Adelaide Investment & Insurance Group Pty Ltd
302 Glen Osmond Rd, Fullarton SA, 5063
Ph: (08) 8338 5155 Fax: (08) 8338 5144
AFS Licence Number 226405

Confidential Client Data and Interview Record

Client Name: **Date:**

Advisor's Name: **Advisor's Signature:**

Personal Details

	Client 1	**Client 2**
Title & Names		
Residential Address		
Mail Address		
Document sighted to verify ID (attach copy & keep on file)	Drivers Licence No: Other document:	
Tax Treatment	❑ Personal ❑ Company ❑ Trust ❑ Super Fund	❑ Personal ❑ Company ❑ Trust ❑ Super Fund
Date of Birth	/ /	/ /
Marital Status		
Health		
Smoker?	Yes / No	Yes / No
Are Wills Current? Executor's name Date last reviewed	Yes / No / /	Yes / No / /
Enduring Power of Attorney? Attorney's name Date last reviewed	Yes / No / /	Yes / No / /
Referral Source		

Misc. Information

TFN		
Centrelink		
Eligibility		

Contact Information

Phone (Work) OK to call at work	 Yes / No	 Yes / No
Phone (Home)		
Fax		
Mobile		
Email		

Children / Dependants

	1	2	3	4
Name				
Sex	M / F	M / F	M / F	M / F
Date of Birth	/ /	/ /	/ /	/ /
No. of years support necessary				
Health				

Retirement Information

Approx. Date of Retirement		
Age at Retirement		
Nominated Longevity		
Required Retirement Expenses		
Will client work part-time in retirement?	Yes / No	Yes / No

Goals

Short Term 1 – 2 Years	
Medium Term 3 – 5 Years	
Long Term 5+ Years	

Other Professional Advisors

	Company	Name	Phone
Accountant / Tax Agent			
Previous Financial Advisor			
Life Insurance Agent			
Banker			
Other			

Employment

Work Status (eg: Full-time)		
Self employed P/ship, Co.,S/trader		
Occupation		
Industry		
Employers address		
Eligible Service Date		

Income

	Client 1	Client 2	Joint	Total
Salary				
Investment Income				
Business Income				
Personal Pension Income				
Annuity Income				
Government Income Support				
Gross Income				
Estimated Taxable Income				

Summary of Expenses (attach full budget if necessary)

	Weekly	Monthly	Yearly
Housing			
Transport			
Food			
Health			
Education			
Personal			
Income Tax			
Other			
TOTAL EXPENSES			
Estimated Savings Per Annum			

Life Insurance

Name Life Insured	Owner	Life Insured Policy No.	Type of Cover (value)			Endowment / WOL Term/ Other	Start Date	Maturity Date	Surrender Value	Premium	Premium Freq.
			Death	TPD	Critical Illness						

Income Protection Insurance

Name Life Insured	Owner	Life Insured Policy No.	Monthly Benefit	Benefit Period	Deferment Period	Date Commenced	Premium	Premium Frequency

General Insurance

Is general insurance adequate (e.g. house, contents, car)	❑ Yes	❑ No
Review of general insurance required? (if yes, refer to broker)	❑ Yes	❑ No
Does client have health insurance?	❑ Yes	❑ No

Personal Assets & Liabilities

	Owner	Amount Paid	Current Value	Liability	Payments	Int Rate
Residence						
Contents						
Motor Vehicles						
Investment Property						
Other						

Investments

Investment	Units	Owner	Amount Paid	Current Value	Liability	Payments	Int. Rate

Superannuation

Company	Owner	Current Value	Contributions	Death Benefit	Maturity Date

Business Assets

Business	Owner	Value	Liability	Payments	Insurance	Premium

Other Liabilities

	Name	Amount Owing	Payments	Int. Rate	Term
Credit Cards					
Personal Loans					
Hire Purchase					
Spouse Maintenance					
Future Commitments					

Client's Instructions / Notes:

SCOPE OF ADVICE

You should carefully consider what type of financial advice you want and instruct us accordingly. Your instructions as to the scope of advice required, will determine the advice we prepare for you and the services we offer. For example, do you want advice about planning for retirement, or wealth creation, or insurance or a specific investment. The nature of the advice you want is the scope of the advice. It is important that we agree now on that scope of advice and the services you require.

- Do you want us to conduct a comprehensive analysis of all of your personal circumstances and provide appropriate advice based on that analysis. This is PERSONAL ADVICE, which takes into consideration your objectives, financial situation and needs, and requires accurate, complete personal information from you, including a Risk Profile Questionnaire.

YES / NO

I am/We are seeking advice about: ………………………………..…………………………………………………….

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SOURCE OF FUNDS

Legislation requires us to determine the source of any funds available for investment.

The source of the funds to be invested is: …………………………..……………………………………………………….

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NOTES:

ACKNOWLEDGEMENT BY CLIENT/S:

I/We acknowledge that I/we understand the scope of advice to be provided by Adelaide Investment & Insurance Group Pty Ltd and verify that the information provided in this questionnaire is accurate and complete.

I/We acknowledge that I/we have received a Financial Services Guide and Privacy Policy from Adelaide Investment & Insurance Group Pty Ltd.

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Client 1 Signature　　　　**Client 2 Signature**