



## 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](mailto: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](mailto:info@fortisap.com.au)

**Eastwood Office:**

Unit 4, Lvl 1, 10 East Parade Eastwood  
Tel: 02 9874 1595 Fax: 02 8212 81350  
Email: [info@fortisap.com.au](mailto: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?		



<b>Investments</b>			
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	
<b>ASSETS TOTAL</b>		<b>LIABILITIES TOTAL</b>	

**NOTES / COMMENTS**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**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	
<b>Investments</b>			
<b>Superannuation 1</b>			
<b>Superannuation 2</b>			
<b>Shares - Professional</b>			
<b>Real Estate (excluding Home)</b>		<b>Mortgage Loan 1</b>	
<b>Real Estate (excluding Home)</b>		<b>Mortgage Loan 2</b>	
<b>Business 1</b>		<b>Business Loan 1</b>	
<b>Business 2</b>		<b>Business Loan 2</b>	
<b>Business 3</b>		<b>Business Loan 3</b>	
<b>Other</b>		<b>Other</b>	
<b>INCOME TOTAL</b>		<b>EXPENSES TOTAL</b>	

## 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

