






**FINANCIAL FACT FIND AND  
LIFESTYLE QUESTIONNAIRE**

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Once completed, send this questionnaire to:  
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**Email: GFAdmin@gesbfinancialadvice.com.au**

**IMPORTANT NOTICE:**

The Corporations Act requires that a financial adviser giving financial advice and/or making financial product recommendations must have reasonable grounds for making those recommendations. This means that a financial adviser must conduct appropriate investigations as to the financial objectives, situation and your particular needs - as the client. This is what is referred to as a “reasonable basis for advice”. The information requested in this form is necessary to enable recommendations to be made and will be used for that purpose. Whilst every care is taken, GESB Financial Advice accepts no liability for any advice given on the basis of inaccurate or incomplete information.

**OUR RECOMMENDATIONS WILL BE BASED ON:**

- the answers you provide in this document;
- any other information we receive from you such as bank, super or investment statements; and
- any other discussions held with you by phone, face to face or via email.

**THIS DOCUMENT IS TO BE SUPPLEMENTED WITH THE FOLLOWING DOCUMENTS WHERE RELEVANT:**

- Payslip;
- Salary packaging statement/s;
- Most current deposit and loan statement/s;
- Most recent income tax return (if you have investment property and/or shares); and
- Most recent statement of managed investments and/or non-GESB super funds

This document has been completed by the Client/s named below and is Private & Confidential

	<b>CLIENT 1 (C1)</b>	<b>CLIENT 2 (C2) = PARTNER OR SPOUSE</b>
Surname		
Given Name/s		
Adviser		
Appointment Date		



**SECTION 2 PERSONAL DETAILS**
**2.1 PERSONAL DETAILS**

<b>PERSONAL DETAILS</b>	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Title		
Given names		
Surname		
Preferred name		
Marital status		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth		
Current Health	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <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
Private Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CONTACT DETAILS</b>	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Home address		
Postal address (if different to home address)		
Work phone		
Home phone		
Mobile phone		
Email		
Preferred contact method		
<b>EMPLOYMENT</b>	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Work status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Not working	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Not working
Number of hours per week		
Occupation		
Employer name		
Number of sick days		
Number of annual leave days accrued		
Number of long service leave days accrued		
Start date with current employer		

## 2.2 DEPENDANTS

If you have dependants, please complete the table below, OR tick the appropriate box.

I/We currently have no dependants OR  I/We have dependants but choose not to provide these details to you

FULL NAME	DATE OF BIRTH	GENDER	FINANCIALLY DEPENDENT	DEPENDENT UNTIL AGE
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2.3 PREVIOUS RELATIONSHIPS

Have you been married/or in a defacto relationship previously?  Yes  No

Do you have dependants from a previous marriage/relationship?  Yes  No

If Yes, please complete the table below, OR  I/We have dependants but choose not to provide these details to you

FULL NAME	DATE OF BIRTH	GENDER	FINANCIALLY DEPENDENT	DEPENDENT UNTIL AGE
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2.4 ESTATE ARRANGEMENTS

WILL	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
If yes:		
Date of Will prepared?	/ /	/ /
When was your Will last reviewed?	/ /	/ /
Do you believe your Will reflects your current wishes as you would like carried out in the event of your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any provisions in your Will for a testamentary trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

How do you intend your Estate Assets to be distributed in the event of your death

I/We choose not to provide these details OR  Outlined below:

BENEFICIARIES – FULL NAME	CLIENT 1	CLIENT 2
	%	%
	%	%
	%	%
	%	%
ATTORNEY DETAILS	CLIENT 1	CLIENT 2
Ordinary Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enduring Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is nominated as your Power of Attorney? (may be more than one person)		
FUNERAL PLANS	CLIENT 1	CLIENT 2
Do you have a pre-paid funeral plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase amount	\$	\$

**SECTION 3 FINANCIAL AND LIFESTYLE GOALS**

**3.1 GOALS**

Do you have any specific financial goals that should be factored into our recommendations? If so please provide details below.

Examples of goals might include:

- Repay debts such as home loans, personal loans, credit cards or education loans;
- Retire at age XX or retire on \$XX,XXX per annum;
- Fund specific items such as a holiday, new house, renovations, car, caravan, boat or education for your children/grandchildren;
- Change your living arrangements, such as change over or downsize your home, subdivide and sell off some land, sell and rent;
- Sell an asset such as land, your house, or other items.

<b>SHORT-TERM GOALS - IN THE NEXT 1 – 2 YRS</b>	<b>COST \$ (PRESENT VALUE)</b>	<b>FINANCIAL YEAR</b>
<b>MEDIUM-TERM GOALS - IN THE NEXT 3 - 6 YEARS</b>	<b>COST \$ (PRESENT VALUE)</b>	<b>FINANCIAL YEAR</b>
<b>LONG-TERM GOALS - MORE THAN 6 YEARS AWAY</b>	<b>COST \$ (PRESENT VALUE)</b>	<b>FINANCIAL YEAR</b>

**3.2 RETIREMENT PLANNING**

Are you seeking advice about your retirement future?  Yes OR  No retirement plans now

If Yes, please complete the following table

	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Planned retirement date		
How much income per year (net of tax and in today's dollars) do you estimate you will need in retirement? <small>Note: If you are unsure, it may help to complete "Household Expenses", Section 4.2</small>	\$	\$
How much cash would you want to retain as an emergency fund? <small>For example, to urgently replace/repair household items, urgent flight to see relative or repair your vehicle.</small>	\$	\$

Notes:

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**4.1 INCOME**

Please include a copy of your latest payslip and salary packaging statement (if relevant).

Please provide details of all your regular income sources before-tax.

INCOME DESCRIPTION	CLIENT 1 (\$ PA)	CLIENT 2 (\$ PA)	INCOME DESCRIPTION	CLIENT 1 (\$ PA)	CLIENT 2 (\$ PA)
Gross salary (before tax) List any packaged items:			Rental income (Gross)		
Commissions & Bonuses			Interest		
Allocated pensions / Annuity			Share dividends		
Foreign pension			Other investments		
Centrelink or DVA			Child support income		
Other taxable income			Other non-taxable income		
Total (before tax)	\$	\$	Total (before tax)	\$	\$

Please provide details of all your likely one-off income sources.

INCOME DESCRIPTION	CLIENT 1	YEAR	CLIENT 2	YEAR
Inheritance				
Gift/Other				

**4.2 HOUSEHOLD EXPENSES**

The following table is used to capture your detailed household expenses. It is important to complete this section with as much detail as possible.

	PRE-RETIREMENT \$ P.A.	POST RETIREMENT \$ P.A.		PRE-RETIREMENT \$ P.A.	POST RETIREMENT \$ P.A.
<b>Housing</b>			<b>Leisure</b>		
Rent			Holidays		
Council Rates			Restaurants / Outings		
Water Rates			Sports / Memberships		
Telephone / Internet			Magazines / CD's / Books		
Electricity / Gas			Gifts (Christmas, birthdays etc)		
Home Insurance			Other		
Furniture / appliances			<b>D. TOTAL LEISURE</b>		
Maintenance			<b>Dependants</b>		
Other			Child Care / School Fees		
<b>A. TOTAL HOUSING</b>			Other		
<b>Personal</b>			<b>E. TOTAL DEPENDANTS</b>		
Groceries / Household			<b>Loan Repayments</b>		
Clothing / shoes			Mortgage		
Mobile phone			Car Loan		
Education			Personal Loan		
Donations			Other		
Medical (after rebates)			<b>F. TOTAL LOAN REPAYMENTS</b>		
Other			<b>Investments</b>		
<b>B. TOTAL PERSONAL</b>			Salary Sacrifice		
<b>Transport</b>			Regular Investments		
Registration / Insurance			<b>G. TOTAL INVESTMENTS</b>		
Maintenance / Repairs			<b>Insurance Premiums</b>		
Public transport / Taxis			Life Insurance		
Petrol			Medical Insurance		
Parking			<b>H. TOTAL INSURANCE PREMIUMS</b>		
Other			<b>TOTAL EXPENDITURE NEEDS</b>	\$	\$
<b>C. TOTAL TRANSPORT</b>					

**SECTION 5 ASSETS AND LIABILITIES**

<b>ADVISER TO COMPLETE</b>	
Gross Income	\$
Salary Sacrificing/Packaging	\$
Tax	\$
Expenses	\$
Surplus/Shortfall	\$

**5.1 PERSONAL ASSETS (NON INCOME PRODUCING ASSETS)**

Please complete the table below, OR

I/We have no personal assets at this time      OR       I/We choose not to provide these details at this time

<b>DESCRIPTION</b>	<b>OWNER C1/C2/JOINT</b>	<b>ESTIMATED MARKET VALUE \$</b>	<b>EXISTING LIABILITY \$</b>	<b>WHEN TO REPLACE</b>	<b>DISPOSABLE ON:</b>
Home or principal residence					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
Home contents					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
Motor vehicle 1					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
Motor vehicle 2					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
Caravan					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
Boat / marine craft					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
Other _____					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
Other _____					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
Other _____					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis

**5.2 INVESTMENT ASSETS (INCOME PRODUCING ASSETS)**

**5.2.1 Cash / fixed interest assets** (eg: bank accounts, term deposits etc....)

Please complete the table below, OR

I/We have no cash/fixed interest assets      OR       I/We choose not to provide these details at this time

<b>DESCRIPTION</b>	<b>OWNER C1/C2/JOINT</b>	<b>MARKET VALUE \$</b>	<b>INTEREST RATE %</b>	<b>MATURITY DATE (IF APPLICABLE)</b>	<b>DISPOSABLE ON:</b>
Cash account (day-to-day living)					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
					<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis

**5.2.2 Investment property assets** (eg: residential property, commercial property etc...)

Please include a copy of the relevant pages in your most recent tax return.

Please complete the table below, OR

I/We have no property investments at this time OR  I/We choose not to provide these details at this time

PROPERTY ADDRESS	PURCHASE PRICE (\$) (incl costs)	OWNER C1/C2/ JOINT	ESTIMATED MARKET VALUE \$	EXISTING LIABILITY \$	RENTAL INCOME (\$) PA	PURCHASE DATE MM/YY	ANNUAL EXPENSES	DISPOSABLE ON:
								<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
								<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
								<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
								<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
								<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
								<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis

Where relevant, please include purchase details for these assets, so we can consider Capital Gains Tax implications

**5.2.3 Investment assets** (e.g. shares, managed investments (incl. property trusts/funds) etc, but not Superannuation)

Please include:

Shares – a copy of the relevant pages in your most recent tax return.

Managed investments – a copy of the latest statement

Please complete the table below, OR

I/We have no shares or managed fund investments OR  I/We choose not to provide these details at this time

DESCRIPTION	1	2	3	4
Investment name				
Owner (C1/C2/Joint)				
Investor Number				
Current Market Value (\$)				
Quantity (units)				
Cost Base (Shares)				
Do you reinvest income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a loan associated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it disposable on?	<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis	<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis	<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis	<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis
DESCRIPTION	5	6	7	8
Investment name				
Owner (C1/C2/Joint)				
Investor Number				
Current Market Value (\$)				
Quantity (units)				
Cost Base (Shares)				
Do you reinvest income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a loan associated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it disposable on?	<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis	<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis	<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis	<input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Crisis

**5.3 LIABILITIES** (e.g. home, investment or personal loans, lines of credit, credit card debt etc....)

Please complete the table below, OR

I/We have no liabilities OR  I/We choose not to provide these details at this time

	LOAN 1	LOAN 2	LOAN 3	LOAN 4	LOAN 5
Loan Type					
Owner (C1/C2/Joint)					
Redraw/Credit Limit \$					
Balance Outstanding \$					
Interest (%pa)	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Loan term					
Repayment amount					
Repayment type	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest
Repayment frequency					
Minimum repayment					
Security					
Loan tax deductible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5.4 SUPER ASSETS**

**5.4.1 Super funds** (eg: Gold State, West State, GESB Super, non-GESB funds or SMSFs.)

Please include a copy of the latest statement.

Please complete the table below, OR  I/We choose not to provide these details at this time

SUPERANNUATION PROVIDER NAME	APPROXIMATE VALUE \$	PLAN/POLICY NUMBER	PLAN OWNER	CURRENT CONTRIBUTIONS
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	



**6.1 PERSONAL INSURANCE**

(e.g. Death, Total & Permanent Disability, Trauma/Crisis, Salary Continuance Insurance (Income Protection) etc....)

Please include a copy of the latest statement.

Please complete the table below,  OR  I/We do not seek advice from you about personal insurance  
(Please go to Section 6.5)

<b>INSURANCE POLICIES</b>	<b>POLICY 1</b>	<b>POLICY 2</b>	<b>POLICY 3</b>	<b>POLICY 4</b>
Insurance company				
Policy owner				
Life insured				
Policy number				
Life cover (\$)				
TPD cover (\$)				
Trauma or Crisis cover (\$)				
Income protection monthly benefit (\$)				

**6.2 INSURANCE CONSIDERATIONS**

<b>RISK INSURANCE CONSIDERATIONS</b>	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Are there any particular policy features that are important to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details.		

**6.3 HEALTH CONSIDERATIONS - FOR INSURANCE**

	<b>CLIENT 1</b>	<b>CLIENT 2</b>
When previously seeking personal insurance have any personal health, lifestyle or occupation issues affected the insurance premium or policy terms?	<input type="checkbox"/> Yes <input type="checkbox"/> Not disclosed <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not disclosed <input type="checkbox"/> No
If yes, how was the premium payable affected or were there any special terms or exclusions?	<input type="checkbox"/> Standard health <input type="checkbox"/> Exclusion <input type="checkbox"/> Declined or deferred <input type="checkbox"/> Not disclosed <input type="checkbox"/> Loaded	<input type="checkbox"/> Standard health <input type="checkbox"/> Exclusion <input type="checkbox"/> Declined or deferred <input type="checkbox"/> Not disclosed <input type="checkbox"/> Loaded
Do you currently have any personal health, lifestyle or occupation issues that may affect personal insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> Not disclosed <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not disclosed <input type="checkbox"/> No
If yes, please detail the issue.		

Notes:

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#### 6.4 INSURANCE NEEDS

LIFE COVER	CLIENT 1	CLIENT 2
Liabilities to be paid out (e.g. mortgage, personal loans \$)		
Emergency fund (\$)		
Funeral expenses (\$)		
Income to be replaced (\$ pa)		
For how long would you want your income to be replaced?		
Children's education expenses (\$ pa)		
Other expenses (\$)		
<b>TOTAL &amp; PERMANENT DISABILITY (TPD)</b>		
Liabilities to be paid out (e.g. mortgage, personal loans \$)		
Emergency fund (\$)		
Income to be replaced (\$ pa)		
For how long would you want your income to be replaced?		
Children's education expenses (\$ pa)		
Other expenses (\$)		
<b>TRAUMA OR CRISIS</b>		
Liabilities to be paid out (e.g. mortgage, personal loans \$)		
Emergency fund (\$)		
Income to be replaced (\$ pa)		
For how long would you want your income to be replaced?		
Children's education expenses (\$ pa)		
Other expenses (\$)		
<b>SALARY CONTINUANCE INSURANCE (INCOME PROTECTION)</b>		
Amount of income to be covered (\$)		
Waiting period		
Benefit period		
Other (e.g. super contribution option)		

#### 6.5 GENERAL AND HEALTH INSURANCE

Please record your current general insurance in the table below

Please note: this is for information purposes only; we are unable to provide advice about general insurance policies.

DESCRIPTION	INSURED	SUM INSURED (\$)	ANNUAL PREMIUM (\$)
Home	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Home contents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Motor vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Motor vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**RISK PROFILE**

Investment risk is the chance that the actual value of, or return from, an investment may be different from its expected value or return.

Understanding your attitude to investment risk is one of the most important factors to consider before investing. To achieve higher returns you need to be prepared to accept a higher risk of capital loss. This is because the funds and assets that offer high returns are generally more volatile than those producing lower returns. This is often referred to as the “risk/return trade-off”.

Some investors find it easy to ignore movements in the market and to focus on their long-term investment goals. However, others become anxious when their investments decrease in value, even by a small amount.

Financial risk tolerance involves an individual’s level of confidence to make good financial decisions. It includes an individual’s views about borrowing, and how much risk of financial loss they are willing to accept to achieve their financial goals.

By answering the questions below, you’ll get a basic understanding of your attitude to investment risk and the type of investments which might be best suited to you.

To determine the most appropriate investment strategies to match your investment risk profile, we will need to ask you more detailed questions about your investment goals and the exact timeframe in which you want to achieve them.

This section of the questionnaire has been designed to give you, and us, a clearer picture of you as an investor by defining your investor profile. Your investor profile is based on your attitude to risk (investment risk profile). It looks at investment risk and your attitude to it.

Coupled with a discussion with your adviser, these questions should provide a guide to the level of investment risk you are able to take. With this and other information you provide, we will be better equipped to develop a plan that’s right for you.

People who hold assets jointly often have differing views regarding the level of risk they are prepared to accept. If you are answering the questions with a partner, please score your risk profiles separately.

As you answer the questions below, select the one that most closely describes you.

**7.1 DETERMINING YOUR RISK PROFILE**

Please complete the questions below

<b>1. HOW WOULD YOU DESCRIBE YOUR UNDERSTANDING OF INVESTMENT MARKETS?</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
I have very little understanding and/or interest	1		
I have a basic level of knowledge	2		
I have enough knowledge and/or experience to understand the importance of diversification	3		
I understand that markets fluctuate and different market sectors offer different income, growth and taxation characteristics	4		
I am an experienced investor and understand various factors may influence performance	5		
<b>2. WHEN YOU THINK OF THE TERM “INVESTMENT MARKETS”, WHICH ONE OF THE FOLLOWING WORDS COMES TO MIND?</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
Risk	1		
Uncertainty	2		
Possibility	3		
Probability	4		
Certainty	5		
<b>3. WHAT LEVEL OF RISK DO YOU BELIEVE YOU ARE PREPARED TO TAKE WHEN INVESTING?</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
I am very conservative and do not take any risks	1		
I am somewhat conservative but will accept some risk	2		
I am willing to take some risk to improve my returns	3		
I am willing to take a reasonable amount of risk to improve returns	4		
I am willing to take more risks than most people to improve returns	5		

<b>4. HISTORICALLY HIGHER RETURNS ARE USUALLY OBTAINED FROM MORE VOLATILE INVESTMENTS. WHICH STATEMENT DO YOU FEEL MOST COMFORTABLE WITH?</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
I prefer a guaranteed return with no volatility	1		
I prefer a stable and reliable return	2		
I can accept some unpredictability in my return	3		
I can accept moderate unpredictability in my returns	4		
I will accept greater unpredictability in my returns for a potential higher return	5		
<b>5. IF YOU DIDN'T NEED YOUR CAPITAL FOR MORE THAN 10 YEARS, FOR HOW LONG WOULD YOU BE PREPARED TO SEE YOUR INVESTMENT PERFORMING POORLY BEFORE YOU CASHED IT IN?</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
I would cash in if there was any loss in value	1		
I would wait for up to 3 months before making a change	2		
I would wait for up to 6 months before making a change	3		
I would wait for up to 1 year before making a change	4		
I would wait for more than 2 years before making a change	5		
<b>6. WHEN SEEKING HIGHER LONG-TERM RETURNS FROM YOUR INVESTMENTS YOU WILL ALSO INCREASE THE LIKELIHOOD OF POOR PERFORMANCE FROM TIME TO TIME. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR INVESTMENT PRIORITIES?</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
Preservation of my current capital is my only objective	1		
Security of capital and consistent returns are more important than capital growth	2		
I expect a balance of both investment income and capital growth over the long-term and will accept occasional short periods of fluctuating performance	3		
Capital growth is more important than investment income over the longer term. I am comfortable with fluctuating values for my investments over short periods	4		
Growth of my assets over the long-term is important. I do not require investment income to support my lifestyle. I accept that the value of my investment may fluctuate from year to year	5		
<b>7. IF, IN THE FIRST SIX MONTHS AFTER INVESTING, YOUR PORTFOLIO DECREASED BY 20% ALONG WITH THE REST OF THE FINANCIAL MARKETS, HOW WOULD YOU REACT?</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
Horror. Security of my capital is critical and I did not intend to take risks	1		
I would cut my losses and transfer my funds into more secure investments sectors	2		
I would be concerned, but would wait to see if the investments improve	3		
This was a calculated risk and I would leave the investments in place, expecting performance to improve	4		
I would invest more funds to lower the average investment price, expecting future growth	5		
<b>8. CHOOSE YOUR MOST APPROPRIATE RESPONSE TO THE FOLLOWING STATEMENT: "I AM WILLING TO TOLERATE THE VOLATILITY OF INVESTMENT MARKETS FOR THE POTENTIAL OF HIGHER RETURNS IN THE LONG TERM."</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
I strongly disagree with this statement	1		
I disagree with this statement	2		
I neither agree nor disagree with this statement	3		
I agree with this statement	4		
I strongly agree with this statement	5		

<b>9. CHOOSE YOUR MOST APPROPRIATE RESPONSE TO THE FOLLOWING STATEMENT: “MY MAIN CONCERN IS SECURITY OF MY FUNDS. KEEPING MY MONEY SAFE IS MORE IMPORTANT THAN EARNING HIGHER RETURNS.”</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
I strongly agree with this statement	1		
I agree with this statement	2		
I neither agree or disagree with this statement	3		
I disagree with this statement	4		
I strongly disagree with this statement	5		
<b>10. THE GREATEST TAX SAVINGS ARE GENERALLY OBTAINED FROM MORE VOLATILE INVESTMENTS. WHICH STATEMENT DO YOU FEEL MOST COMFORTABLE WITH?</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
Guaranteed returns, before tax savings	1		
Stable, reliable returns, minimal tax savings	2		
Some variability in returns, some tax savings	3		
Moderate variability in returns, reasonable tax savings	4		
Unstable, but potentially higher returns, maximising tax savings	5		
<b>11. WHEN IT COMES TO INVESTING, YOU WOULD DESCRIBE YOURSELF AS:</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
I am an inexperienced investor	1		
I am a somewhat inexperienced investor	2		
I am a somewhat experienced investor	3		
I am an experienced investor	4		
I am a very experienced investor	5		
<b>12. FOR HOW LONG WOULD YOU EXPECT MOST OF YOUR MONEY TO BE INVESTED BEFORE YOU WOULD NEED TO ACCESS IT? (ASSUMING YOUR FINANCIAL ADVISER HAS MADE PLANS TO MEET SHORT TERM FINANCIAL OBJECTIVES AND TO HANDLE EMERGENCIES).</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
Less than 2 years	1		
Between 2 and 3 years	2		
Between 3 and 5 years	3		
Between 5 and 7 years	4		
Longer than 7 years	5		
<b>13. DESCRIBE THE WAY YOU FEEL AFTER MAKING A MAJOR FINANCIAL DECISION?</b>	<b>SCORE</b>	<b>CLIENT 1 SCORE</b>	<b>CLIENT 2 SCORE</b>
I am apprehensive that I have made the right decision	1		
I am concerned that I have made the right decision	2		
I am optimistic that I have made the right decision	3		
I am satisfied that I have made the right decision	4		
I am confident that I have made the right decision	5		
		<b>TOTAL CLIENT 1 SCORE</b>	<b>TOTAL CLIENT 2 SCORE</b>
Write the total for each person here			
Using the scale following, record your risk profile here according to your score			





**YOUR ACKNOWLEDGMENT – PLEASE READ THIS INFORMATION CAREFULLY**

**CLIENT DECLARATION**

I/We acknowledge that:

- The information I/we have provided to be recorded in this Financial Fact Find is true and accurate information to the best of my/our knowledge;
- I/We have been made aware that by not providing full or true information we/I risk acquiring advice and/or a product that is not appropriate for me/us.
- I/We have been presented with the Financial Services Guide of GESB Wealth Management Pty Ltd trading as GESB Financial Advice, and I/we understand the content of this brochure.
- I/We understand that GESB Wealth Management Pty Ltd trading as GESB Financial Advice has a Privacy policy and it is available on request.
- I/We acknowledge that there will be a fee associated with the preparation of my/our financial advice and this will be agreed with my/our adviser prior to the work being prepared.

**TO BE COMPLETED WITH YOUR ADVISER**

Please do not sign this form until all required information has been completed and verified at your meeting with your adviser.

Client 1 signature

Date

Client 2 signature

Date

**ADVISER DECLARATION**

As a representative of GESB Wealth Management Pty Ltd, trading as GESB Financial Advice, I acknowledge:

- This is an accurate and complete record of the information obtained from the client.
- Member/s has/have been provided with a current Financial Services Guide (dated \_\_\_\_\_)
- I have explained the content of the Financial Services Guide;
- Member/s has/have been warned of possible consequences if he/she/they declines to provide full and accurate financial information.

Adviser's signature

Date

**How to contact us**

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