

Member No.  Consultation Date:  /  / 

## 1. Your Details

Your personal information will be handled strictly in accordance with our Privacy Policy.

Title  Surname  Given Names

Preferred Name  Marital Status  Date of Birth  /  /

No. of Dependents  Age/s of Dependents

Residential Address  Postcode

Postal Address  Postcode

Home Telephone  Work Telephone  Mobile

Email  Facsimile

Occupation  Employer

Work Status: Fully Employed  Self Employed  Home Duties  Part-Time Employed  Unemployed  Retired

## 2. Your Partner's Details

Title  Surname  Given Names

Preferred Name  Marital Status  Date of Birth  /  /

Occupation  Employer

Work Status: Fully Employed  Self Employed  Home Duties  Part-Time Employed  Unemployed  Retired

## 3. Financial Services Guide

I/We acknowledge receipt of the Financial Services Guide  Dated  /  /

## 4. Our Services

How did you find out about our Financial Planning Services?

Advertisement  Financial Planning Seminar  Friend or Family  Slate Newsletter  Referral, please specify

Other, please specify

## 5. Risk Profile

Having completed the Risk Profiler and calculated your score based on your responses, please indicate (*tick*) your risk profile.

	Conservative <input type="checkbox"/>	Moderate <input type="checkbox"/>	Balanced <input type="checkbox"/>	Growth <input type="checkbox"/>
Your score	Below 55	Between 55 – 65	Between 66 – 80	Above 80
Asset allocation	70% defensive 30% growth	50% defensive 50% growth	30% defensive 70% growth	15% defensive 85% growth
Returns	Moderate	Medium	Higher	High
Growth on capital invested	Modest	Moderate	Moderately high	High
Capital volatility	Some exposure	Moderate level	Higher level	High level
Expected negative returns	1 in 9 years	1 in 7 years	1 in 5 years	1 in 4 years
Performance objective	CPI +2% pa	CPI +3% pa	CPI +4% pa	CPI +5% pa
Minimum investment return	2 years	3 years	5 years	7 years

## 6. Checklist

Please bring with you:

- Further details of your investments
- A recent payslip
- Current superannuation statements
- This form, signed and completed
- Risk Profile form, signed and completed

## 7. Current Expenses

Go to [www.victeach.com.au](http://www.victeach.com.au) to calculate your budget quickly and easily

		Frequency
<b>Housing</b>		
Mortgage/Rent/Board	\$	
Telephone	\$	
Council Rates	\$	
Utilities	\$	
Repairs/Maintenance	\$	
Insurance	\$	
Other	\$	
<b>Car/Transport</b>		
Insurance/Registration	\$	
Service/Maintenance	\$	
Fuel	\$	
Other	\$	
<b>Education</b>		
School Tuition Fees	\$	
Uniforms	\$	
Books, etc.	\$	
<b>Personal</b>		
Groceries	\$	
Health	\$	
Entertainment	\$	
Clothing	\$	
Holidays	\$	
Gifts	\$	
Other	\$	
<b>Total</b>	\$	

## 8. Personal Income

\*Please bring a current payslip

	Self	Partner
Salary (gross)	\$	\$
Superannuation Pension	\$	\$
Social Sec./Family Allow	\$	\$
Rental	\$	\$
Other	\$	\$
<b>Total</b>	\$	\$

Are there any expected changes to your future income?


## 9. Future Expenses

Within 1-5 years (eg, holiday, renovations).

Type of Expense	Amount Required	When Required
	\$	
	\$	
	\$	
	\$	
	\$	

## 10. Savings

After allowing for your regular living expenses, do you have any savings ability?

Yes  No  How much? \$

## 11. Liabilities

	Lending Institution	Balance Owing	Interest Rate	Repayment Amount	Frequency
Home Loan		\$	%	\$	
Personal Loan		\$	%	\$	
Investment Loan		\$	%	\$	
Credit Cards		\$	%	\$	
Store Cards		\$	%	\$	
Other		\$	%	\$	
<b>Total</b>		\$		\$	

## 12. Superannuation

\*Please bring copies of all recent superannuation statements

Name (Self or Partner)	Fund Name	Current Value
		\$
		\$
		\$
		\$
		\$
<b>Total</b>		\$

### 13. Assets

\*Please bring further details of your investments

Investments	Institution	Estimated Value	Owner (Self/Partner/Joint)	Year Purchased	Purchased Price
Home		\$			\$
Holiday Home		\$			\$
Motor Vehicles		\$			\$
Caravan/Boat		\$			\$
Contents		\$			
Cash/Savings		\$			
Fixed Term Deposits		\$			
Managed Funds*		\$			
Rental Property		\$			\$
Shares*		\$			
Rollovers/Super Funds*		\$			
Other		\$			\$
<b>Total</b>		\$			

### 14. Financial Goals and Objectives

Preferred age of retirement    Self     Partner     Preferred level of income in retirement (today's dollars) \$

What are your main reasons for seeking advice?

  
  


Short Term Goals/Objectives (in the next year)

  
  


Long Term Goals/Objectives (beyond 3 years)

  
  


### 15. Protection Insurance

Type of Insurance	Insurance Company	Self		Partner	
		Level of Cover	Monthly/Annual Premiums	Level of Cover	Monthly/Annual Premiums
Health	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Life Insurance	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Income Protection	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Trauma	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Other	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Are you a non-smoker (more than 12 months)?    Self: Yes  No     Partner: Yes  No

### 16. Estate Planning

Do you have a current will?    Self: Yes  No     Partner: Yes  No

Enduring Power of Attorney    Self: Yes  No     Partner: Yes  No

## 17. Protecting Your Privacy

The information you provide in this form is used primarily to accurately assess your financial situation to ensure that we provide advice which meets your needs and objectives and implement any instructions you provide based on our advice. The implementation of your instructions may involve the disclosure of information you provide to external parties such as fund managers and other investment institutions. If you do not provide the information requested, we may not be able to provide you with the advice or recommendations appropriate to your financial situation or implement any instructions you provide.

Your information will be handled strictly in accordance with our Privacy Policy available at our website ([www.victeach.com.au](http://www.victeach.com.au)) and at branches on request. You may request access to the information we hold about you.

If you provide information about any other person, you agree to tell them:

- that you are providing this information to us.
- of our contact details on this form.
- the reason you are providing their information.
- the fact that the information may be disclosed as set out in this form.

## 18. Client Acknowledgement

By signing this form you consent to the collection, use and disclosure of your information as detailed above.

Signature	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Date	<input type="text" value="/ /"/>	Date	<input type="text" value="/ /"/>

TO BE COMPLETED DURING CONSULTATION

## 19. Authority to Obtain Information

I/We  of

request that all relevant information on our/my investments, insurances, superannuation, bank accounts or other financial information be disclosed to the following representatives of Victoria Teachers Credit Union Limited.

<input type="text"/>	<input type="text"/>
Financial Planner	Para Planner

I authorise the use of a photocopy or facsimile copy of this authority, as the original will stay on my file at Victoria Teachers Credit Union Ltd.

Signature	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Date	<input type="text" value="/ /"/>	Date	<input type="text" value="/ /"/>

## 20. Authority for Preparation of a Financial Plan

I/We request the preparation of:

- Statement of Advice (*summary of your consultation*)
- Limited purpose financial plan
- Full financial plan

I/We agree to pay \$  (incl GST), payable within 14 days of receipt of invoice.

Signature	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Date	<input type="text" value="/ /"/>	Date	<input type="text" value="/ /"/>

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