

This is an important and confidential document. The information will enable us to provide the most accurate recommendations for your personal needs.

Lakeside Adviser Name		Adviser Number	(03) 9510 0788
Your details		Spouse/Partner details	
Full Name			
Residential Address			
Contact Numbers	(bh) (ah) (mob)	(bh) (ah) (mob)	
Email Address			
Date of Birth			
Marital Status			
Occupation			
Employment Basis			
Employer			
Annual Income (inc. bonus)	\$	\$	
Super Contributions	\$	\$	
Smoker			
Expected Retirement Age			
Retirement Income required	\$ p.a.		
Status of Health			

Children/Dependant Names	D.O.B.	Current age	Expected to be dependent until what age?

Estate Planning	Yourself	Your Spouse	Date Last Reviewed
Do you have a Will?			
Does it allow for a Testamentary Trust?			
Do you have a Power of Attorney?			

Assets	Value	Owner	Debts	Balance	Bank	Fixed or Variable	Rate (%)	Monthly Payment
Residential Home	\$		Home	\$				\$
Investment Property/s			Investment Property/s:					
1)	\$		1)	\$				\$
2)	\$		2)	\$				\$
3)	\$		3)	\$				\$
Shares	\$		Shares	\$				\$
Managed Funds	\$		Managed Funds	\$				\$
Business Value	\$		Business Debt	\$				\$
Cash	\$		Credit Card	\$				\$
Home Contents	\$			\$				\$
Motor Vehicles	\$		Motor Vehicles	\$				\$
Superannuation:			General Living Expenses					\$
1. Fund:	\$							
2. Fund:	\$							
Other	\$		Other	\$				\$
TOTAL ASSETS	\$		TOTAL DEBTS	\$				\$

Existing Advisers	Contact Name	Firm Name & Location	Phone Number
Accountant			
Solicitor			
Financial Planner			

Insurance	Yes/No	Amount of Cover	Insurer	Policy Owner
Term Life		\$		
Total Permanent Disability		\$		
Trauma		\$		
Term Life with TPD		\$		
Income Protection		\$		
Health Insurance		N/A		

In the event of :-	Your Death	Spouse Death
What annual income would you OR your family require to maintain current lifestyle?	\$	\$
Which assets would you like to retain (excepting the family home)? E.g. holiday house		

Time Frame	Planned Expenditure & Financial Goals (buy new car, holiday, renovations, etc.)
Short-term (1 – 3 years)	
Medium-term (3 – 5 years)	
Long-term (5 years +)	

What are your main reasons for seeking advice?	
<input type="checkbox"/> Review Insurance <input type="checkbox"/> Property purchase/Refinance <input type="checkbox"/> Consolidate Debts <input type="checkbox"/> Review Superannuation <input type="checkbox"/> Tax minimisation strategies <input type="checkbox"/> Estate planning/Wills <input type="checkbox"/> Partnership agreements/Succession planning <input type="checkbox"/> Review Lending structure <input type="checkbox"/> Review Company & Trust structures	<input type="checkbox"/> Lump Sum Investment <input type="checkbox"/> Surplus Cash Flow <input type="checkbox"/> Review existing investment portfolio <input type="checkbox"/> Plan for Retirement <input type="checkbox"/> Maximise Income <input type="checkbox"/> Share Portfolio Advice <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Accumulate Wealth <input type="checkbox"/> Other – please specify:

Rate the following independently on a Scale of 1 – 10 (1 is of Low concern, 10 of High concern)			
Concerns	Priority	Concerns	Priority
<u>Security of Capital</u> Concern about losing capital as a result of fluctuations in the value of your assets		<u>Ease of Withdrawal</u> Ready access to your funds.	
<u>Wealth Accumulation</u> A priority to maximise the returns from your investments.		<u>Comfort</u> Trust in reputation and service provided by Adviser and Investment companies.	
<u>Income</u> Your portfolio must produce an immediate income stream.		<u>Simplicity</u> Easy to understand financial solutions.	
<u>Tax Efficiency</u> Concern about the amount of tax you pay.		<u>Communication</u> To be kept well informed about your investments.	

Financial Services Guide and Adviser Profile - I/We acknowledge receiving, reading and understanding Guardian's Financial Services Guide. I/We acknowledge receiving a copy of the official Adviser Profile

Client Statement - I/We declare that the information set out in this form is correct to the best of my/our knowledge and agree to Guardian FP collecting, using and disclosing my/our personal information in accordance with the Privacy Act

Client 1. Signature: _____

Client 2. Signature: _____

Adviser Signature: _____

Date: _____ / _____ / _____