

FAST FACTS

This profile will enable us to do some work before we meet so we can save you valuable time.

Please take a moment to fill out the facts below and return to us prior to our meeting.

If you are not comfortable providing this information prior to our meeting, please do not complete.

| PERSONAL DETAILS | CLIENT 1 | CLIENT 2 |
|------------------------------------|--|--|
| Full Name | | |
| Preferred Name | | |
| Date of Birth | | |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |
| Health Status | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor |
| Smoker | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact Address | | |
| Contact Phone Numbers | H | H |
| | W | W |
| | M | M |
| E-mail Address | | |
| Preferred contact method | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email |
| Preferred contact time | | |
| Occupation | | |
| Employment Status | | |
| Employer | | |
| Years of service with employer | | |
| Security of this employment | | |
| Educational level & qualifications | | |
| Number of dependants & ages | | |

| REFERRAL DETAILS | |
|---|--|
| How did you learn about us? | <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Seminar <input type="checkbox"/> Advertising <input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Client of Roulestons <input type="checkbox"/> Sandwich Board <input type="checkbox"/> Associate of Roulestons |
| Why did you choose to meet with us in particular? | |
| What concerns / worries led you to conclude that you need financial advice? | |

| ASSETS | | | | WHO OWNS THIS ASSET? |
|-------------------------------------|-----------|-----------|-----------------|----------------------|
| LIFESTYLE ASSETS | | | | |
| Principal Residence | | \$ | | |
| Contents | | \$ | | |
| Motor Vehicles | How many: | \$ | | |
| Holiday Home | | \$ | | |
| Blocks of Land | How many: | \$ | | |
| Antiques/Paintings/Collectables | | \$ | | |
| Other (Boat, caravan, trailer etc.) | | \$ | | |
| INVESTMENT ASSETS | | | | |
| Personal Cash Savings | | \$ | | |
| Invest. Property | How many: | \$ | Purchase Dates: | |
| Commercial Prop. | How many: | | Purchase Dates: | |
| Shares | | \$ | | |
| Managed Funds / Unit Trusts | | \$ | | |
| Super Balances (Client 1) | | \$ | How many: | |
| Super Balances (Client 2) | | \$ | How many: | |
| Endowment Policies | | \$ | | |
| Business Assets | | \$ | | |
| Other: | | \$ | | |
| Total Assets: | | \$ | | |

| LIABILITIES | | | | LENDER | WHO'S LIABILITY? |
|---------------------------|-----------|-----------|---------|--------|------------------|
| House Mortgage | | \$ | Rate %: | | |
| Personal Loans | How many: | \$ | Rate %: | | |
| Credit Cards | How many: | \$ | Rate %: | | |
| Car Loans | | \$ | Rate %: | | |
| Business Loans | How many: | \$ | Rate %: | | |
| Investment Loans | How many: | \$ | Rate %: | | |
| Charge cards | How many: | \$ | Rate %: | | |
| Personal Overdrafts | | \$ | Rate %: | | |
| Other | | \$ | Rate %: | | |
| Total Liabilities: | | \$ | | | |

| INCOME | | CLIENT 1 | CLIENT 2 |
|------------------------------|--------|-----------|-----------|
| Salary/Wages (GROSS pre-tax) | | \$ | \$ |
| Rental Property income | | \$ | \$ |
| Business Income | | \$ | \$ |
| Dividend / investment income | | \$ | \$ |
| Centrelink / DVA benefits | | \$ | \$ |
| Superannuation Pension | | \$ | \$ |
| Foreign Pension (in \$A) | | \$ | \$ |
| Partnership / Trust Income | | \$ | \$ |
| Bank Interest | | \$ | \$ |
| PLUS Salary Package: | Cash | \$ | \$ |
| | Car: | \$ | \$ |
| | Super: | \$ | \$ |
| | Other: | \$ | \$ |
| Other Income: | | \$ | \$ |
| Total Annual Income: | | \$ | \$ |

| EXPENSES | | | |
|-------------------------------|----|----------------------|----|
| House Mortgage | \$ | Health | \$ |
| Personal Loans / Overdrafts | \$ | Telephone | \$ |
| Business Loan(s) | \$ | Pets (Food, Vet etc) | \$ |
| Credit Cards | \$ | Clothing | \$ |
| Life, TPD, Trauma Insurance | \$ | Education | \$ |
| Rent | \$ | Entertainment | \$ |
| Rates | \$ | Child care | \$ |
| Electricity | \$ | Income Protection | \$ |
| General Insurances | \$ | Personal / Hygiene | \$ |
| Transport | \$ | Tobacco etc. | \$ |
| Food | \$ | Other: | \$ |
| Total Annual Expenses: | | \$ | |

| PERSONAL INSURANCES | CLIENT 1 | | CLIENT 2 | |
|-----------------------------|--|----------|--|----------|
| Life insurance | \$ | Company: | \$ | Company: |
| Disability insurance | \$ | | \$ | |
| Trauma insurance | \$ | | \$ | |
| Income Protection insurance | \$ | | \$ | |
| Private Health Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Company: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Company: |

| ESTATE PLANNING | CLIENT 1 | | CLIENT 2 | |
|----------------------------------|--|------------|--|------------|
| Do you have a Will? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Firm | | | | |
| Do you have a Power of Attorney? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Attorney Name(s) | | | | |
| Expected inheritances (if any) | \$ | Timeframe: | \$ | Timeframe: |