



Private & Confidential

Client Questionnaire

Client Name: _____

Today's Date: _____

Important Notice

For us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The Client Questionnaire helps us to establish the basis for the advice we will provide. Therefore, it is important to complete this document as accurately and fully as possible.

Personal Details

Contact Details	Client 1	Client 2
Title	Dr Mr Mrs Ms Miss	Dr Mr Mrs Ms Miss
Surname	_____	_____
Given Names	_____	_____
Preferred Name	_____	_____
Date of Birth	_____	_____
Marital Status	_____	_____
Residency, Australia	Yes No	Yes No
Home Address	_____	_____
Postal Address	_____	_____
Work Phone	_____	_____
Home Phone	_____	_____
Mobile	_____	_____
Fax	_____	_____
E-mail	_____	_____
Preferred Contact	Home Work Mobile E-mail	Home Work Mobile E-mail

How did you hear about CCZ Statton Equities?
(Please include Referrer's name if appropriate)

Would you like to receive E-Newsletters? Yes | No

Dependants (i.e.: Parents or Children)	Relationship	Date of Birth	Financially Dependant
_____	_____		Yes No
_____	_____		Yes No
_____	_____		Yes No
_____	_____		Yes No

Do any of your dependants suffer from a particular illness or have any disabilities? Yes | No

Employment Details	Client 1	Client 2
Employment Status <i>(Please circle)</i>	Full Time Part Time Casual Retired Home Maker Unemployed Self Employed Contracting	Full Time Part Time Casual Retired Home Maker Unemployed Self Employed Contracting
Occupation		
Employer's Name:		
Qualifications:		

Objectives and Planned Capital Expenses	When	Estimated Cost
Short Term (<2 years)		\$
		\$
		\$
Medium Term (2 – 5 years)		\$
		\$
		\$
Long Term (> 5 years)		\$
		\$
		\$

Retirement Objectives	Client 1	Client 2
At what age do you plan to retire?	_____ yrs	_____ yrs
How much after-tax income do you want to retire on, based on today's dollars? (combined)	\$ _____	
Do you need an additional special lump sum at retirement?	Yes No	
If so, how much do you need in today's dollars?	\$ _____	
Are there any other issues we need to take into consideration?	_____	

Assets and Liabilities

Assets	Current Market Value \$	Liability \$	Net Worth	Owner
Principal Home	\$	\$	\$	
Holiday Home	\$	\$	\$	
Cash	\$		\$	
Shares	\$	\$	\$	
Managed Funds	\$	\$		
Investment Property	\$	\$	\$	
Investment Property	\$	\$	\$	
Superannuation – Client 1	\$		\$	
Superannuation – Client 2	\$		\$	
Other	\$	\$	\$	
	\$	\$	\$	
Total	\$	\$	\$	

Loan Details	Interest Only (Y/N)	Amount Outstanding	Provider	Type: (Fixed / variable)	Current Interest Rate	Monthly Payment
Principal Home		\$			%	\$
Holiday Home		\$			%	\$
Shares		\$			%	\$
Managed Funds		\$			%	\$
Invest. Property		\$			%	\$
Invest. Property		\$			%	\$
Credit Cards		\$			%	\$
Other		\$			%	\$
Other		\$			%	\$
Total		\$				\$

** If you prefer, please attach loan details instead of completing the table above.

Notes

Income (Before Tax) and Super Contributions

Income	Client 1		Client 2	
Salary / Wages (excluding Super)	\$	p.a.	\$	p.a.
Fringe Benefits	\$	p.a.	\$	p.a.
Bonus / Commission	\$	p.a.	\$	p.a.
Car Bonus	\$	p.a.	\$	p.a.
Rent Received	\$	p.a.	\$	p.a.
Other Investment Income	\$	p.a.	\$	p.a.
Other Taxable Income	\$	p.a.	\$	p.a.
Non Taxable Income	\$	p.a.	\$	p.a.
Total	\$	p.a.	\$	p.a.

Notes

Superannuation Contributions	Client 1		Client 2	
Employer Contributions	\$	p.a.	\$	p.a.
Additional Contributions via Salary Sacrifice	\$	p.a.	\$	p.a.
After Tax Contributions	\$	p.a.	\$	p.a.
Total	\$	p.a.	\$	p.a.

Expenses

Debt Commitments	Monthly Amount
Mortgage	\$ _____
Personal Loans	\$ _____
Investment Loans	\$ _____
Car Loans	\$ _____
Credit Cards	\$ _____
Other _____	\$ _____
Monthly Total	\$ _____

Housing / Fixed Expenses	Monthly Amount
Rates	\$ _____
Rent	\$ _____
Body Corporate	\$ _____
Electricity / Gas / Water	\$ _____
House & Contents Insurance	\$ _____
Car Insurance	\$ _____
Car Rego / Maintenance	\$ _____
Private Health Insurance	\$ _____
Childcare	\$ _____
Child Maintenance	\$ _____
Education	\$ _____
Other _____	\$ _____
Monthly Total	\$ _____

Living Expenses	Monthly Amount
House Repairs/Maintenance	\$ _____
Food	\$ _____
Petrol	\$ _____
Phone	\$ _____
Clothing	\$ _____
Medical / Dental / Pharmacy	\$ _____
Public Transport / Taxis	\$ _____
Alcohol / Dining Out	\$ _____
Memberships/Subscriptions	\$ _____
Children's Activities	\$ _____
Gifts / Christmas Spending	\$ _____
Sporting Fees	\$ _____
Other _____	\$ _____
Monthly Total	\$ _____

Other	Monthly Amount
Deductible Work Expenses	\$ _____
Holidays	\$ _____
Savings Plan	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Monthly Total	\$ _____

TOTAL EXPENSES **\$ _____**

Do you anticipate any major change in your expenditure over the next 12 months?
Yes | No

Insurance and Estate Planning

Insurance - Client 1	Amount of Cover	Annual Premium	Provider	Via Super (Yes No)
Life Insurance	\$	\$		
Total & Permanent Disability	\$	\$		
Critical Illness / Trauma	\$	\$		
Income Protection	\$ p.m.	\$		
Business Expenses	\$ p.m.	\$		
Do you smoke?	Yes No			

Estate Planning	Client 1	Client 2
Do you have a valid Will?	Yes No	Yes No
When was it prepared?		
When it was last reviewed?		
Where it is stored?		
Does it incorporate testamentary trusts?	Yes No	Yes No
Have you married, separated, divorced or had children since it was last signed?	Yes No	Yes No
Are you likely to receive an inheritance?	Yes No	Yes No
Do you have children from different relationships?	Yes No	Yes No
Do you plan to omit anyone from your Will?	Yes No	Yes No
Are any of your potential beneficiaries in a vulnerable situation, i.e. financial trouble, spendthrifts, handicapped or marital problems?	Yes No	Yes No
Have you appointed someone to look after your financial affairs (via Power of Attorney) if you become incapacitated?	Yes No	Yes No
If Yes, which type: Enduring or General	End. Gen.	End. Gen.
Have you appointed someone to make medical decisions or lifestyle decisions for you if you become incapacitated?	Yes No	Yes No

Self Managed Super Fund (SMSF) Details

SMSF

Fund Name		
Fund ABN / TFN		
Established Date		
Member 1		
Member 2		
Member 3		
Member 4		

Trustees*

Corporate Trustee Name		
ABN / TFN		
Director or Individual Trustee 1		
Director or Individual Trustee 2		
Director or Individual Trustee 3		
Director or Individual Trustee 4		

* Please provide a copy of the Trust Deed.

Family Trust Details*

Family Trust Name		
ABN / TFN		
Established Date		
Corporate Trustee Name		
Director or Individual Trustee 1		
Director or Individual Trustee 2		

* Please provide a copy of the Trust deed

Tax File Number & Professional Contacts

Personal TFN

Client 1 - TFN	
Client 2 - TFN	

Please refer to the Information & Privacy Agreement section on the following page for further information about this.

Professional Contacts

In order to prepare advice for you, we may need to contact your accountant and solicitor. Please provide their details below:

Solicitor:

Accountant:

Contact Name:

Company Name

Contact Number

Address:

Can we contact your Accountant or Solicitor?

Yes | No

Would you be happy for us to share formal documents such as your Financial Plan with your accountant or solicitor?

Yes | No

Acknowledgments

Acknowledgements

Information in this Form

The information provided in this form is complete and accurate to the best of my/our knowledge. I understand and acknowledge by either not fully or accurately completing the Client Questionnaire, financial advice given by CCZ Statton Equities may be inappropriate to my/our needs and I risk making a financial commitment that may be inappropriate.

Financial Services Guide

I have been provided, read and understood the Financial Services Guide (dated 05 April, 2019) prior to obtaining financial advice from CCZ Statton Equities Pty Ltd.

I understand CCZ has privacy policy and my information will be retained under it for the purpose of providing personal advice.

Information and Privacy Agreement

I / We understand and agree that you may collect and use our personal information for the primary purpose of providing personal advice, as well as for related purposes such as:

- to verify your identity or transactions which you may enter into;
- to administer and manage the provision of our products and services;
- to provide you with advice and offers of other financial products or services;
- to comply with laws and regulatory requirements including complying with any request made by a governmental authority or regulator, including in connection with legal proceedings or the prevention or detection of fraud and crime;
- to comply with CCZ Stattons risk management policies and procedures;
- conducting due diligence as part of a pre-employment screening or acceptance of your client service agreement or account with CCZ Stattons; or
- another purpose related to the primary purpose.

I / We understand and agree the purpose of collecting my TFN is for the production and provision of personal advice and its' use and disclosure are highly regulated, governed by the taxation law, superannuation law and personal assistance law.

Client(s) Name:

Client(s) Signature:

Date:

_____ | _____ | _____ | _____

Tax File Number Collection

I, _____
Of (Company/Trust/SMSF) _____

Permit CCZ Statton Equities Pty Ltd to retain our Tax File Number (TFN) subject to the following conditions:

- You are authorised to collect my tax file number.
- Its use and disclosure are strictly regulated, governed by the tax laws and Privacy Act.
- I am under no obligation to quote my tax file number, but I understand that tax may be taken out of my dividend/interest/distribution if I do not quote my tax file number or claim an exemption.
- I may request you to destroy all records of my tax file number should I instruct you to.
- I authorise the application of the below tax file number(s) to all investments in this name.

Tax File Number (Personal 1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Personal 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax File Number (Company/SMSF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client signature(s) _____

Company/Trust/SMSF _____

Date _____