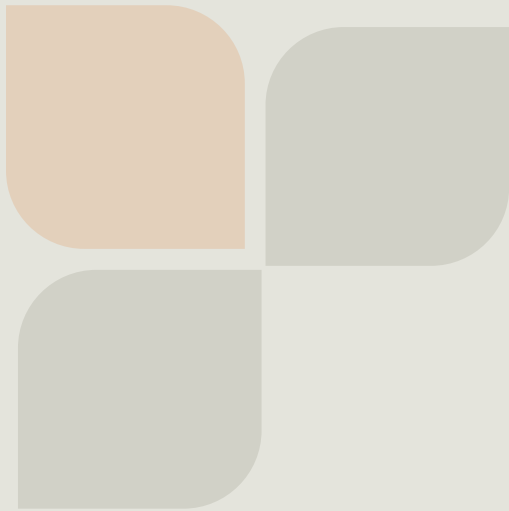


What can we do for you?

Questionnaire



Personal Details

Name

Partner's Name

Appointment Date

The Importance of this Questionnaire

Your first appointment with us is an important first step in shaping your financial future in the months and years ahead. The aim of our first meeting is to understand your goals and your concerns and to gain an appreciation for the type of lifestyle that you would like to enjoy. We would like you to tell us what you would like to achieve most of all and what issues, if any, are keeping you awake at night.

This questionnaire will help to identify the things that you are doing well and the things that you would like to do better. It also helps us to identify those issues that are most important to you, so we can tailor our discussion.

Our aim is to provide you with the most appropriate advice tailored to your specific needs that allows you to take control of your financial affairs, achieve your goals and enjoy a lifestyle in keeping with your unique values.

So please, take the time to complete the questionnaire and return it to us prior to your appointment.

You can mail it to our office, fax it to us on (08) 9204 5533 or scan and email to clientservices@wealthcorp.net.au

Wealthcorp Financial Advisers, Suite 4, 25 Walters Drive, Osborne Park WA 6017

Ph: (08) 9204 5222 Fax: (08) 9204 5533

Section 1: Your current situation

1. Describe your current situation

2. What are your 5 most important short term goals over the next 2 years?

1

2

3

4

5

3. What are your 5 most important long term goals beyond 2 years?

1

2

3

4

5

4. What issues concern you the most?

(e.g. managing cashflow, minimising tax, managing debt, wealth creation, preparing for retirement, educating children, time management etc.)

1

2

3

4

5

5. Your financial details summary

| Income | You | Your Partner |
|---------------------------------------|----------------------|----------------------|
| Current Income | <input type="text"/> | <input type="text"/> |
| Superannuation | <input type="text"/> | <input type="text"/> |
| Personal Guarantees (Yes / No) | <input type="text"/> | <input type="text"/> |
| Assets | \$ | |
| Principal Home | <input type="text"/> | |
| Income Producing Real Estate | <input type="text"/> | |
| Non-income Producing Real Estate | <input type="text"/> | |
| Business Equity | <input type="text"/> | |
| Superannuation | <input type="text"/> | |
| Shares | <input type="text"/> | |
| Managed Funds | <input type="text"/> | |
| Collectables / Art or Other Valuables | <input type="text"/> | |
| Other | <input type="text"/> | |
| | <input type="text"/> | |
| | <input type="text"/> | |
| Liabilities | \$ | |
| Home Mortgage | <input type="text"/> | |
| Home Line of Credit | <input type="text"/> | |
| Motor Vehicles Loan | <input type="text"/> | |
| Personal Loans | <input type="text"/> | |
| Credit Cards | <input type="text"/> | |
| Investment Loan | <input type="text"/> | |
| Other | <input type="text"/> | |
| | <input type="text"/> | |

6. Rate your **level of concern** with respect to the following issues (please circle rating):

| | No concern | | Very concerned | | |
|--|------------|---|----------------|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Amount of time spent with family | 1 | 2 | 3 | 4 | 5 |
| Health & wellbeing of self, partner or family members | 1 | 2 | 3 | 4 | 5 |
| Management of cashflow – personal or business | 1 | 2 | 3 | 4 | 5 |
| Management of expenses – personal or business | 1 | 2 | 3 | 4 | 5 |
| Paying off private debt | 1 | 2 | 3 | 4 | 5 |
| Reducing your tax liability | 1 | 2 | 3 | 4 | 5 |
| Managing your superannuation fund | 1 | 2 | 3 | 4 | 5 |
| Funding of private education costs | 1 | 2 | 3 | 4 | 5 |
| Saving for the future | 1 | 2 | 3 | 4 | 5 |
| Preparing for retirement | 1 | 2 | 3 | 4 | 5 |
| Preparing your business for sale (if relevant) | 1 | 2 | 3 | 4 | 5 |
| Protecting yourself and your family in the event of serious illness or an accident | 1 | 2 | 3 | 4 | 5 |
| Protecting your estate | 1 | 2 | 3 | 4 | 5 |
| Funding for elderly parents | 1 | 2 | 3 | 4 | 5 |
| Funding for children, grandchildren or others | 1 | 2 | 3 | 4 | 5 |

7. In terms of where you are at now, **what is limiting your capacity to achieve your lifestyle goals?**

- Not enough time available to devote to my finances
- Limited understanding of how to translate my lifestyle goals into a financial plan
- Limited knowledge – not really knowing what is possible and/or how to do it
- Worried about how much it costs to get assistance
- Not knowing where to go to get proper advice and support
- My partner and I have different views on how to go about achieving our goals

Other (please list)

Section 2: My lifestyle drivers

How do you rate the following in terms of how important it is to your lifestyle, and how well you achieve it now?
Please circle your rating.

| Lifestyle Driver | How important is it to you? | | | | | Do you achieve it in your life now? | | |
|---|-----------------------------|---|----------------|---|---|-------------------------------------|-----------|--|
| | Not important | | Very Important | | | Yes – as often as I like | | |
| | 1 | 2 | 3 | 4 | 5 | Sometimes – when I can | | No – nowhere near as much as I'd like to |
| Spending time with family | 1 | 2 | 3 | 4 | 5 | Yes | Sometimes | No |
| Spending time on the things I enjoy | 1 | 2 | 3 | 4 | 5 | Yes | Sometimes | No |
| Catching up with friends | 1 | 2 | 3 | 4 | 5 | Yes | Sometimes | No |
| Helping my friends & family when in need | 1 | 2 | 3 | 4 | 5 | Yes | Sometimes | No |
| Enjoying the work I do | 1 | 2 | 3 | 4 | 5 | Yes | Sometimes | No |
| Travelling and/or holidaying | 1 | 2 | 3 | 4 | 5 | Yes | Sometimes | No |
| Giving myself/kids/grandkids a good education (if relevant) | 1 | 2 | 3 | 4 | 5 | Yes | Sometimes | No |
| Working less but still maintaining my lifestyle | 1 | 2 | 3 | 4 | 5 | Yes | Sometimes | No |

Section 3: The most important question of all.

Reflecting on your answers to the questions above and your reasons for coming in to see us, **what outcomes do you expect to achieve** from our first meeting?

Thank you for investing your time in completing this ‘What can we do for you?’ Questionnaire.

Please read the attached Privacy Disclosure Statement.

Please return this completed questionnaire to our office prior to your first appointment with us.