

# PERSONAL & FINANCIAL QUESTIONNAIRE

for

\_\_\_\_\_ (Client 1)

\_\_\_\_\_ (Client 2)

Completed by

\_\_\_\_\_

Completed on

\_\_\_\_\_

**Lowe Lippmann Wealth Advisers Pty Ltd**

**ABN 77 003 323 055 AFSL 526748**

Level 7, 616 St Kilda Road

Melbourne Victoria 3004

(PO Box 130 St Kilda Victoria 3182)

Ph: (03) 9525 3777

(Version 2022 01)

## 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**

<b>Areas of Advice to be discussed</b>	<b>IN SCOPE You have requested advice on:</b>	<b>OUT OF SCOPE</b>
<b>Superannuation / Pension</b> <ul style="list-style-type: none"> <li>- Review of current superannuation plans</li> <li>- Review of current pension plans</li> <li>- Review of underlying investments</li> <li>- Review of estate planning matters</li> <li>- Review of contribution strategies</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/> exclude from advice <input type="checkbox"/> address later_____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided <b>By not receiving advice on these matters, the following potential risks may exist:</b> <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. <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. <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 <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.  <hr/> <hr/>
<b>Retirement Planning</b> <ul style="list-style-type: none"> <li>- Review of retirement objectives</li> <li>- Review of adequacy of investments</li> <li>- Identification of pension income shortfall</li> <li>- Projection of retirement incomes</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/> exclude from advice <input type="checkbox"/> address later_____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided <b>By not receiving advice on these matters, the following potential risks may exist:</b> <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.  <hr/> <hr/>
<b>Insurance</b> <ul style="list-style-type: none"> <li>- Review of current insurance policies</li> <li>- Review of current insurance levels</li> <li>- Analysis of appropriate insurance cover requirements</li> <li>- Identification of current protection shortfalls</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/> exclude from advice <input type="checkbox"/> address later_____ <input type="checkbox"/> N/A <input type="checkbox"/> Info not provided <b>By not receiving advice on these matters, the following potential risks may exist:</b> <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. <input type="checkbox"/> By not holding insurance cover appropriate for you, you and your family may suffer preventable financial and emotional stress  <hr/> <hr/>

<p><b>Investments &amp; Savings</b></p> <ul style="list-style-type: none"> <li>- Review of investments</li> <li>- Review of investment structures</li> <li>- Identification of risk profile</li> <li>- Investment of surplus cashflow</li> </ul>	<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><b>By not receiving advice on these matters, the following potential risks may exist:</b></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><b>Budgeting &amp; Cash management</b></p> <ul style="list-style-type: none"> <li>- Detailed income/expense analysis</li> <li>- Identification - surplus cashflow</li> <li>- Banking arrangements</li> <li>- Expenditure budget</li> <li>- Saving strategies</li> </ul>	<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><b>By not receiving advice on these matters, the following potential risks may exist:</b></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><b>Debt management</b></p> <ul style="list-style-type: none"> <li>- Review of current arrangements</li> <li>- Strategies for debt reduction</li> </ul>	<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><b>By not receiving advice on these matters, the following potential risks may exist:</b></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><b>Estate planning</b></p> <ul style="list-style-type: none"> <li>- Review current estate planning position</li> <li>- Identify shortfalls in current estate planning</li> <li>- Analyse options to improve estate planning</li> </ul>	<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><b>By not receiving advice on these matters, the following potential risks may exist:</b></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><b>Centrelink</b></p> <ul style="list-style-type: none"> <li>- Review of Centrelink eligibility</li> <li>- Calculation of estimated Centrelink pensions</li> </ul>	<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><b>By not receiving advice on these matters, the following potential risks may exist:</b></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"/>

**School**


**Financially dependent**

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

Trust Distributions

Other Income

Other Income

Salary Sacrifice

#### Client 2

Gross Salary

Trust Distributions

Other Income

Other Income

Salary Sacrifice

**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

## ASSETS AND LIABILITIES

Assets	Information provided separately	Owner	Associated Debt	Value
<b>LIFESTYLE ASSETS</b>				
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	\$
<b>FINANCIAL ASSETS</b>				
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**

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**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:

Item	Client	
	1	2
<p><b>Current FSG</b></p> <p>I confirm that I/we have been provided with the Financial Services Guide (<b>FSG</b>) version: _____ including the Appendix: Privacy Collection Statement. I also confirm that the contents of this document have been explained to me, and I have had the opportunity to ask questions to my financial planner.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Protecting your privacy</b></p> <p>I consent to my <b>personal, sensitive and health information</b> being collected; and I understand the information will be collected, used, stored, disclosed, secured and de-identified or destroyed in line with the Lowe Lippmann Wealth Adviser's Privacy Policy, a copy of which is available on request or online at <a href="http://llwa.com.au/privacy">llwa.com.au/privacy</a>, and in accordance with the Privacy Collection Statement, which sets out in more detail how your information is collected and the ways in which that information may be used or disclosed.</p> <p>Lowe Lippmann Wealth Adviser's Privacy Policy also provides details of how you can contact us to access, update or correct your information or to make a complaint about any breach of the Australian Privacy Principles.</p> <p>I also consent to my account numbers and/or Centrelink number being retained for the purpose of providing me with financial planning service.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>FSG and PDS</b></p> <p>I agree to receive:</p> <ul style="list-style-type: none"> <li>the current and future FSG versions;</li> <li>Statement of Advice (<b>SoA</b>) (including any documents that form part of an SoA);</li> <li>Renewal / Annual Advice Agreement in relation to an ongoing fee arrangement; and</li> <li>Product Disclosure Statements (<b>PDSs</b>) and other product offer documents,</li> </ul> <p>electronically, via an email, an email with hyperlink, a secure online portal or site, or by being shown where and how they can be accessed on the internet or a secure site.</p> <p><b>Please note:</b></p> <ul style="list-style-type: none"> <li>paper version of the documents may no longer be given;</li> <li>electronic communications must be regularly checked for documents; and</li> <li>you may change your mind at any time so that you receive paper documents.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Electronic communications</b></p> <p>I agree to use an electronic means to provide instructions, acknowledgements, and agreements, from time to time.</p> <p>Emails/text messages sent from the below email address/mobile number can be taken as my instructions, acknowledgements or agreements.</p> <p><b>Please note:</b></p> <ul style="list-style-type: none"> <li>We do not take any responsibility for the security or confidentiality of email, SMS or other electronic communications sent to or through your nominated emails/mobile phone, nor for any delays in transmission due to network or other transmission errors. Neither can we guarantee that emails/SMS will be free of viruses.</li> <li>You should ensure the email accounts and mobile numbers you nominate are secure and can only be accessed by you. Also, we may not be able to provide advice to you while you are overseas.</li> <li>There are some documents that can only be acted upon if physically signed in ink. These may include application forms, forms to confirm your identity, and other forms as required by third parties.</li> <li>The authorities you provide to us in this document apply to any capacity in which you act. For example, if you are a director of a company or trustee of a trust, you provide these authorisations both in your personal capacity and in your capacity as a director or trustee.</li> </ul> <p>Email 1: _____ Phone number 1: _____</p> <p>Email 2: _____ Phone number 2: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Client	
	1	2
<p><b>TFN / Exemption code</b></p> <p>I provide my consent for my financial planner and the financial planning licensee to collect and handle my Tax File Number (TFN) when acting on my behalf in relation to my financial affairs.</p> <p><b>Please note:</b></p> <p>If you agree for your TFN to be collected and handled by us and the financial planning licensee when acting on your behalf in relation to your financial affairs, you should note that in accordance with the <i>Privacy (Tax File Number) Rule 2015</i>, we:</p> <ul style="list-style-type: none"> <li>can only collect your TFN where it is necessary for a lawful purpose, such as applying for an investment product, and that is the basis on which your TFN is collected;</li> <li>may disclose your TFN to the Australian Taxation Office for the purposes of searching the Lost Members Register (LMR) records, provide other relevant information for the purposes of searching LMR records and receive the results of this LMR search;</li> <li>will retain your TFN on file for as long as it is needed in connection with the provision of financial services by us, the financial planning licensee; and</li> <li>may provide this information to financial advisers, brokers and those who are authorised by the financial planning licensee to review customers' needs and circumstances from time to time.</li> </ul> <p>It is not an offence to not quote your TFN. If you choose not to quote your TFN in relation to your investments, or you claim an exemption, tax may be taken out of your investment returns. The consequences of you not quoting your TFN may change due to future legislative changes.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Disclosure of information</b></p> <p>I consent to my information being disclosed to certain <b>third parties</b> who have referral arrangements with my financial planner or the financial planning licensee, for the purposes of those third parties providing me, or offering me, their services, such as accounting, legal, tax or other services, unless and until my consent is withdrawn in writing.</p> <p><b>Please note:</b> Your information will only be disclosed to those third parties who have referral arrangements, as disclosed in the FSG.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Disclosure to spouse / partner</b></p> <p>I consent to my <b>personal, sensitive and health information</b> being released to my spouse or partner, unless and until my consent is withdrawn in writing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><b>Client Signature</b></p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><b>Client Signature</b></p>	
<div style="border: 1px solid black; width: 100%; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; height: 30px; width: 70%;"></div> <div style="border: 1px solid black; padding: 5px;"><b>Date:</b></div> </div> <p><b>Client name</b></p>	<div style="border: 1px solid black; width: 100%; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; height: 30px; width: 70%;"></div> <div style="border: 1px solid black; padding: 5px;"><b>Date:</b></div> </div> <p><b>Client name</b></p>	
<div style="border: 1px solid black; padding: 5px;"> <p><b>Tax File Number/ Exemption code:</b></p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Tax File Number/ Exemption code:</b></p> </div>	

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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 Wealth Advisers Pty Ltd** on request. Lowe Lippmann Wealth Advisers Pty Ltd ABN 50 102 605 023, AFS Licence Number: 526748.

Please also accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file at Lowe Lippmann Wealth Advisers Pty Ltd.

This Third Party Authority remains valid until further notice.

If any correspondence is requested, this is to be sent to the following address:-

Postal address:      Lowe Lippmann Wealth Advisers Pty Ltd  
                                  PO Box 130  
                                  St Kilda Vic 3182

Email address:      [info@llwa.com.au](mailto:info@llwa.com.au)

Yours faithfully,

**Client Signature**

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

**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 Wealth Advisers Pty Ltd** on request. Lowe Lippmann Wealth Advisers Pty Ltd ABN 50 102 605 023, AFS Licence Number: 526748.

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If any correspondence is requested, this is to be sent to the following address:-

Postal address:      Lowe Lippmann Wealth Advisers Pty Ltd  
                                 PO Box 130  
                                 St Kilda Vic 3182

Email address:      [info@llwa.com.au](mailto:info@llwa.com.au)

Yours faithfully,

**Client Signature**

     **Date:**

**Client name**

**Date of Birth**