



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)

Ph: (03) 9525 3777

Fax: (03) 9537 2788

## SCOPE OF ADVICE

Areas of Advice to be discussed	Advice Required (Y/N)
Budgeting & Cash management	
Debt management	
Investments & Savings	
Superannuation (accumulation)	
Superannuation (pension)	
SMSF	
Portfolio Review	
Insurance	
Centrelink	
Estate planning	
Full Strategic Plan	

I have outlined to the client the potential risks of not addressing the areas of advice that are out of scope

## 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.

Objective	When	Estimated Cost	Comments
		\$	
		\$	
		\$	
		\$	
		\$	

**Other Objectives**

<b>Objective</b>
Income in retirement: \$
Planned retirement age - Client: Partner:
Emergency fund: \$
Other:

**PERSONAL DETAILS**

Title -  Dr  Mr  Mrs  Ms  Miss

**Given Names**

**Preferred Name**

**Surname**

**Date of birth** **Place**

 /  /   Male  Female

**Marital Status:**  Married  Single  Divorced/Separated  Widowed  De Facto

**Previously Married:**  Yes  No

Title -  Dr  Mr  Mrs  Ms  Miss

**Given Names**

**Preferred Name**

**Surname**

**Date of birth** **Place**

 /  /   Male  Female

**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:**

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## DEPENDANTS (children / other)

Name	Date of birth	Sex	School	Financially dependent	Years to support
	/ /	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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

### Other Profession/training

### Employer's Name

### Comments:

  
  


### Current Occupation

### Other Profession/training

### Employer's Name

### Comments:

  
  


## INCOME & EXPENDITURE

- Not relevant to scope of advice sought by client/s  
 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	\$	<input type="text"/>	Annually	\$	<input type="text"/>
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### 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
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	\$
Everyday bank account	<input type="checkbox"/>		n/a	\$
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	\$

### Notes

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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	\$

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"/>					\$	
Vehicle	<input type="checkbox"/>					\$	
Investment loan	<input type="checkbox"/>					\$	
Other	<input type="checkbox"/>					\$	
Other	<input type="checkbox"/>					\$	
Other	<input type="checkbox"/>					\$	

### Notes

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## PERSONAL INSURANCE

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

### Health

Excellent  Good  Fair  Poor

### Existing or Pre-Existing Health Issues

  


Smoker:  Yes  No

Former Smoker:  Yes  No

Last Smoked?

Excellent  Good  Fair  Poor

### Existing or Pre-Existing Health Issues

  


Smoker:  Yes  No

Former Smoker:  Yes  No

Last Smoked?

Private hospital cover?  Yes  No

Provider?

Private hospital cover?  Yes  No

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

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## OTHER ADVISERS

### Accountant

Tel.

Authority to contact

### Broker/Solicitor/Other

Tel.

Authority to contact

## ESTATE PLANNING

- 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

Current will?  Yes  No

Year prepared/last reviewed \_\_\_\_\_

Testamentary Trust?  Yes  No

Powers of attorney?  Yes  No

Enduring Medical?  Yes  No

Enduring Guardianship?  Yes  No

### Client 2

Current will?  Yes  No

Year prepared/ last reviewed \_\_\_\_\_

Testamentary Trust?  Yes  No

Powers of attorney?  Yes  No

Enduring Medical?  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?

Yes  No Amount \$ \_\_\_\_\_

Take account of future inheritance in plan?

Yes  No

Future inheritance?

Yes  No Amount \$ \_\_\_\_\_

Take account of future inheritance in plan?

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 Guide (FSG) 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 Guide (FSG)** 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.

**Client Signature**

**Client Signature**

<input type="text"/>	<b>Date:</b>
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**Client name**

<input type="text"/>	<b>Date:</b>
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**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 address:-

Lowe Lippmann Trakman Financial Services Pty Limited  
PO Box 130  
St Kilda, Vic 3182.

Yours faithfully,

**Client Signature**

**Date:**

**Client name**

**Date of Birth**

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of (address) .....  
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