

Financial Planning Questionnaire

Strictly private and confidential

Client name/s: _____

Date of initial meeting: ____/____/____

Appointment time: _____ AM/PM

Your financial adviser:

ESI Financial Services Pty Ltd

AFSL 224952

ABN 93 101 428 782

FPQ 001 4 Aug 2004



Structure of entity statement

ESI Financial Services Pty Ltd (ABN 93 101 428 782 AFSL 224952) is a wholly owned subsidiary of the Electricity Supply Industry Superannuation Fund (Qld) Ltd (ABN 30 069 634 439) the Trustee of Electricity Supply Industry Superannuation Fund. The Trustee is an authorised representative of ESI Financial Services Pty Ltd.

Your personal details

To ensure that we fully understand your situation and provide you with the best possible financial planning advice, we need to collect details about your personal and financial situation.

All information that we collect will be kept strictly confidential. A copy of our Privacy Statement is at the back page of this questionnaire.

| 1. Your Personal Details | Your details | Partner's details |
|--------------------------|--------------|-------------------|
| Title | | |
| Family name | | |
| Given names | | |
| Preferred name | | |
| Date of birth | | |
| Marital status | | |

| 2. Your Contact Details | | |
|------------------------------|------|------|
| Home street address | | |
| City or suburb | | |
| State and postcode | | |
| Mailing address if different | | |
| City or suburb | | |
| State and postcode | | |
| Phone | Work | Home |
| Mobile | | Fax |
| E-mail | | |

| 3. Your Children and other Dependants | | |
|---------------------------------------|---------------|-----------------------|
| Name | Date of birth | Dependant until when? |
| | | |
| | | |
| | | |
| | | |
| | | |

Notes/Comments:

Your employment

| 4. Employment Details | Your employment | Partner's employment |
|--|-----------------|----------------------|
| Current occupation | | |
| Status (e.g. full-time, self-employed) | | |
| Employer name | | |
| Date commenced | | |

| 5. Future Employment | Your future employment | Partner's future employment |
|---|------------------------|-----------------------------|
| Is current situation likely to change? | | |
| If so, reason? (eg retirement, resignation, redundancy, relocation) | | |
| Expected date of change. | | |
| Do you intend to work again? F/T, P/T or casual? | | |
| Planned retirement age | | |

Salary and income

| 6. Salary | Your salary | Partner's salary |
|------------------------------|-------------|------------------|
| Base salary or wage (gross) | \$ | \$ |
| Total salary or wage (gross) | \$ | \$ |
| Packaged items (list) | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| TOTAL WAGE or SALARY | \$ | \$ |

| 7. Other Income | Your other income | Partner's other income |
|--|-------------------|------------------------|
| Centrelink or veteran's affairs? Write amount, when received? | \$ | \$ |
| Investments? (annual income) | \$ | \$ |
| Business? (annual income) | \$ | \$ |
| Other income? (specify) | \$ | \$ |
| TOTAL OTHER INCOME | \$ | \$ |

Notes/Comments:

Your expenditure

| 8.Expenditure | Your expenditure | Partner's expenditure |
|--|------------------|-----------------------|
| Mortgage or rent | \$ | \$ |
| Local rates and taxes | \$ | \$ |
| Household (food, electricity, telephone etc) | \$ | \$ |
| Car, boat, transport | \$ | \$ |
| Clothing, personal | \$ | \$ |
| Education | \$ | \$ |
| Entertainment | \$ | \$ |
| Insurance (life, general, medical) | \$ | \$ |
| Medical, dental | \$ | \$ |
| Loans, credit cards | \$ | \$ |
| Other | \$ | \$ |
| Other | \$ | \$ |
| TOTAL EXPENDITURE | \$ | \$ |

Surplus

| 9. Income Less Expenditure | Combined expenditure |
|-------------------------------|----------------------|
| Total income (6 plus 7 above) | \$ |
| Less tax | \$ |
| Net income | \$ |
| Less expenditure (8) | \$ |
| SURPLUS (deficit) | \$ |

Do you consider your budget to be: Tight? or Comfortable?

Notes/Comments:

10. Assets (what you own)

To help you achieve your life goals, we need an accurate record of the assets you own and those which could be reallocated as part of your financial plan. These include your current lifestyle, business and investment assets.

If you are seeking advice only on your investment assets, please provide copies of your most recent statements.

| a. Your Lifestyle Assets | Owner/s | Current value |
|-------------------------------|---------|---------------|
| Principal residence (home) | | \$ |
| Household contents | | \$ |
| Car/s | | \$ |
| Other (boat, caravan etc) | | \$ |
| TOTAL LIFESTYLE ASSETS | | |

| b. Your Investment Assets | Owner | Date of investment | Original Investment \$ | No of units or shares | Current value \$ |
|---|-------|--------------------|---------------------------|-----------------------|---------------------|
| Name or Description of Shares, Property, Fixed Interest etc | | | | | |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| TOTAL OTHER ASSETS | | | \$ | | \$ |

Your superannuation / eligible termination payments / rollovers

- Please provide the following information about your superannuation, eligible termination payments and/or rollover funds.
- Most of the information should be included on your most recent fund statement or your statement of termination payment (STP).
- Please attach the most recent statement for each fund.

| c. Fund or Product Name/Description | Owner | Current value |
|-------------------------------------|-------|---------------|
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |
| 6. | | \$ |
| 7. | | \$ |
| 8. | | \$ |
| TOTAL AMOUNT | | \$ |

| | | |
|--|------------------------------|-----------------------------|
| Have you registered a higher transitional reasonable benefit limit (RBL)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any current or "paid up" personal or self-employed superannuation life policies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you received any other termination payments e.g. redundancy, invalidity, long-service leave or other leave? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you withdrawn benefits from superannuation in the past? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please provide details:

11. Liabilities (what you owe)

Please provide the following information so that we can calculate how much you have to invest and your current net wealth.

| Description | Owner | Type and term | Date loan commenced | Original amount | Interest rate % | Monthly repayment | Interest tax deductible? | Current amount owing |
|---------------------------------|-------|---------------|---------------------|-----------------|-----------------|-------------------|--------------------------|----------------------|
| Mortgages | | | | | | | | |
| | | | | \$ | % | \$ | | \$ |
| | | | | \$ | % | \$ | | \$ |
| | | | | \$ | % | \$ | | \$ |
| Other loans, credit cards, tax: | | | | | | | | |
| | | | | \$ | % | \$ | | \$ |
| | | | | \$ | % | \$ | | \$ |
| | | | | \$ | % | \$ | | \$ |
| | | | | \$ | % | \$ | | \$ |
| | | | | \$ | % | \$ | | \$ |
| TOTAL LIABILITIES | | | | \$ | | \$ | | \$ |

Notes/Comments:

12. Your life goals

- We want to help you achieve your life goals.
- To do so, we need a general understanding of your situation and how you think we could help you.
- If you are unsure of your requirements you might like to consider the questions below.

| a. Do you have particular reasons for seeking advice at this time? | | | |
|--|--------------------------|--------------------------------|--------------------------|
| Do you have: | | You would like to: | |
| A lump sum of money to invest? | <input type="checkbox"/> | Build an investment portfolio? | <input type="checkbox"/> |
| An eligible termination payment? | <input type="checkbox"/> | Provide for retirement? | <input type="checkbox"/> |
| Surplus cash flow? | <input type="checkbox"/> | Consolidate your debts? | <input type="checkbox"/> |
| Debts? | <input type="checkbox"/> | Reduce your tax? | <input type="checkbox"/> |
| A high tax liability? | <input type="checkbox"/> | Increase income? | <input type="checkbox"/> |
| Other (specify)? | <input type="checkbox"/> | Achieve specific goals? | <input type="checkbox"/> |

Apart from your main reason for seeking advice, are there specific goals you would like to achieve prior to your retirement?

| b. Your short to medium term goals | | |
|------------------------------------|--------------------------|-------------|
| Goal | Estimated funds required | Target date |
| Home/property purchase | \$ | |
| Holiday | \$ | |
| Car/boat/caravan | \$ | |
| Children's education/wedding | \$ | |
| Pay off mortgage/debts | \$ | |
| Purchase business | \$ | |
| TOTAL FUNDS REQUIRED | \$ | |

Notes/Comments:

Long – term goals

| c. Your Long Term Goals | | |
|---|-----------------------------|-------------------------|
| On retirement, how much income do you estimate that you will require to cover your annual expenses (in today's dollar terms)? | | |
| Plan | Estimated retirement income | Expected retirement age |
| Your plan | | |
| Partner's plan | | |
| TOTAL PLANS | | |

What are your most important needs in reaching your financial goals?

Please rate each of the following common needs on a scale of 1 to 10 where 1 is a low priority and 10 is a high priority for you.

Add any other needs that are important to you but not listed.

| Need | Priority | Need | Priority |
|---------------------|----------|--------------------|----------|
| Security of capital | | Ease of withdrawal | |
| Capital growth | | Comfort | |
| Income | | Simplicity | |
| Tax efficiency | | Communication | |
| Social or ethical | | Other (specify) | |
| Other (specify) | | Other (specify) | |
| Other (specify) | | Other (specify) | |

Clarification of terms used in table above.

Security – You are concerned about losing capital as a result of fluctuations in the value of your portfolio of investments.

Capital growth – You want your portfolio to produce capital growth.

Income – You want your portfolio to produce income from the start.

Tax efficiency – You are concerned about the amount of tax you will need to pay.

Ease of withdrawal – You want ready access to your funds.

Comfort – You want to feel comfortable about the advice you receive and the companies with whom you invest.

Simplicity – You want investment solutions you can easily understand.

Communication – You want to be kept well informed about your investments.

Social or ethical – Environmental, social or ethical considerations are important to you.

Notes/Comments:

13. Your health

| | Your health | Your partner |
|-----------------|-------------|--------------|
| Good/Fair/Poor? | | |
| Smoker Yes/No? | | |

Are you aware of any issues that might affect your current or future financial planning or insurance considerations?

Please provide details:

14. Your insurance

Please show amount and whether it is personal cover or through your superannuation fund.

Provide a copy of your most recent advice at the interview.

| a. Life Insurance | Your cover | Estimated premium (if known) | Your partner's | Estimated premium (if known) |
|------------------------------|------------|------------------------------|----------------|------------------------------|
| Death cover | | | | |
| Total & permanent disability | | | | |
| Income protection | | | | |
| Critical illness/trauma | | | | |
| Whole of life/endowment | | | | |
| Other insurance | | | | |

| b. General Insurance | Insured value | Estimated premium (if known) |
|--|---------------|------------------------------|
| Home | | |
| Contents | | |
| Car | | |
| Private health cover (hospital/extras) | | |
| Other general insurance | | |

15. Your estate planning

| a. Wills | You | Your partner |
|---|-----|--------------|
| Do you have a will? Yes/No? | | |
| When was your will last reviewed? | | |
| Have your circumstances changed since your last review? | | |
| Who holds your will? | | |

| b. Other important matters | You | Your partner |
|---|-----|--------------|
| Have you executed an enduring power of attorney? (name) | | |
| Do you have a funeral plan? | | |
| Have you been married before? | | |
| Do you have children from previous marriages/relationships? | | |
| Are there any other special estate planning issues? | | |

Notes/Comments::

| |
|--|
| |
|--|

16. Your other advisers and entities

| a. Your Advisers | Name | Address | Phone |
|-----------------------------|------|---------|-------|
| Your tax accountant/adviser | | | |
| Your legal adviser | | | |
| Other advisers | | | |

| b. Other Entities | Details |
|---|---------|
| Are you involved in a family trust? | |
| Do you have a self-managed superannuation fund? | |
| Do you have a private business? | |

Notes/Comments::

17. Acknowledgements

I/We confirm that the details recorded in this questionnaire are correct and reflect my/our true financial position.

I/We acknowledge that I/We have understood the privacy statement at the back of the questionnaire.

I/We authorise you to contact the advisors, insurance companies, superannuation fund administrators and investment managers listed above to fully understand my/our situation, investments and policies.

Please prepare a plan for my/our consideration.

| | | | |
|--------------------------|--|-------------------|--|
| Your signature | | Date (DD/MM/YYYY) | |
| Your partner's signature | | Date (DD/MM/YYYY) | |

Notes/Comments:

18. Adviser declaration

I have discussed with the client(s) the importance of obtaining financial details in order to provide recommendations that are appropriate to their needs and circumstances.

I have explained to the client the relevance of determining their risk tolerance with regard to establishing an appropriate risk profile.

I have discussed with them their attitude to risk and then suggested risk profile for the purposes of investing.

I have discussed with the client that, where required information has not be provided by them, the advice and recommendations that I provide may not be appropriate for their needs.

| | | | |
|---------------------|--|-------------------|--|
| FSG provided Yes/No | | Version provided | |
| Adviser Signature | | Date (DD/MM/YYYY) | |

Privacy statement

ESI Financial Services is dedicated to maintaining the privacy of your personal information. We collect and retain personal information for the purpose of providing financial services including the provision of financial advice and associated services, and the conducting of superannuation services administration. In doing so, we ensure we meet our obligations as an Australian Financial Services Licence Holder.

Wherever practical we will request you to provide the information we require. However, we may use previously collected information or other information from reliable sources such as your superannuation fund, your accountant or the Australian Taxation Office at which time we will take reasonable steps to ensure it is accurate, complete and current.

ESI Financial Services will only disclose your personal information to other parties where you have given your consent, it is implied, or we are required by law to do so. Examples of these parties include our auditors and other professional consultants, relevant government agencies, complaints handling organisations and your superannuation fund.

If you do not provide us with your current personal information, we may not be able to provide you with the financial services that you require, or the services that we provide you may not be appropriate to your particular needs.

You may request access to personal information we hold about you. Please contact us if you would like further information on our privacy policy.



Contact Details

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