CLIENT PROFILE PERSONAL INSURANCE ONLY

This is an important and confidential document. The information you have provided within this document forms the basis of any advice given by your Financial Adviser.

MARCH 2005

Client

Name of Client (1)

Name of Client (2)

Date Prepared

Financial Adviser

Financial Adviser's Name

Financial Adviser's Business Address

Suburb/Town State Postcode

Business Telephone Number

Mobile Telephone Number

Personal Details

Client (1)	Client (2)
Date: / /	Date: / /
Title Mr Mrs Miss Ms Other:	Title Mr Mrs Miss Ms Other:
Surname	Surname
Given Names	Given Names
Preferred Name	Preferred Name
Date Of Birth / /	Date Of Birth / /
Marital Status	Marital Status
Residential Address	Residential Address
Suburb/Town Postcode	Suburb/Town Postcode
Mailing Address	Mailing Address
Suburb/Town Postcode	Suburb/Town Postcode
Please indicate your preferred contact: ☐ Home Telephone ____________________	Please indicate your preferred contact: ☐ Home Telephone ____________________
☐ Mobile ____________________	☐ Mobile ____________________
☐ Work Telephone ____________________	☐ Work Telephone ____________________
☐ E-mail ____________________	☐ E-mail ____________________
☐ Facsimile ____________________	☐ Facsimile ____________________

Employment Details

Client (1)	Client (2)
Occupation	Occupation
Employer	Employer
Current salary $	Current salary $
Employment Basis ☐ Employee ☐ Part time ☐ Casual ☐ Self employed ☐ Full time	Employment Basis ☐ Employee ☐ Part time ☐ Casual ☐ Self employed ☐ Full time
Are you an Australian resident for taxation purposes? ☐ Yes ☐ No	Are you an Australian resident for taxation purposes? ☐ Yes ☐ No
If 'No', what country?	If 'No', what country?

Child/Dependant Details

Name	Sex	Date of Birth	Support to Age	Austudy
	M / F	/ /		☐ Yes ☐ No
	M / F	/ /		☐ Yes ☐ No
	M / F	/ /		☐ Yes ☐ No
	M / F	/ /		☐ Yes ☐ No
	M / F	/ /		☐ Yes ☐ No

Other Professional Advisers

Name	Profession	Contact Details	Company Name

Assets

Assets	Client (1)	Client (2)	Joint	To Sell on Death/TPD/ Trauma
Principal residence	$	$	$	
Home contents	$	$	$	
Motor vehicle	$	$	$	
Caravan/Boat	$	$	$	
Collectibles	$	$	$	
Total A	**$**	**$**	**$**	
Bank accounts	$	$	$	
Term deposits	$	$	$	
Rental property	$	$	$	
Shares	$	$	$	
Business assets	$	$	$	
Unit trusts	$	$	$	
Personal super/rollovers	$	$	$	
Employer super	$	$	$	
Annuities/Pensions	$	$	$	
Other assets	$	$	$	
Total B	$	$	$	
Total A + B	$	$	$	
Overall Total	$	$	$	

Liabilities

Type	Lender	Owner	Balance	Monthly Payment
Mortgage			$	$
Investment loan			$	$
Credit cards			$	$
Personal loans			$	$
Other			$	$
Other			$	$
Other			$	$
Total Liabilities			**$**	

Net Value

Net value (assets less liabilities)	**$**

Family and Asset Protection Goals

In the event of Death		
Capital requirements		
Replacement income (*see below)	$	$
Reduce/Clear home mortgage	$	$
Reduce/Clear investment loan	$	$
Credit cards/Final expenses	$	$
Childcare/Housekeeper/Nanny	$	$
Education	$	$
Other	$	$
Total		
Replacement Income Requirements:		
How long is income required?	☐ Life of partner ☐ ________ Years	☐ Life of partner ☐ ________ Years
Amount required p.a. after tax	$	$
	☐ Maintain capital ☐ Drawdown capital	☐ Maintain capital ☐ Drawdown capital

In the event of Trauma (eg Cancer) or Total and Permanent Disability (TPD):				
Capital requirements	Trauma	TPD	Trauma	TPD
Medical expenses	$	$	$	$
Reduce/Clear home mortgage	$	$	$	$
Reduce/Clear investment loan	$	$	$	$
Credit cards	$	$	$	$
Childcare/Housekeeper/Nanny	$	$	$	$
Education	$	$	$	$
Home modifications	$	$	$	$
Other	$	$	$	$
	$	$	$	$
	$	$	$	$
Total	$	$	$	$

In the event you are unable to work due to illness or injury:		
Current salary	$	$
Cover required	☐ 75% of salary ☐ Other $	☐ 75% of salary ☐ Other $
Waiting period (days)	☐ 30 ☐ 60 ☐ 90 ☐ 180 ☐ 365 ☐ 720	☐ 30 ☐ 60 ☐ 90 ☐ 180 ☐ 365 ☐ 720
Benefit period (years)	☐ 2 ☐ 5 ☐ to age 65	☐ 2 ☐ 5 ☐ to age 65

Existing Insurance

Life and TPD	Client (1)	Client (2)
(1) Insurance Company & Policy No.		
(2) Insurance Company & Policy No.		
(3) Insurance Company & Policy No.		
Total Current Sums Insured		
Life	$	$
TPD	$	$
Current premium and frequency	$	$

Income Protection Insurance	Client (1)	Client (2)
(4) Insurance Company		
Policy number		
Current monthly benefit	$	$
Current premium and frequency	$	$
Options on policy		
Waiting period (days)		
Benefit period (years)		

Trauma Insurance	Client (1)	Client (2)
(5) Insurance Company		
Policy number		
Current sum insured	$	$
Current premium and frequency	$	$

Current Health

	Client (1)	Client (2)
Are you aware of any health conditions you may have which may reduce your ability to earn income or increase your medical expenses in the next 10 years? If yes, provide details.	☐ Yes ☐ No	☐ Yes ☐ No
Are you involved in any hazardous pursuits? If yes, provide details.	☐ Yes ☐ No	☐ Yes ☐ No
Are you a smoker?	☐ Yes ☐ No	☐ Yes ☐ No
Are there any exclusions/loading on current policies	☐ Yes ☐ No	☐ Yes ☐ No
If 'Yes' to the above, please provide comments:	☐ Yes ☐ No	☐ Yes ☐ No

Estate Planning

	Client (1)	Client (2)
Do you have a will?	☐ Yes ☐ No	☐ Yes ☐ No
Date last reviewed	/ /	/ /
Name of executor		
Do you have a power of attorney?	☐ Yes ☐ No	☐ Yes ☐ No

I/We have received a copy of the Financial Services Guide (FSG) and have read and understood it, including the section titled "How do you handle the personal information I provide you". I/We agree to Guardian Financial Planning collecting, using and disclosing my/our personal information in accordance with the Privacy Act.

I/We will inform any other individual such as dependants, spouse, partner that I/We have provided information about them, and make them aware of the information provided in the "how do you handle the personal information I provide you".

I/We confirm the information contained in this client profile to be an accurate reflection of the information supplied to our Adviser.

I/We confirm that we only want to review our personal insurance situation.

☐ I/We acknowledge that the cost of preparing written advice will be $ __________ payable to Guardian Financial Planning.

Client (1) Signature: ______________________________ Date: ______________

Client (2) Signature: ______________________________ Date: ______________

Financial Adviser Signature: ______________________________ Date: ______________

Things to do/Additional notes

Letter of Authority

To Whom It May Concern

I/We ____

of ____

Request that all information relating to my investments, insurances, superannuation, bank accounts or other financial information be released to Guardian Financial Planning on request.

Yours faithfully

Client (1) Signature: ______________________________ Date: ______________

Client (2) Signature: ______________________________ Date: ______________