

CLIENT PROFILE FORM

This form is to be filled in by prospective clients or their advisors to provide us with the necessary information required for the initial

1. PERSONAL INFORMATION ABOUT YOU			
Full name (including middle name)			
Maiden name	N/A <input type="checkbox"/>	or:	
Alternative names	N/A <input type="checkbox"/>	or:	
Date of Birth		Age:	Place of birth:
Occupation			
Residential address			
Postal address	As above <input type="checkbox"/>	or:	
Email			
Telephone	M:	H:	W:
Residency status in Australia (eg. citizen, resident)			
Are you a citizen of any other country?			

2. EXISTING WILL AND OTHER ARRANGEMENTS

Have you previously made a Will (including a Will outside of Australia)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please bring a copy with you to our meeting If 'Yes', have you ever entered into an agreement with anyone (written or verbal) that you would not amend or revoke your Will without that person's permission? <input type="checkbox"/> No <input type="checkbox"/> Yes, details:
Do you have a current Enduring Power of Attorney (Financial)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please bring a copy of the document creating the Enduring Power of Attorney (Financial) with you to our meeting
Do you have a current Enduring Power of Attorney (Medical)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please bring a copy of the document creating the Enduring Power of Attorney (Medical) with you to our meeting
Do you have a current Enduring Guardian or an Enduring Power of Attorney (Personal)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please bring a copy of the document creating the Appointment of your Enduring Guardian / Enduring Power of Attorney (Personal) to our meeting

3. CURRENT AND PREVIOUS RELATIONSHIPS

Current	Name: Date of birth: Address: Date of marriage (if applicable): Place of marriage (if applicable):
Former	Name: Were you married? <input type="checkbox"/> No <input type="checkbox"/> Yes, date and place of marriage: Are you divorced: <input type="checkbox"/> No <input type="checkbox"/> Yes Has there been a formal property settlement: <input type="checkbox"/> No <input type="checkbox"/> Yes
Former	Name: Were you married? <input type="checkbox"/> No <input type="checkbox"/> Yes, date and place of marriage: Are you divorced: <input type="checkbox"/> No <input type="checkbox"/> Yes Has there been a formal property settlement: <input type="checkbox"/> No <input type="checkbox"/> Yes

4. CHILDREN			
Full name	Date of birth	Address	Any concerns (eg. health, behavioral or other issues)
		Same as my address <input type="checkbox"/> Or:	
		Same as my address <input type="checkbox"/> Or:	
		Same as my address <input type="checkbox"/> Or:	
		Same as my address <input type="checkbox"/> Or:	
		Same as my address <input type="checkbox"/> Or:	

5. ASSETS & Liabilities (please attach a structure diagram/summary if you have one)			
<i>Non-Superannuation Assets</i>			
Asset	Owner	Approximate value & any debt	Acquisition date
<i>Superannuation Assets</i>			
Member	Superannuation Fund	Member balance	Accumulation / pension phase

<i>Life Insurance (if applicable)</i>			
Insured Party	Cover	Beneficial owner	Insured Amount

<i>Businesses (if applicable)</i>			
Business Asset	Owner	Value (debt)	Acquisition Date

If you believe there is any other issue or relevant document, please let us know.

6. OBJECTIVES AND CONCERNS

Estate Planning

- Risk of challenge to distribution of wealth on death
- Risk of relationship breakdown of beneficiaries
- Financial and creditor risk of beneficiaries
- Education of beneficiaries
- Special needs or disability of beneficiaries
- Other (please specify)

Structuring

- Capital gains tax concessions
- Stamp duty concessions
- Managing creditor risk
- Managing risk of distribution of wealth on death
- Managing family law risk of beneficiaries
- Other (please specify)

General Advice

Please briefly state your objectives/concerns here:

- Stamp duty concessions
- Managing creditor risk
- Managing risk of distribution of wealth on death
- Managing family law risk of beneficiaries

7. INFORMATION TO BRING TO INITIAL MEETING

Documentation and Information

- Ownership structure summary/diagram
- Financial statements of relevant entity
- Trust deeds
- Company constitutions
- Life/other insurance policies
- Existing Wills, powers of attorney, binding death benefit nominations
- Business agreements (eg shareholder, unitholder or other agreements)

Accountant

Please provide us with the name and contact details of your accountant

Financial advisor

Please provide us with the name and contact details of your financial advisor

IMPORTANT NOTE:

The preliminary information provided in this form (and attachments if applicable) will provide background and context for our initial meeting with you. Following our meeting, the contents of this form will form part of your file.

This document is not intended to form part of any legal advice or legal document in any respect and is merely to be used for client information gathering purposes only.