



INDIVIDUAL CLIENT

Your Profile

Prepared for:

City Office:

Suite 9 Lvl 12 101 Bathurst St Sydney
Tel: 02 9267 0108 Fax: 02 8212 8135
Email: info@fortisap.com.au

Concord Office:

Suite 101 43 Majors Bay Rd Concord
Tel: 02 9743 3600 Fax: 02 8212 8135
Email: info@fortisap.com.au

Personal Information

Personal Data	Client 1	Client 2
Title		
Surname		
Given Name		
Preferred Name		
Date of Birth		
Residence / Domicile		
Contact Details	Client 1	Client 2
Phone		
Email		
Mobile		
Fax		
Tax File Number		
ABN		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status / Relationship	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De-facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De-facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow

Dependent Family Members: e.g. Parents, Children					
Name	Relationship	Date of Birth	Financially Dependent	Support to Age	School/ Uni Fees PA
			<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		\$
Do you want us to included provisions for education costs in modelling					<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Contacts and Information		
Lawyer	Commercial	
	Conveyancer	
	Wills	
	Do you have an up to date will in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please advise details?	
Do you use the services of a loan broker?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise details		
Do you use the services of an insurance broker?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise details		
Do you have a current book keeper?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise details		
Who is your IT support company?		
Do you use the services of a marketer for your business?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise details		
Who is your financial planner?		

YOUR ASSETS AND LIABILITIES

Assets	
Personal Items	Estimated Value
Motor Vehicle 1	
Motor Vehicle 2	
Jewelry	
Artwork	
Furniture	
Electronics	
Other	
Other	
Cash or Cash Equivalent	
Day to Day Account	
Savings Account	
Certificates of Deposit	
Money Market Account	
Life Insurance (Cash Value)	
Shares	
Other	
Other	
Other	
Other	
Other	

Liabilities	
Loan Balances	Estimated Value
Mortgage – Home Loan	
Motor Vehicle Finance	
Other Debt	
Other Debt	
Other Debt	
Other Debt	
Credit Card Debt	
Other	
Other	
Other	
Other	
Other	

YOUR INCOME AND EXPENSES

Income	
Personal Items	Monthly Income
Employment Client 1	
Employment – Client 2	
Cash or Cash Equivalent	
Day to Day Account	
Savings Account	
Certificates of Deposit	
Money Market Account	
Life Insurance (Cash Value)	
Shares - Dividends	
Other	
Other	
Other	
Other	
Other	
Other	
Other	
Other	
Other	
Other	

Expenses	
	Estimated Value
Home Mortgage Repayment	
Other Expenses	
Rent	
Entertainment	
Electricity / Gas / Water	
Accessories	
Telephone – Home	
Telephone - Mobile	
Repairs & Maintenance	
Food	
Travel	
Education	
Motor Vehicle - Registration	
- Insurance	
- Fuel	
- Maintenance	
Holiday - Personal	
- Annual	
Insurance - Health	
- Life / TDP	

		- Income Protection	
		- Home and Contents	
Investments			
Superannuation 1			
Superannuation 2			
Shares - Professional			
Real Estate (excluding Home)		Mortgage Loan 1	
Real Estate (excluding Home)		Mortgage Loan 2	
Business 1		Business Loan 1	
Business 2		Business Loan 2	
Business 3		Business Loan 3	
Other		Other	
INCOME TOTAL		EXPENSES TOTAL	

NOTES / COMMENTS

Your Goals

Briefly outline your reasons for seeking financial advice
1.
2.
3.

Are there any specific issues that are of particular importance to you
1.
2.
3.

Your short-term goals (within the next 2 years)

Examples: Holiday, car purchase, house purchase renovate, repay mortgage, insurance, new family, change jobs

Name	Start Date	End Date	Estimated Cost
e.g. Travel around Australia	June 2016	Feb 2017	\$10,000

Your medium-term goals (2-5 years away)

Name	Start Date	End Date	Estimated Cost

Your long-term goals (more than 5 years away)

Name	Start Date	End Date	Estimated Cost

Are there any issues that we need to take into consideration that may affect you achieving your goals? e.g. health, job security, aging parents

Do you require a cash reserve – for emergencies or discretionary spending	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much do you require?	\$
Do you have preference for Ethical Investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your investment time frame?	<input type="checkbox"/> 0-2 years
	<input type="checkbox"/> 2-5 years
	<input type="checkbox"/> 5+ years

