

Client: _____

Date: _____/_____/_____

Adviser:



TITANIUM
P L A N N E R S

Australian Financial Services Licence No. 310487

Confidential Financial Analysis

Referrer: _____

Date: _____/_____/_____

Important Notice to Clients:

Your Adviser/ Financial Planner must have reasonable grounds for making an investment or insurance recommendation. Before making such a recommendation the Adviser must ask you about your investment objectives, financial situation and your particular needs. The information requested in this form will be used strictly for that purpose.

Warning:

Your Adviser could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form

Personal Details	Client 1	Client 2
Title:		
Given Names:		
Surname:		
Date of Birth:		
Nationality		
Marital Status:		
Home Address:		
	Postcode:	Postcode:
Postal Address:		
	Postcode:	Postcode:
Are you contemplating moving?	Yes / No	Yes / No
Home Phone:	()	()
Work Phone:	()	()
Mobile Phone:		
Fax Phone:	()	()
Email Address:		
Who introduced you to us?		

Details of Children/Dependents	1	2	3	4
Given Names:				
Surname:				
Relationship:				
Gender:				
School & Grade:				
Date of Birth:				
Dependant (Yes / No):				
Dependant until age -				
Special Requirements:				

Health Details	Client 1	Client 2
State of Health:		
Are you aware of any Previous underwriting issues? Explain		
Are you aware of any health issues that may impact your ability to earn an income? (Please provide details)		
Previous Insurance Assessment:	<input type="checkbox"/> None <input type="checkbox"/> Standard Health <input type="checkbox"/> Decline/Defer <input type="checkbox"/> Loading <input type="checkbox"/> Exclusion	<input type="checkbox"/> None <input type="checkbox"/> Standard Health <input type="checkbox"/> Decline/Defer <input type="checkbox"/> Loading <input type="checkbox"/> Exclusion
Do you smoke?		
Have you smoked in the last 12 months?		

Employment Details	Client 1	Client 2
Employment or Business Status:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Part-time Employed <input type="checkbox"/> Retired <input type="checkbox"/> Full Time Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Other	<input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Part-time Employed <input type="checkbox"/> Retired <input type="checkbox"/> Full Time Employed <input type="checkbox"/> Contractor <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Other
Position Title:		
Qualification:		
Primary Duties:		
Hours per Week:		
Employment Security: F/Time – P/Time		
Employment Finished:		
Employer / Business Name:		
Industry:		
Address:		
Telephone:		
Start Date:	/ /	/ /
Are you contemplating leaving your employment? When		
Do you foresee any substantial change to your income in the next 2-5 years to you Occupation – i.e. Pay rise, change of occupation		

Income Details	Client 1	Client 2
Salary (Gross):	\$	\$
Bonus / Profit Share:	\$	\$
Fringe Benefits:	\$	\$
Investment Income:	\$	\$
Centrelink / DVA Income: Social Security / Please define in notes	\$	\$
Super / Annuity Income:	\$	\$
Deductible Amount (If applicable):	\$	\$
Other Income:	\$	\$
Total Income:	\$	\$
Total Combined:	\$	

For Self Employed, please provide notes/diagrams on business structure:

TAX FILE NUMBER _ _ _ _ _

Notes:

Future Needs, Objectives and Goals

E.g. Current income needs, retirement income needs, diversification, tax minimisation, capital growth, investment security, wealth creation, eliminate mortgage etc

Reasons for seeking financial advice:

Short Term (1 to 3 years):

Medium Term (4 to 7 years):

Long Term (7 year plus):

Retirement Details	Client 1	Client 2
Planned Retirement Age:		
Retirement Income:	\$ (today's dollar)	\$ (today's dollar)
After retirement, do you intend to work again either on a full-time or part-time basis?		
What capital expenses will you have in retirement? (Please state expense and value)	\$ \$	\$ \$
Would you like some assets left to your estate? (Please detail)	.	.
How much cash would you require for emergencies such as house or car repairs?	\$	\$

Notes:

Personal Balance Sheet				
Physical Assets	Current Value \$	Client / Partner / Joint	Date Acquired	Further Details
Principal Residence:				
# 1:				
# 2:				
# 3:				
# 4:				
Contents / Personal Property:				
Motor Vehicles:				
CASH SAVINGS				
Holiday Home:				
Caravan / Boat / Trailer:				
Investments (See over):				
Other:				
Total:				

Are your assets adequately insured?	Yes / No
Details of insurer:	
Location of title deeds:	

Liabilities							
	LENDER / Finance	Start Date	Client / Partner / Joint	Repayment Frequency	Repayment Amount	Interest Rate	Balance Outstanding
Mortgage:							
# 1:							
# 2:							
# 3:							
# 4:							
Personal Loan:							
Credit Cards							
Credit Cards							
Other:							
Total:							
Split Loans / Off Set accounts / Line of Credit Facility / Reverse Mortgage – Notes							Yes / No

Personal Superannuation / Rollover Funds

(For example: Allocated pensions, self-managed super etc.)

Fund Name / Owner	Fund type	Date Commenced	Employer Contributions	Employee Contributions	Eligible Service Date	Insurance Cover / Premium	Current Value
CLIENT 1		//			//		
		//			//		
		//			//		
		//			//		
CLIENT 2		//			//		
		//			//		
		//			//		
		//			//		

Other information (i.e. pension versus lump sum, funded or unfunded)

Notes: For example – Client Objectives

Do you have Super Choice ?

Leave Payments

Annual Leave:	
Long Service Leave:	
Sick Leave:	
Other:	

Redundancy	
Completed years of service:	
Details:	

Risk Evaluation
The relationship between returns on an investment and the risk to investment capital tends to be inversely proportional i.e. high returns often mean increased investment risk and volatility while secure investments generally offer lower rates of return. Given this relationship please tick the appropriate box to provide an indication of your preferred investment strategy.

Investment time frame:	Months	.	Years	.
Are there any investments you particularly wish to avoid? Y / N				

Investor Risk Profile

Your attitude to risk is probably the most important factor to consider before investing. To achieve higher returns, you will have to be prepared to accept a higher risk of capital loss. This is because the funds and assets that offer high returns are generally more volatile than those producing lower returns. It is what we call 'risk/return trade off'.

We will recommend investment strategies to match your investments to your risk profile. Investing across the various investment sectors according to your risk profile is called diversification. For example, instead of investing only in property, or only in shares, you might invest a proportion in both, or even include cash or fixed interest to create a balanced portfolio.

To determine the most appropriate mix of assets for you to invest in, we need to ask you more detailed questions about investment goals and the exact timeframe in which you want to achieve them.

By answering the nine questions below, you will have a good idea about your attitude to risk and what investment sectors are best suited to you.

People who hold assets jointly often have differing views regarding the level of risk they are prepared to accept. If you have different views to your partner please score your risk profile separately. **If you share the same view of risk you are prepared to accept then please tick the "joint" column indicating your response.**

1. If my investment value fluctuated more than 20%, I would find it hard to sleep at night.				
Score		Client 1 Score	Client 2 Score	Joint Score
1	Strongly Agree			
2	Agree			
3	Neutral			
4	Disagree			
5	Strongly Disagree			

2. I am willing to accept more risk to possibly achieve higher returns and reach my goals.				
Score		Client 1 Score	Client 2 Score	Joint Score
1	Strongly Disagree			
2	Disagree			
3	Neutral			
4	Agree			
5	Strongly Agree			

3. My main concern is income, generating a higher income yield is more important than growth on my investments.				
Score		Client 1 Score	Client 2 Score	Joint Score
1	Strongly Agree			
2	Agree			
3	Neutral			
4	Disagree			
5	Strongly Disagree			

4. I am willing to experience the ups and downs of the market for the potential of greater returns over the long term.				
Score		Client 1 Score	Client 2 Score	Joint Score
1	Strongly Disagree			
2	Disagree			
3	Neutral			
4	Agree			
5	Strongly Agree			

5. Which of the following best describes your attitude to financial risk?				
Score		Client 1 Score	Client 2 Score	Joint Score
1	A very low risk taker			
2	A low risk taker			
3	An average risk taker			
4	A high risk taker			
5	A very high risk taker			

6. Which statement best describes your understanding of financial markets and investments?				
Score		Client 1 Score	Client 2 Score	Joint Score
1	I am not familiar and have little interest in them			
2	I am not very familiar			
3	I have had enough experience to understand the importance of diversification			
4	I understand that markets may fluctuate and that different market sectors offer different income growth and taxation characteristics			
5	I am experienced with all investment sectors and understand the various factors that influence performance.			

7. My main concern is security. Keeping my money safe is more important than earning high returns.				
Score		Client 1 Score	Client 2 Score	Joint Score
1	Strongly Agree			
2	Agree			
3	Neutral			
4	Disagree			
5	Strongly Disagree			

8. How do you normally feel after you have made a significant financial decision?				
Score		Client 1 Score	Client 2 Score	Joint Score
1	Very Concerned			
2	Concerned			
3	A little uneasy			
4	Content that I've made the right decision			
5	Optimistic that the decision I've made will provide substantial benefits			

9. Investments that have experience high volatility have generally compensated investors with higher returns over the long term. If you could invest in a portfolio between 10 and 20 years, which of the following would most suit you?				
Score		Client 1 Score	Client 2 Score	Joint Score
1	A portfolio that may have a negative return every 15 years but a return between -0.2% and 5% pa.			
2	A portfolio that may have a negative return every 8 years but a return between -1% and 7% pa.			
3	A portfolio that may have a negative return every 5 years but a return between -2% and 10% pa.			
4	A portfolio that may have a negative return every 5 years but a return between -3% and 15% pa.			
5	A portfolio that may have a negative return every 4 years but a return between -4% and 18% pa.			

Total Score		Client 1 Score	Client 2 Score	Joint Score
Add up totals for each question and write the total for each client or for joint as appropriate.				
According to the information below, what is your risk profile?				

Your Score – Your Risk Profile

38 – 45 Aggressive – A Very High Risk Taker

You are a very aggressive investor prepared to compromise portfolio balance to pursue potentially long term returns. Your investment choices are diverse, but carry with them a higher level of risk. Security of capital is secondary to potential for wealth accumulation.

31- 37 Moderately Aggressive – A High Risk Taker

You are a moderately aggressive investor, probably earning sufficient income to invest more funds for capital growth. Prepared to accept higher volatility and moderate risks, your primary concern is to accumulate assets over the medium to long term. You require a balanced portfolio, but investments that are more aggressive may be included.

24 – 30 Balanced – An Average Risk Taker

You are a balanced investor who wants a diversified portfolio to work towards medium to long-term financial goals. You require an investment strategy that will cope with the effects of tax and inflation. Calculated risks will be accepted to help you achieve good returns.

17 – 23 Moderately Conservative – A Low Risk Taker

You are a moderately conservative investor seeking better than basic returns, but risk must be low. Typically an older investor seeking to protect wealth that you have accumulated, you may be prepared to consider less aggressive growth investments.

9 – 16 Conservative – A Very Low Risk Taker

You are a conservative investor. Risk must be very low and you are prepared to accept lower returns to protect capital. The negative effects of tax and inflation will not concern you, provided your initial investment is protected.

Planned Major Expenses		
Are you contemplating any lump sum or planned expenditure?		
	\$	When?
Car:		
House Improvement:		
Holiday Expense:		
Children's Education / Wedding:		
Debt Repayment:		
Other:		
What cash reserve do you require for emergencies or unforeseen expenses?		
Are you expecting a future lump sum or inheritance?		
Notes:		

Insurance Objectives & Concerns	Client 1	Client 2
LIFE \ TPD		
Liabilities to be paid out (eg: Mortgage, Personal Loans)	\$	\$
Children's Education Expenses	\$	\$
Income to be Replaced		
For how long would you want your income replaced?	\$	\$
Funeral Expenses	\$	\$
Emergency Fund	\$	\$
Other	\$	\$
Total / RECOMMENDATION		
TRAUMA		
Other Expenses (eg: Medical, Home Improvements)	\$	\$
Other	\$	\$
Total / RECOMMENDATION		
INCOME PROTECTION		
Waiting Period (How long could you sustain lifestyle without earning income?)		
Benefit Period (If you needed to make claim, for how long would you like benefits paid?)		
Other	\$	\$
Total / RECOMMENDATION		
BUSINESS EXPENSES	Client 1	Client 2
Need for share purchase, partnership insurance		
Business overheads insurance Per month		
Do you require Key Person insurance?	\$	\$
Total / RECOMMENDATION		
Notes:		

Estate Planning Details	Client 1	Client 2
Do you have a current Will?	Yes / No	Yes / No
Date of Will / Last Reviewed:	/ /	/ /
Power of attorney?	Yes / No	Yes / No
Type / Name of Attorney?		
Do you have Funeral Plans?	Yes / No	Yes / No
Do you have any specific intentions regarding your estate distribution?		
Do you wish for me to arrange for your will to be prepared ?		

Other Professional Advisers			
Accountant			
Name:			
Company:			
Address:			
Do we have the authority to contact?	Yes / No	Phone Contact	

Solicitor			
Name:			
Company:			
Address:			
Do we have the authority to contact?	Yes / No	Phone Contact	

Finance			
Name:			
Company:			
Address:			
Do we have the authority to contact?	Yes / No	Phone Contact	

Other			
Name:			
Company:			
Address:			
Do we have the authority to contact?	Yes / No	Phone Contact	

Additional Notes:			
Financial Review Frequency			
Notes:			
Monthly	Quarterly	Half Yearly	Annually
Client			
A	B	C	D
Surplus Cash:			
Superannuation			
Insurance			
Investment Property			
Tax Effectives			
Savings Plan			
Personal Investments			
Mortgage Review			
Important changes -			