Lifestyle Questionnaire

Client/s Name/s:	Date: Adviser: Malcolm Boyd

Personal Details

Client	***Partner***
Surname:	Surname:
Given Names:	Given Names:
Preferred Name:	Preferred Name:
Date of Birth:	Date of Birth:
Marital Status:	Marital Status:

Residential Address:	
Postal Address:	Preferred Y / N
Home Phone: Preferred Y / N	Home Email: Y / N

Client	Partner
Work Phone: Y / N	Work Phone: Y / N
Mobile Phone: Y / N	Mobile Phone: Y / N
Work Email: Y / N	Work Email: Y / N
Interests:	Interests:
Employer:	Employer:
Occupation	Occupation
Job Title:	Job Title:
Employment Status: Full-time ☐ Part-Time ☐ Casual ☐ Self Employed ☐	Employment Status Full-time ☐ Part-Time ☐ Casual ☐ Self Employed ☐
Do you smoke? Yes ☐ No ☐	Do you smoke? Yes ☐ No ☐
Do you have any health issues?	Do you have any health issues?

Do you have any Children? Yes ☐ No ☐

Full Name	Gender	Date of Birth	Dependant Yes or No

Lifestyle Objectives

By providing us with a guide to your key lifestyle objectives we will be better equipped to help you achieve them. Below are a series of questions to help us assess your short, medium and long term lifestyle plans.

Anticipated Capital Expenditure (less than 5 years)
Do you have any travel planned, which you would like to set funds aside for? If so what is the expected outlay?
Are you planning to update any household equipment? If so what is the expected outlay?
Are you planning on buying a house, or upgrading your existing house? Can you estimate the funds which would be required?
Are you planning to upgrade your car? What are the estimated costs involved?

Short Term Objectives (less than 2 years)
Do you have any funds set aside in case of an emergency? If so how much? If not how much do you think is required?
Other short term Issues? (i.e. Redundancy, Change of employment)

Medium Term Objectives (2-5 years)
Do you have any education funding requirements for your children?
When do you plan to have your mortgage paid off?
Other medium term spending requirements?

Future Goals

Considerations Regarding Retirement/Financial Independence

	Client	Partner
At what age do you want to retire or be financially independent?		
How much income will you require (in today's dollars) after tax?		
At retirement or termination of employment, what amount of money can you expect to receive from company retirement plans? Other sources?		

Considerations In the Event Of Your Death/Disability/Critical Illness

	Client	Partner
How much income do you want to provide your family?		
Will this include your partner's earnings? How much?	Yes ☐ No ☐	
How much guaranteed income will your existing assets produce?		
After your children are grown, how much income do you want your partner to have?		
Would you like to pay off the mortgage?	Yes ☐ No ☐	Yes ☐ No ☐
What other debts do you want paid off?	Yes ☐ No ☐	Yes ☐ No ☐
How much money would you like to provide for your children's education?		
If your income stopped today how long would your sick leave cover?		
Have you provided any personal guarantees?	Yes ☐ No ☐	Yes ☐ No ☐
Do you feel your current life insurance program is adequate?	Yes ☐ No ☐	Yes ☐ No ☐
How did you arrive at the amount of life insurance you have?		

Considerations Regarding Estate Planning

	Client	Partner
What would be the amount of the taxes due at the death of you and your spouse?		
Do you want your family assets arranged to minimize the effect of Capital Gains Tax (CGT)?	Yes ☐ No ☐	Yes ☐ No ☐
Do you or your spouse anticipate an inheritance? How much?		
Have you made or considered making gifts to your children or charity?	Yes ☐ No ☐	Yes ☐ No ☐
Do you have or are you a beneficiary of a family trust?	Yes ☐ No ☐	Yes ☐ No ☐
Do you have any children from a previous relationship?	Yes ☐ No ☐	Yes ☐ No ☐

Other Financial Issues

Insurance

Do you have any of the following insurances?	***Client***	***Partner***
Death Cover/TPD/Critical Illness	Yes ☐ No ☐	Yes ☐ No ☐
Income Protection	Yes ☐ No ☐	Yes ☐ No ☐
Business Expenses, etc.	Yes ☐ No ☐	Yes ☐ No ☐

If YES, please provide recent statements

Estate Issues

	Client	***Partner***
Do you have a Will?	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, when was it prepared and when was the last date it was reviewed?	Date Prepared: Date Reviewed:	Date Prepared: Date Reviewed:
What was your purpose in creating the will?		
Have you granted a Power of Attorney?	Yes ☐ No ☐	Yes ☐ No ☐
If yes is it Enduring?	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, Who is/are your Attorney/s?	Name:	Name:
Do you have an Accountant?	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, Who Is your Accountant?	Name: Phone No.	Name: Phone No.
Do you have a Solicitor?	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, Who Is your Solicitor?	Name: Phone No.	Name: Phone No.
Have you nominated a beneficiary within your superannuation fund for any death benefits?	Yes ☐ No ☐	Yes ☐ No ☐
If yes who is/are the beneficiary/ies and what percentage have they been given?		
Is it a Binding Death Nomination?	Yes ☐ No ☐	Yes ☐ No ☐

Other Considerations or Comments

Please list any other goals or factors you feel are important in helping us to understand your priorities.

What Is Really Important To You?

If you are happy with the results of our services will you recommend us to your friends & associates?

Yes ☐ No ☐

Financial Facts

To ensure that the Wealth Management program that Stewardship Financial Planning Pty Ltd develops for you addresses your existing financial situation, please complete the following personal summary:

Lifestyle Assets	***Client***	***Partner***	***Joint***
Home			
Car			
Home Contents			
Collectables			
Other Lifestyle Assets			

Financial Assets	***Client***	***Partner***	***Joint***
Cash Accounts			
Cash Value of Life Insurances			
Shares			
Real Estate			
Managed Funds			
Other Investments			
Business Interests			
Employer Superannuation			
Personal Superannuation			
Other Assets			

Liabilities			
Home Loan			
Investment Loan/s			
Credit Card			
Personal			
Margin Loans			
Insurance Policy Loans			

Please provide copies of your latest Financial Assets and Liabilities

Please sign the attached "Letter of Authority"

This will allow us to access the most recent information regarding the above mentioned Assets and Liabilities

Income Calculator

Gross Wage/Salary (before Tax Deductions)	***Client***	**Frequency**	***Partner***	**Frequency**
Cash Salary (excluding superannuation)				
Superannuation				
Packaged Benefits				
Car				
Phone				
Other				
Other				
Bonuses				

Please provide copies of pay slips, appointment letter etc.

Other Income Sources	***Client***	**Frequency**	***Partner***	**Frequency**
Share Dividends/Managed Fund Income				
Rental Income				
Centrelink Entitlements				
Non-Taxed Income				
Other Income				

Please provide copies of Tax Returns & Group Certificates

Expense Calculator

Housing Expenses	Amount	Frequency	Annualised	Deductible
Mortgage/Rent				
Rates				
Electricity/Gas/Telephone etc.				
Insurance				
Home Maintenance				

Living Expenses	Amount	Frequency		
Food				
Clothing				
Medical/Dental/Pharmacy				

Motor Vehicle Expenses	Amount	Frequency		
Repayments				
Registration & Third Party				
Insurance				
Maintenance				
Petrol and Other Running Costs				

Personal Insurances etc.	Amount	Frequency		
Medical/Health Insurance				
Life Insurance				
Income Protection Insurance				
Personal Super Contributions				

Entertainment Expenses	Amount	Frequency		
Travel and Holidays				
Club/Sporting Memberships etc.				
Other Entertainment				

Other Expenses	Amount	Frequency		
Gifts and Donations				
Education Expenses				
Other Vehicle Expenses				
Other				
Other				
Other				

Letter of Authority
to Release Information

To Whom it May Concern

We,

of

request that all specified relevant information on our investments, insurances, superannuation, or other financial information be released to Malcolm Boyd or any member of Stewardship Financial Planning Pty Ltd's staff.

Malcolm Boyd is an Appointed Representative No. 266871 of Stewardship Financial Planning Pty Ltd. Stewardship Financial Planning Pty Ltd is an Authorised Representative (No. 296462) of FYG Planners Pty Ltd, Australian Financial Services Licensee (No. 224543).

Please forward the requested information to:

Malcolm Boyd
Stewardship Financial Planning Pty Ltd
PO Box Q161
QVB Post Office
SYDNEY NSW 1230

A photocopy or facsimile of this authority has been provided to you for your records. The original authority will be kept on file at Stewardship Financial Planning Pty Ltd for a statutory period of seven (7) years after the date the authority was executed.

Attached is a copy of our Drivers Licences to verify our signatures.

Yours faithfully,

DOB

Signature	/ / Date

DOB

Signature	/ / Date