TPD or a trauma event could have for you and your family.</p> <p><input type="checkbox"/> By not holding insurance cover appropriate for you, you and your family may suffer preventable financial and emotional stress</p> <p>_____</p> <p>_____</p>

<p>Investments & Savings</p> <ul style="list-style-type: none"> - Review of investments - Review of investment structures - Identification of risk profile - Investment of surplus cashflow 	<input type="checkbox"/>	<p><input type="checkbox"/> exclude from advice <input type="checkbox"/> address later _____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided</p> <p>By not receiving advice on these matters, the following potential risks may exist:</p> <p><input type="checkbox"/> You might not be apportioning income in the most suitable way to achieving your goals.</p> <p><input type="checkbox"/> You may not be invested appropriately for your risk profile and preferred tolerance to volatility. Your assets may also be held in a non-tax effective manner that may create additional personal tax liabilities or capital gains tax consequences in the long term.</p> <hr/> <hr/>
<p>Budgeting & Cash management</p> <ul style="list-style-type: none"> - Detailed income/expense analysis - Identification - surplus cashflow - Banking arrangements - Expenditure budget - Saving strategies 	<input type="checkbox"/>	<p><input type="checkbox"/> exclude from advice <input type="checkbox"/> address later _____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided</p> <p>By not receiving advice on these matters, the following potential risks may exist:</p> <p><input type="checkbox"/> You might not be apportioning income in the most suitable way to achieving your goals.</p> <p><input type="checkbox"/> This may impact your ability to meet both planned and unforeseen expenditure in the future and may mean that your cash flow management is not optimised and you may not save as much as you could.</p> <hr/> <hr/>
<p>Debt management</p> <ul style="list-style-type: none"> - Review of current arrangements - Strategies for debt reduction 	<input type="checkbox"/>	<p><input type="checkbox"/> exclude from advice <input type="checkbox"/> address later _____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided</p> <p>By not receiving advice on these matters, the following potential risks may exist:</p> <p><input type="checkbox"/> Your liabilities may not be organised in the most cost effective manner to enable you to save interest and meet your debt repayment goals. This could mean you take longer than you desire to pay down your debts or that you pay more in interest costs.</p> <p><input type="checkbox"/> Your debt position may not be appropriate to your needs, by having excessive interest rates or complexity. By not reviewing your loans you may reduce the ability to repay your debts quickly.</p> <hr/> <hr/>
<p>Estate planning</p> <ul style="list-style-type: none"> - Review current estate planning position - Identify shortfalls in current estate planning - Analyse options to improve estate planning 	<input type="checkbox"/>	<p><input type="checkbox"/> exclude from advice <input type="checkbox"/> address later _____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided</p> <p>By not receiving advice on these matters, the following potential risks may exist:</p> <p><input type="checkbox"/> You may find that nobody will be legally able to manage your affairs if you are unable to personally attend to them or that upon your death your estate assets may not be distributed as per your wishes. It may not be distributed tax effectively. Assets could fall into the wrong hands without the appropriate consideration or structure.</p> <hr/> <hr/>
<p>Centrelink</p> <ul style="list-style-type: none"> - Review of Centrelink eligibility - Calculation of estimated Centrelink pensions 	<input type="checkbox"/>	<p><input type="checkbox"/> exclude from advice <input type="checkbox"/> N/A <input type="checkbox"/> address later _____ <input type="checkbox"/> Info not provided</p> <p>By not receiving advice on these matters, the following potential risks may exist:</p> <p><input type="checkbox"/> You may find that you are not maximising your position and receiving entitlement that you would otherwise be entitled to</p>

PERSONAL DETAILS

Identity document obtained Yes No N/A

Identity document obtained Yes No N/A

Title Prof Dr Mr Mrs Ms Miss

Title Prof Dr Mr Mrs Ms Miss

Given Names

Given Names

Preferred Name

Preferred Name

Surname

Surname

Date of birth

Place

 / /

Male Female

Date of birth

Place

 / /

Male Female

Marital Status: Married Single Divorced/Separated Widowed De Facto

Previously Married: Yes No

Previously Married: Yes No

CONTACT DETAILS

Street number and name

Suburb/Town

State

Postcode

Postal Address (if different from above)

Suburb/Town

State

Postcode

Telephone (home)

Telephone (work client 1)

Telephone (work client 2)

Mobile (client 1)

Email (client 1)

Mobile (client 2)

Email (client 2)

Preferred Communication Method (client 1)

Home Work Mobile Email

Preferred Communication Method (client 2)

Home Work Mobile Email

Comments:

DEPENDANTS (children / other)

Name

Date of birth

/ /
/ /
/ /
/ /
/ /
/ /
/ /
/ /

Sex

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

School

Financially dependent

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Years to support

EMPLOYMENT

- Not relevant to scope of advice sought by client/s
 Client/s chose not to provide any information in relation to this aspect

Client 1 Full time Part time Other

Client 2 Full time Part time Other

Current Occupation

Current Occupation

Other Profession/training

Other Profession/training

Employer's Name

Employer's Name

Comments:

Comments:

INCOME & EXPENDITURE

- Client/s chose not to provide any information in relation to this aspect

INCOME

Client 1

Gross Salary	\$	<input type="text"/>
Trust Distributions	\$	<input type="text"/>
Other Income	\$	<input type="text"/>
Other Income	\$	<input type="text"/>
Salary Sacrifice	\$	<input type="text"/>

Client 2

Gross Salary	\$	<input type="text"/>
Trust Distributions	\$	<input type="text"/>
Other Income	\$	<input type="text"/>
Other Income	\$	<input type="text"/>
Salary Sacrifice	\$	<input type="text"/>

Comments on Income

EXPENDITURE

Monthly \$

Annually \$

Comments on Expenditure / Any changes to income or expenditure expected in the next 5 years?

Surplus cashflow available for investment or saving

\$ per

ASSETS AND LIABILITIES

Assets	Information provided separately	Owner	Associated Debt	Value
LIFESTYLE ASSETS				
Principle residence	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Contents	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Vehicle	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Vehicle	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Holiday home	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Everyday bank account	<input type="checkbox"/>		n/a	\$
FINANCIAL ASSETS				
Other bank account	<input type="checkbox"/>		n/a	\$
Investment Property	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Investment Property	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
Other	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$

Superannuation	Information provided separately	Owner	Receiving Contributions	Value
	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$
	<input type="checkbox"/>		<input type="checkbox"/> Yes	\$

Contributions (\$) into the current Fund this financial year:	Client 1	Client 2
Employer (SGC) – Current year		
Employer (SGC) – Previous year		
Employer additional		
Salary Sacrifice		
Member Personal (after-tax) Last 3 years contributions – Year 1		
Member Personal (after-tax) Last 3 years contributions – Year 2		
Member Personal (after-tax) Last 3 years contributions – Year 3		
Self-employed personal deductible		

Liabilities	Information Attached	Purpose	Deductible (Yes or No)	Lender/Borrower	Repayment type (P/I or I/O)	Balance of loan	Repayments
Principle residence	<input type="checkbox"/>					\$	
Holiday home	<input type="checkbox"/>					\$	
Vehicle	<input type="checkbox"/>					\$	
Vehicle	<input type="checkbox"/>					\$	
Investment loan	<input type="checkbox"/>					\$	
Other	<input type="checkbox"/>					\$	
Other	<input type="checkbox"/>					\$	
Other	<input type="checkbox"/>					\$	
Other	<input type="checkbox"/>					\$	
Other	<input type="checkbox"/>					\$	
Other	<input type="checkbox"/>					\$	

Notes

PERSONAL INSURANCE

Client/s chose not to provide any information in relation to this aspect

Health

Excellent Good Fair Poor

Excellent Good Fair Poor

Existing or Pre-Existing Health Issues

Existing or Pre-Existing Health Issues

Smoker: Yes No

Smoker: Yes No

Former Smoker: Yes No

Former Smoker: Yes No

Last Smoked?

Last Smoked?

Private hospital cover? Yes No

Private hospital cover? Yes No

Provider?

Provider?

CURRENT INSURANCE POLICIES

Type #	Information Attached	Owner	Insured	Insurer & Policy No.	Sum Insured	Premium
	<input type="checkbox"/>				\$	\$
	<input type="checkbox"/>				\$	\$
	<input type="checkbox"/>				\$	\$
	<input type="checkbox"/>				\$	\$
	<input type="checkbox"/>				\$	\$

- Life, Trauma, TPD, Income Protection, Business Expenses

Comments on Insurances

OTHER ADVISERS

Accountant

Tel. Authority to contact

Broker/Solicitor/Other

Tel. Authority to contact

ESTATE PLANNING

Client/s chose not to provide any information in relation to this aspect

Client 1

Client 2

Current will? Yes No

Current will? Yes No

Year prepared/last reviewed _____

Year prepared/ last reviewed _____

Testamentary Trust? Yes No

Testamentary Trust? Yes No

Powers of attorney? Yes No

Powers of attorney? Yes No

Enduring Medical? Yes No

Enduring Medical? Yes No

Enduring Guardianship? Yes No

Enduring Guardianship? Yes No

Who is your attorney under power?

Who is your attorney under power?

Are there any circumstances warranting consideration of a testamentary trust?

Future inheritance?

Future inheritance?

Yes No **Amount \$** _____

Yes No **Amount \$** _____

Take account of future inheritance in plan?

Take account of future inheritance in plan?

Yes No

Yes No

Are there any pre-determined intentions regarding the distribution of your estate?

Comments on Estate Planning

OTHER ISSUES

Are there any other issues we should be aware of before providing advice?

Are there any issues or events that may affect your future lifestyle not already covered?

Would you be financially strained if one of your children suffered a serious illness or injury?

**If your grown children fall ill or die are you at risk of having to provide financial support?
Will you be able to?**

Have you made any personal guarantees in relation to other peoples (children) debt?

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General Notes

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CLIENT ACKNOWLEDGEMENT

I/We acknowledge that:

I/We have been provided with the **Client acknowledgment Terms & Conditions** document version: *3.2 August 2015* which explains some of the acknowledgments on this form in more detail and I/we acknowledge that I/we have read and understood these terms and conditions.

I/We have been informed that providing **complete and accurate information** is important, as it will be used to help form the basis of advice. If this information is not complete or accurate, the advice provided may not be appropriate. I/We confirm any information I/we provide is complete and accurate to the extent of my/our knowledge.

I/We have been provided with the **Financial Services & Credit Guide (FSCG) version:** _____ The contents have been explained to me/us, and I/we have had the opportunity to ask questions.

I/We consent to my/our **personal, sensitive and health information** being collected where required for insurance policy applications and I/we understand the information will be collected, used, stored, disclosed, secured and disposed of in line with the Hillross Privacy Policy.

I/We have been directed to the **Privacy Policy Statement** which I/we will undertake to read in my/our own time.

I/We agree to receive future **Financial Services & Credit Guide (FSCG)** versions and **product offer documents** electronically by digital means, hyperlink or by being shown where they can be accessed on the internet.

I/We would like to use electronic means to provide instructions, agreement and acknowledgements on documents from time to time. Emails sent from the email addresses below can be taken as my/our instructions.

Email 1: _____ Email 2: _____

I/We am/are happy for my/our financial planner and Hillross Financial Services (Hillross) to **collect and handle my/our Tax File Number(s)** (TFN) when acting on my/our behalf in relation to my/our investments and insurances.

I/We agree that my/our information can be **disclosed to any third party supplier** that I/we have agreed to use for the purposes of them providing me/us, or offering me/us, their services, unless my/our consent is withdrawn in writing.

I agree to my **personal, investment and/or insurance information** being released to my spouse or partner unless I withdraw my consent in writing.

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Client Signature

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Client Signature

	Date:
--	--------------

Client name

	Date:
--	--------------

Client name

Tax File Number:

Tax File Number:

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AUTHORITY TO ACCESS INFORMATION

TO WHOM IT MAY CONCERN:-

I/We
of (address)
.....
.....

Request that all relevant information and/or documentation on our/my investments, insurances, superannuation, bank accounts and other financial information be released to:

.....
.....

and any associates of Lowe Lippmann Trakman Financial Services Pty Limited on request. Lowe Lippmann Trakman Financial Services Pty Limited ABN 50 102 605 023, Authorised Representative of Hillross Financial Services ABN 77 003 323 055, AFS Licence Number: 232705.

Please also accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file at Lowe Lippmann Trakman Financial Services Pty Limited.

If any correspondence is requested, this is to be sent to the following postal address, fax number or email address:-

Postal address: Lowe Lippmann Trakman Financial Services Pty Limited
 PO Box 130
 St Kilda Vic 3182

Fax number: (03) 9537 2788

Email address: info@lltfs.com.au

Yours faithfully,

Client Signature

 Date:

Client name

Date of Birth

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AUTHORITY TO ACCESS INFORMATION

TO WHOM IT MAY CONCERN:-

I/We
of (address)
.....
.....

Request that all relevant information and/or documentation on our/my investments, insurances, superannuation, bank accounts and other financial information be released to:

.....
.....

and any associates of Lowe Lippmann Trakman Financial Services Pty Limited on request. Lowe Lippmann Trakman Financial Services Pty Limited ABN 50 102 605 023, Authorised Representative of Hillross Financial Services ABN 77 003 323 055, AFS Licence Number: 232705.

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 PO Box 130
 St Kilda Vic 3182

Fax number: (03) 9537 2788

Email address: info@lltfs.com.au

Yours faithfully,

Client Signature

Date:

Client name

Date of Birth