



Discovery Questionnaire

Please return to Finesse Financial Advisers via email to admin@finesseadvisers.com

Discovery Questionnaire

Finesse Financial Advisers is an Authorised Representative No. 1267025 and Credit Representative No. 511143 of FYG Planners Pty Ltd, AFSL/ACL (No. 224543).

Introduction

The questions in this booklet may be the most important ones you ever answer.

We highly encourage you to spend some time considering the questions and what they mean to you ahead of your Discovery Session with us. The questions are intentionally thought-provoking and may raise issues you have not thought about previously.

A significant part of our job is getting to know you and understanding your goals for the future. The better we know you and your goals, the better we can help you achieve them.

Take a breath and consider what are the most important aspects of your life. Our work is always guided by what is important to you. So stop and let's get clear what's important to you before we take that first step.

We understand everyone has time constraints, and we know this questionnaire may look a little daunting, but these are essential questions we want you to consider seriously.

Our understanding of what it is you are trying to achieve helps us to accurately scope the advice relationship and the advice we'll provide and accurately estimate of our fees.

We believe your investment of time to these questions today is a smart investment which could have a significant impact on your life tomorrow. When you work with us in developing appropriate financial strategies and your plan for the future, you'll have the peace of mind knowing what you need to do to reach your goals.

After our Discovery Session, you'll know if we are the right people to work with you. We must be a good match as you'll get the best results with a long-term ongoing advice partnership.

We see it as our role to help you pursue your goals and objectives using strategies that simplify your current financial situation. Ensuring you are taking advantage of all practical and reliable financial opportunities available to you and keeping you on track.

Thank you for investing this time in your future.

What's important to you?

Personal Details

	Client	Partner
Surname		
Given Names		
Preferred Name		
Date of Birth		
Relationship Status		
Residential Address		
Postal Address (if different)		
Home Phone	Preferred <input type="checkbox"/>	
Work Phone	Preferred <input type="checkbox"/>	Preferred <input type="checkbox"/>
Mobile Phone	Preferred <input type="checkbox"/>	Preferred <input type="checkbox"/>
Email	Preferred <input type="checkbox"/>	Preferred <input type="checkbox"/>
Employer		
Occupation		
Job Title		
Employment Status	F/T P/T Casual Self Employed Unemployed Retired	F/T P/T Casual Self Employed Unemployed Retired

Children's Details

Full Name	Gender	Date of Birth	Dependent
	M/F		Yes <input type="checkbox"/> No <input type="checkbox"/>
	M/F		Yes <input type="checkbox"/> No <input type="checkbox"/>
	M/F		Yes <input type="checkbox"/> No <input type="checkbox"/>

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?		

Financial Facts

Lifestyle Assets

	Client	Partner	Joint
Home			
Car			
Home Contents			
Collectables			
Other Lifestyle Assets			

Financial Assets

Cash Accounts			
Cash Value of Life Insurance			
Shares			
Real Estate			
Managed Funds			
Other Investments			
Business Interests			
Employer Superannuation			
Personal Superannuation			
Other Assets			

Liabilities

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

Income Calculator

Gross Wage/Salary (before tax deductions)

	Client	Frequency	Partner	Frequency
Cash Salary (excluding superannuation)				
Superannuation				
Packaged Benefits				
Car				
Phone				
Other				
Other				
Bonuses				

Other Income Sources

	Client	Frequency	Partner	Frequency
Centrelink/Division Veteran Affairs				
Share Dividends				
Managed Fund Income				
Rental Income				
Non-Taxed Income				
Other Income				

Personal Protection

Do you have Income Protection / salary continuance insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Life insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Disability insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Critical Illness / Trauma insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Estate Planning

Do you have a Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you granted Power of Attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you granted Power of Attorney - Guardianship?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you nominated a beneficiary within your superannuation fund for death benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Acknowledgement

I/We confirm the information enclosed is accurate to the best of my knowledge and has been provided for Finesse Financial Advisers to prepare financial planning proposal on my behalf.

I/We, understand that Finesse Financial Advisers is an Authorised Representative (No. 383696 and Credit Representative No. 511144) of FYG Planners Pty Ltd (ABN 55 094 972 540), Australian Financial Services Licensee (No. 224543).

Name: _____

Name: _____

Signature(s): _____

Signature: _____

Date: ____/____/____

Date: ____/____/____