



Achieving your lifestyle goals

Lifestyle Assessment and Financial Overview (Part A)

Thank you in advance for taking the time to provide the information requested overleaf.

We believe that the creation, implementation and maintenance of a sound financial plan is absolutely essential to assist you in maintaining your lifestyle objectives over time.

Should you experience any difficulties completing this questionnaire, please contact us as soon as possible on:

Telephone: ___03 6229 8588_____

Email: ___geoff@kingstonfp.com.au_____

To begin the process we need you to consider the following points and then complete and return this form to us prior to our meeting:

1. Your perspective:

By clearly resolving what you want, you are more likely to achieve it.

2. Your objectives:

By quantifying what is really important to you, you begin to direct your efforts.

3. Your resources:

By defining your existing resources you build on a solid foundation.

4. Your priorities:

By establishing your priorities you are equipped to make informed choices.

If you are completing this form as a couple we ask that you discuss the questions and provide a collaborated response. If there are differences in views, as is often the case, please note them and they can be addressed at our meeting.

1. YOUR PERSPECTIVE

Giving thought to what you want

1. What is important to you about your lifestyle, at this time and for the future?

(eg. Ensuring credit card debt is cleared, having a holiday, children's education, maintain activities such as club memberships)

2. What is the reason for seeking our services and what would you like to achieve at our first meeting?

(eg. Paying additional money into our mortgage (is this the best thing to do), concerned about private school fees, whether we need additional part-time income to support our lifestyle etc)

3. What decision or event, if any, that impacts on your lifestyle is confronting you at the moment and how do you feel about it?

(eg. Just changed jobs and able to salary sacrifice but not sure what to do, have receive an inheritance and would like to use it in a tax effective way etc)

4. Are there any health issues, of which you are aware, that you believe may impact on your planning?

5. Do you have any particular comments you would like to make about investing money? Any dislikes or preferences?

2. YOUR OBJECTIVES

Directing your efforts

1. In after tax dollars how much money do you require, on a regular basis, to meet your current cost of living?

The best way to determine this is via a budget. See attached document or alternatively estimate how much you save each pay period.

2. If planning your retirement, at what age do you realistically plan to retire? How much regular income (after tax) do you want in retirement?

As a guide, a couple that own their own home could receive a maximum age pension of approximately \$30,000 per annum. Studies suggest that most retirees require 50 – 80% of their pre-retirement income to maintain their lifestyle.

Age:

Net income in today's dollars:

(Ignoring one off expenditures such as holidays, home improvements, etc)

3. What significant expenditures are you planning now and into the future? (in today's \$'s)

Item	Amount \$	When?	How often afterwards
e.g. update car	\$15,000	Next 6 months	every 3 years
e.g. renovate house	\$40,000	June next year	once only
e.g. special purchases	\$3,000	At retirement	annually
e.g. overseas holiday	\$20,000	At retirement	once only
e.g. local holiday	\$4,000	Annually	annually
e.g. repay loans	\$100,000	At retirement	once only

4. How much money do you require to be available at short notice for unforeseen expenses?

(eg. \$10,000 to meet major car breakdown, medical bills etc. or to provide peace of mind.)

5. How do you feel about leaving an estate to family members or other causes you support?

(eg consider if this is a greater priority than sustaining your own income and lifestyle requirements now and in retirement and therefore you would like to plan for it).

6. Do you have any other objectives that you think are relevant, at this stage?

(eg ethical investments, tax, family relationships, social security enhancement etc)

3. YOUR EXISTING RESOURCES

Building your foundations

1. What do you own?

Person 1: _____

Person 2: _____

Description	Person 1	Person 2	Jointly
Property - family home	\$	\$	\$
- investment	\$	\$	\$
- holiday home			
Home contents			
Bank accounts/cash trusts	\$	\$	\$
Superannuation - employer funds	\$	\$	\$
- personal funds	\$	\$	\$
Directly held shares	\$	\$	\$
Managed trusts	\$	\$	\$
Friendly/insurance bonds	\$	\$	\$
Other financial assets	\$	\$	\$
Accumulated long service leave	\$	\$	\$
Other money (e.g. termination pay)	\$	\$	\$

**(use approximate figures)*

2. What do you owe (payment and frequency)?

Description	Person 1	Person 2	Jointly
Home loans	\$	\$	\$
- Payment amount and frequency	\$	\$	\$
Investment loans	\$	\$	\$
- Payment amount and frequency	\$	\$	\$
Investment loans	\$	\$	\$
- Payment amount and frequency	\$	\$	\$
Other loans (credit cards etc.)	\$	\$	\$
- Payment amount and frequency	\$	\$	\$
Other loans (cars etc.)	\$	\$	\$
- Payment amount and frequency	\$	\$	\$

3. What is your occupation & what do you earn?

Description	Person 1	Person 2	Jointly
Occupation			
Gross salary	\$	\$	-
Super contributions	\$	\$	
Business income	\$	\$	\$
Rental income	\$	\$	\$
Other income (e.g. Social Security)	\$	\$	\$
	\$	\$	\$

4. What other money do you expect to receive, if at all, and when?

(eg redundancies, business, share or property sales, term deposit maturity, inheritance etc)

5. From your current income, how much money do you estimate you can save on a regular basis, if at all?

(eg refer back to your budget and estimate the amount (\$) per week and therefore the amount (\$) per month)

6. What personal risk management strategies do you have in place?

Description	Person 1	Person 2	Premium per annum
Life insurance – Held in superannuation (super)			
Life insurance – Held outside super			
Permanent disablement insurance – Held in super			
Permanent disablement insurance – outside super			
Salary continuance insurance – Held in super			
Salary continuance insurance – outside super			
Trauma insurance			
Business expense insurance			
Other personal insurance: _____			
Car insurance			
Home insurance			
Contents insurance			
Medical insurance			
Investment property insurance			
Other general insurance: _____			

4. YOUR PRIORITIES

Your choices

1. How important are the following objectives to you? (Please circle)

To maintain the desired lifestyle in retirement	High	Medium	Low
To receive a regular and reliable cash flow (income) to cover the basic cost of living	High	Medium	Low
To have access to money to meet any planned capital expenditure	High	Medium	Low
To have access to money to meet unforeseen contingencies	High	Medium	Low
To earn, over time, an appropriate rate of return on my/our money relative to the risk I/we take.	High	Medium	Low
To save money for that point in time when personal exertion income (employment) ceases	High	Medium	Low

2. The achievement of your objectives over time, will be dependent upon one or more of the following elements:

- Your starting point (how much money you have now)
- How much money you earn, through working and/or investing
- What you spend

Some sacrifices may be required and, if necessary, to what extent are you willing to make the following sacrifices?

Reduce your lifestyle now	Willing	Undecided	Unwilling
Reduce your lifestyle later in life	Willing	Undecided	Unwilling
Leave a smaller estate	Willing	Undecided	Unwilling
Modify any planned expenditure	Willing	Undecided	Unwilling
Save more from current savings	Willing	Undecided	Unwilling
Delay your retirement (if working)	Willing	Undecided	Unwilling
Reduce your desired retirement income	Willing	Undecided	Unwilling
Increase your money's target rate of return, acknowledging this may increase risk	Willing	Undecided	Unwilling

5. YOUR PERSONAL DETAILS

Personal details

	Client 1	Client 2
Title		
First Name		
Preferred Name		
Surname		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
County of Birth		
Marital Status		

Contact Details

Address		
Telephone (home)		
Telephone (work)		
Mobile		
Fax		
Email		
Preferred Contact Method & Time		

Children and/or dependents

Name	Date of Birth	Relationship	Financially Dependant	# of Years to Support
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Do any of your children, grand children or any other dependents have special needs or particular considerations?

2. Do any of your parents have special needs or particular considerations?

3. Is there anything else you would like to tell us at this stage?

PRIVACY STATEMENT

Your Authorised Representative will collect personal and possibly sensitive information from you for the purpose of identifying and reviewing your financial and lifestyle objectives to enable the delivery of financial services and advice. The information you provide and any recommendations made will be kept on file. You are entitled to request reasonable access to any information held about you. It is also important to understand that we reserve the right to appoint another Authorised Representative from time to time. In these circumstances we will write to you advising you of the change.

In order to best meet your needs and provide you with financial services and advice, we may need to disclose your personal information to other parties. Typically these parties include fund managers, life companies, related entities and other licensees. Similarly we may bring to your attention products, services or other information, which may be relevant to your financial plan. At these times you will be given the opportunity to choose whether or not you continue to receive such information.

If you wish to examine your file, it is available upon request.

YOUR ACKNOWLEDGMENT

I/We acknowledge that, by completing and authorising this overview, its contents are correct to the best of my/our knowledge and that its role is to enable Charter Financial Planning Limited to undertake an initial assessment of my/our situation.

We acknowledge that fees in accordance with Financial Services Guide provided to you by Kingston Financial Planning Pty Ltd and or Geoffrey Axton will be incurred if you proceed. Kingston Financial Planning will provide you with an estimate of the fees once a more detailed assessment of the work required is made at our initial Fact Finding meeting.

Name	Signature	Date
Client 1		
Client 2		
Authorised Representative		

Please complete and return this form to us 48 hours prior to our next meeting by either mail or fax on 03 6229 8090
