

## Lifestyle Questionnaire

Bridge the gap between  
where you are now and  
where you want to be

# Welcome

The Lifestyle Questionnaire is an important part of our approach to help you bridge the gap between where you are now and where you want to be. The information you provide in this document will assist us to deliver strategies to help you achieve your goals.

## Why complete this document before your appointment?

Our experience shows that:

- > You will get more out of the appointment if you allocate sufficient time to consider these questions before you meet your Adviser.
- > By providing this information, your Adviser is better able to assess your financial situation and financial needs, and can spend more time with you discussing your strategy options.

*Please provide originals or photocopies of the applicable documents for your appointment.*

**When to return your Lifestyle Questionnaire: AT LEAST one week before your appointment.**

**Please complete the Lifestyle Questionnaire in BLACK PEN.**

If you require assistance completing this document, please contact us.

Toll free 1800 643 893  
qinvest.info@qinvest.com.au

The following items (if applicable to you) will assist in completing the Lifestyle Questionnaire.

### Employment

- Recent payslip(s) (indicative of "normal" pay)
- Voluntary Early Retirement or Redundancy package details

### Tax

- Most recent ATO Notice of Assessment (tax refund statement)

### Investments

- Most recent tax and end of financial year statements
- Managed funds/share transaction listing

### Liabilities

- Current loan statement/repayment schedule

### Superannuation

- Most recent statement from fund
- Transaction history (list of contributions and withdrawals)

### Personal Insurance

- Most recent correspondence (renewal/premium notice)

### Social Security

- Centrelink/DVA assessment (most recent correspondence confirming benefit details)

## Your personal details

	CLIENT 1	CLIENT 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
Surname		
First name/s		
Preferred name		
Date of birth		
Relationship status	<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Phone numbers	H M W	H M W
Email		
Residential address		<input type="checkbox"/> As per client 1
Postal address	<input type="checkbox"/> As above, or	<input type="checkbox"/> As per client 1, or <input type="checkbox"/> As above
Employer		
Occupation / role		
Work status	<input type="checkbox"/> FT <input type="checkbox"/> PT _____ hrs/week <input type="checkbox"/> Casual _____ hrs/week <input type="checkbox"/> Retired <input type="checkbox"/> Not working	<input type="checkbox"/> FT <input type="checkbox"/> PT _____ hrs/week <input type="checkbox"/> Casual _____ hrs/week <input type="checkbox"/> Retired <input type="checkbox"/> Not working

### DETAILS OF YOUR CHILDREN AND OTHER DEPENDANTS

Name	Gender	Date of birth	Do they require financial support?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no

## What is important to you?

**1** What are your main reasons for seeking advice at this time?

---



---



---

**2** Describe to us your personal goals and what you consider important for your future lifestyle.

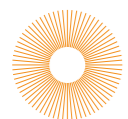
	Timeframe (year)
<b>SHORT TERM</b>	
<b>MEDIUM TERM</b>	
<b>LONG TERM</b>	

**3** What are your planned lump sum expenditure requirements? (e.g. car purchase, holiday, wedding)

Rank in order of priority (1-5) 1= first priority	Item	Amount \$ (today's dollars)	One off or frequency?	Starting when?
			One off or every ____ yrs	
			One off or every ____ yrs	
			One off or every ____ yrs	
			One off or every ____ yrs	
			One off or every ____ yrs	

**4** What is your current annual cost of living?

Amount \$ \_\_\_\_\_



*We suggest that you complete the Budget section of this document to assist you in answering this question (see page 25).*

**5** What annual income would you like in retirement?

Amount \$ \_\_\_\_\_



*The orange shaded sections on each right hand page of the Lifestyle Questionnaire are for your Adviser's use.*

Q INVEST NOTES DEPENDANTS		
Name	Funding to what age	Amount per annum

Q INVEST NOTES GOALS

Q INVEST NOTES PLANNED EXPENDITURE / RETIREMENT INCOME

Include in advice	Reason	Fund from
<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		

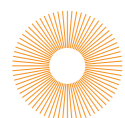
How much to keep readily available for unforeseen expenses? Amount \$ per/annum \_\_\_\_\_  
Other cash reserve options considered

**BUDGET**  Review  Establish  No rec required

## Income from employment

### 6 What is your income (if any) from employment and non investment related sources?

Please provide before-tax (GROSS) figures.



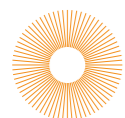
Refer to your payslip or last tax assessment for details and please provide originals or photocopies for your appointment.

Note: Information regarding income from any investments, superannuation and pension accounts are requested further in the Lifestyle Questionnaire.

No employment income — please go to Question 7

TYPE OF INCOME	CLIENT 1 (\$)	CLIENT 2 (\$)	FREQUENCY (w/fn/m/yr)
<b>EMPLOYMENT INCOME</b>			
Total package of benefits			<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr
OR			
Base salary			<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr
Regular overtime/allowances			<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr
Bonuses			<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr
<b>Other employment income:</b>			<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr
Type:			
<b>OTHER NON INVESTMENT RELATED INCOME</b>			
e.g. child support/business/trusts			
Type:			<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr
Type:			<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr
<b>TOTAL ANNUAL</b>			

### 7 What is your income (if any) from Government payments (eg Centrelink/DVA/Family Tax Benefits) or Overseas Government payments (eg UK Government pension)?



Refer to your latest assessment for details and please provide originals or photocopies for your appointment.

No Government payments — please go to Question 8

SPECIFY TYPE OF INCOME	PAYER eg DVA	CLIENT 1 (\$)	CLIENT 2 (\$)	FREQUENCY (w/fn/m/yr)
1				<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr
2				<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr
3				<input type="checkbox"/> w <input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr

Q INVEST NOTES INCOME		
INCOME	CLIENT 1	CLIENT 2
Employment income		
Asset income		
Pension income		
Other income		
<b>TOTAL</b>		
Salary sacrifice		
Standard %		
Voluntary \$		
Other packaging		
Equals taxable income		
Take home pay		

Q INVEST NOTES INCOME SOURCES / PACKAGING		
	TARGET	
	<input type="checkbox"/> Same THP	<input type="checkbox"/> Same THP
	\$ _____ Gross/Net	\$ _____ Gross/Net
	Other	Other
<b>SAVING CAPACITY (PER ANNUM)</b>		

Q INVEST NOTES GOVERNMENT PAYMENTS		
Benefits – FTB A/B		
Cards ie PCC, HCC, CSHC, DVA (W,G) Qld Snr, Qld Snr Bus		
Wait periods	IMP LAWP	
Gifting		
Other		

SECTION 3 | INCOME

8 If you are still in employment, what are your leave balances? (in weeks)

	CLIENT 1	CLIENT 2
Annual leave		
Long service leave		
Personal / sick leave		

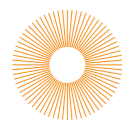
9 When did you or would you like to retire?

Specify an age, year or date.

CLIENT 1	CLIENT 2

10 Have you previously received or expect to receive a redundancy payout, Employer Termination Payment (ETP) or made withdrawals from superannuation?

CLIENT 1	CLIENT 2
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no



If yes, please provide originals or photocopies for your appointment.

Q INVEST | NOTES

Q INVEST NOTES USE OF LONG SERVICE LEAVE AND BREAKUP (IF REQUIRED)		
COMPONENT	CLIENT 1	CLIENT 2
Pre 78		
78 – 93		
Post 93		

Q INVEST NOTES RETIREMENT DATE		

Q INVEST NOTES		
	CLIENT 1	CLIENT 2
Worked previously?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Intending to resume work?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Intending to reduce work?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, when?		
If yes, approx hours per week		
For how long?		
Expected gross income?		
Other		

Q INVEST NOTES REDUNDANCY / WITHDRAWALS		

## Personal assets

**11 Lifestyle assets**

ASSET	OWNER (CLIENT 1 / CLIENT 2 / JOINT)			MARKET VALUE (\$)
Home	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J	
Contents	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J	
Motor vehicle	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J	
Caravan / Boat	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J	
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J	
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J	

**12 What are your savings and investment assets?**

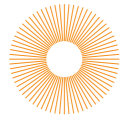


Please attach summary documents regarding the assets below should there be insufficient space and provide originals or photocopies for your appointment.  
Please also complete the asset details sections (in green) on the right hand page.

ASSET										
Bank accounts	Owner (client 1 / client 2 / joint)			Value (\$)	Annual income (\$)					
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							
Term deposits	Owner (client 1 / client 2 / joint)			Value (\$)	Annual income (\$)	Term	Maturity	Interest rate (%)	Q INVEST NOTES	
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							
Investment properties	Owner (client 1 / client 2 / joint)			Value (\$)	Annual income (\$)	Annual expenses (\$)	Purchase date	Purchase price (\$)	Loan amount (\$)	Q INVEST NOTES
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							
Direct shares	Owner (client 1 / client 2 / joint)			Value (\$)	Annual dividends (\$)	Number of shares	Purchase date	Dividends reinvested?	Q INVEST NOTES (INCL. CONTRIBUTIONS)	
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J					<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J					<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J					<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J					<input type="checkbox"/> yes <input type="checkbox"/> no		
Managed funds	Owner (client 1 / client 2 / joint)			Value (\$)	Annual income / distributions (\$)	Exit fees?	Purchase date	Income reinvested?	Q INVEST NOTES	
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J					<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J					<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J					<input type="checkbox"/> yes <input type="checkbox"/> no		
Other	Owner (client 1 / client 2 / joint)			Value (\$)	Annual income / distributions (\$)	Number	Purchase date		Q INVEST NOTES	
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> J							

Q INVEST NOTES LIFESTYLE ASSETS	
CENTRELINK / DVA VALUE \$	Q INVEST NOTES

**13** Have you sold / will you sell any investment assets (such as shares or property) this financial year?  yes  no



If yes, please provide a summary below.  
Please also provide originals or photocopies of the relevant documents for your appointment.

ASSET	OWNER (CLIENT 1 / CLIENT 2 / JOINT)	AMOUNT (\$)
	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	

## Superannuation and pensions

**14** What are your superannuation and/or pension assets?



Refer to your superannuation statement or current quotation of benefits and please provide originals or photocopies for your appointment.

SUPERANNUATION					
Fund name	Fund type <small>eg Defined benefit, Accumulation</small>	Policy/ Account number	Owner	Balance (\$)	Withdrawals used for income (\$)
			<input type="checkbox"/> C1 <input type="checkbox"/> C2		
			<input type="checkbox"/> C1 <input type="checkbox"/> C2		
			<input type="checkbox"/> C1 <input type="checkbox"/> C2		
			<input type="checkbox"/> C1 <input type="checkbox"/> C2		
			<input type="checkbox"/> C1 <input type="checkbox"/> C2		
			<input type="checkbox"/> C1 <input type="checkbox"/> C2		

PENSION / ANNUITIES					PENSIONS / ANNUITIES INCOME	
Fund name	Fund type <small>eg Allocated pension/ Annuity</small>	Policy/ Account number	Owner	Balance (\$)	Amount (\$)	Frequency of payment
			<input type="checkbox"/> C1 <input type="checkbox"/> C2			
			<input type="checkbox"/> C1 <input type="checkbox"/> C2			
			<input type="checkbox"/> C1 <input type="checkbox"/> C2			
			<input type="checkbox"/> C1 <input type="checkbox"/> C2			

Q INVEST NOTES INVESTMENT ASSETS/LUMP SUMS		
CONTRIBUTIONS		
WITHDRAWALS/SALE OF INVESTMENT ASSET		
WILL CLIENTS RECEIVE ANY OTHER LUMP SUMS?	CLIENT 1	CLIENT 2
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
IF YES, TYPE OF LUMP SUM	AMOUNT \$	WHEN (YEAR)
	<input type="checkbox"/> C1 <input type="checkbox"/> C2	
	<input type="checkbox"/> C1 <input type="checkbox"/> C2	
OTHER		

Q INVEST NOTES SUPERANNUATION/PENSION ASSETS		
CONTRIBUTIONS		
WITHDRAWALS		
OTHER		

## Personal liabilities

**15** What do you owe?



Refer to your latest statements and please provide originals or photocopies for your appointment.

No liabilities — Please go to Question **16**

Please also complete the asset details sections in green on the right hand page.

PERSONAL DEBT										
Loan type	Owner (client 1 / client 2 / joint)	Total amount owing (\$)	Interest rate (%)	Payment (\$)	Frequency (fn / m)	Security for debt	Provider	Variable amount	Fixed amount	Principal & Interest / Interest only
Home loan	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m					
Home loan	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m					
Line of credit	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m					
Personal loan	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m					
Credit card	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m					
	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m					
TOTAL		_____								

INVESTMENT DEBT											
Loan type	Owner (client 1 / client 2 / joint)	Total amount owing (\$)	Interest rate (%)	Payment (\$)	Frequency (fn / m / yr)	Security for debt	Provider	Variable amount	Fixed amount	Principal & Interest / Interest only	Tax deductible
Investment loan	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr						<input type="checkbox"/> yes
Margin loan	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr						<input type="checkbox"/> yes
Line of credit	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr						<input type="checkbox"/> yes
	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> J				<input type="checkbox"/> fn <input type="checkbox"/> m <input type="checkbox"/> yr						<input type="checkbox"/> yes
TOTAL		_____									

Q INVEST NOTES LIABILITIES

---



---



---



---



---

## Health and estate planning

**16** Please advise us if you know of any health issues which may affect your financial position, future goals or prevent you from obtaining personal insurance.

CLIENT 1 \_\_\_\_\_

CLIENT 2 \_\_\_\_\_

ESTATE PLANNING	CLIENT 1 (m/yr)	CLIENT 2 (m/yr)
<b>Do you have a Will?</b> If yes, when was it last reviewed?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ / _____	<input type="checkbox"/> yes <input type="checkbox"/> no _____ / _____
<b>Do you have an Enduring Power of Attorney?</b> If yes, when was it last reviewed?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ / _____	<input type="checkbox"/> yes <input type="checkbox"/> no _____ / _____
<b>Do you have an Advance Health Directive?</b> If yes, when was it last reviewed?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ / _____	<input type="checkbox"/> yes <input type="checkbox"/> no _____ / _____
<b>Have you established a Testamentary Trust?</b> If yes, when was it last reviewed?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ / _____	<input type="checkbox"/> yes <input type="checkbox"/> no _____ / _____

## Health and wealth protection

**18** What general insurances do you have in place?

Type	Type of cover? <small>eg new for old, third party, comprehensive</small>	Sum insured (\$)	Reviewed within past 12 months?
Home			<input type="checkbox"/> yes <input type="checkbox"/> no
Contents			<input type="checkbox"/> yes <input type="checkbox"/> no
Motor vehicle			<input type="checkbox"/> yes <input type="checkbox"/> no
Caravan/boat			<input type="checkbox"/> yes <input type="checkbox"/> no
Investment properties			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

**19** Do you have health insurance?

CLIENT 1	CLIENT 2
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provider: _____	Provider: _____
<input type="checkbox"/> hospital only	<input type="checkbox"/> hospital only
<input type="checkbox"/> extras only	<input type="checkbox"/> extras only
<input type="checkbox"/> hospital and extras	<input type="checkbox"/> hospital and extras

Q INVEST NOTES ESTATE PLANNING

CONSIDERATIONS / FAMILY SITUATION

REFERRAL TO

Q INVEST NOTES

Q INVEST NOTES HEALTH INSURANCE

DEPENDANTS COVERED  yes  no

## Personal insurance

In developing strategies to create and build wealth, a sound financial plan will also include strategies to protect your wealth should an unforeseen personal event (such as illness, injury or death) occur. This section supplies us with the information needed to provide you with meaningful, tailored wealth protection recommendations.

### 20 What personal insurances do you have in place?

Personal insurances include cover such as life cover, Total & Permanent Disability (TPD), Trauma and Income protection cover as well as Whole of Life and Endowment policies. The cover may form part of your superannuation account or be held as a separate policy.



Refer to your latest renewal notice and superannuation statement and please provide originals or photocopies for your appointment.

No existing personal insurance — please go to the Personal Risk Profiler section, on page 20

CLIENT 1		CLIENT 2	
	Policy 1	Policy 2	
Life cover	\$		Life cover
Total & Permanent Disability (TPD) cover	\$		Total & Permanent Disability (TPD) cover
Trauma cover	\$		Trauma cover
Income protection cover (per month)	\$		Income protection cover (per month)
Waiting period (wks/mths etc)			Waiting period (wks/mths etc)
Benefit period (2yrs, 5yrs, to age 65)			Benefit period (2yrs, 5yrs, to age 65)
Insurer			Insurer
Cover within super	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Cover within super
Annual premium	\$		Annual premium

### 21 What other (if any) personal insurances do you have?



Refer to your latest renewal notice and please provide originals or photocopies for your appointment.

Policy	Owner	Sum insured (\$)	Insurer	Maturity date	Surrender value (\$)	Annual premium (\$)
Whole of Life	<input type="checkbox"/> C1 <input type="checkbox"/> C2					
Endowment	<input type="checkbox"/> C1 <input type="checkbox"/> C2					
	<input type="checkbox"/> C1 <input type="checkbox"/> C2					

The following Questions (22–26) will assist us to determine whether insurance cover is likely to be available, to obtain favourable policy conditions and minimise premium costs.



If you are both retired, please go to the Personal Risk Profiler section, on page 20.

This section can be completed with your Adviser, once any insurance needs are determined.

### 22 Have you smoked in the last 12 months?

CLIENT 1	CLIENT 2
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

### 23 Have you ever had an insurance application declined or accepted on revised terms eg with a premium loading or an exclusion for a particular condition?

CLIENT 1	CLIENT 2
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

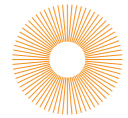
### 24 Have you ever visited a medical practitioner or received ANY treatment for:

	CLIENT 1	CLIENT 2
Any heart condition, stroke or cancer	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Any back related condition	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Stress, anxiety or depression	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no



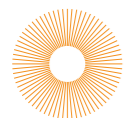
## Your Personal Risk Profiler

The Personal Risk Profiler is a series of questions that guide your Adviser in understanding your attitude when investing. During your appointment, your Adviser will discuss your answer selection and provide additional information to improve your understanding of the principles of investing and to determine the best investment selection for you.



Please read the following information before completing the Personal Risk Profiler.

- Investment time horizons are as follows:
  - ▶ short term — at call up to 3 years
  - ▶ medium term — 3 years to 7 years
  - ▶ long term — 7 years and beyond
- Whenever you invest there are a number of risks to consider. These can include the risk that:
  - ▶ the value of your capital will fall
  - ▶ your capital will not keep pace with inflation
  - ▶ you will outlive your capital
- Growth investments, such as shares and property, can change in value as well as pay an income return. They provide the opportunity for higher returns over the medium to long term. However, returns can be low or negative over the short to medium term.
- Defensive investments, such as cash and fixed interest, offer lower risk and greater capital security. They generally deliver lower returns over the medium to long term and provide all or most of their return in the form of income.
- You should feel comfortable with the balance between the level of risk associated with your investments and the return required to meet your goals.



In relation to each of the questions below, please choose the answer you prefer and tick the corresponding box. (Both clients should complete as you may have different answers).

**1** Keeping in mind your primary financial goals, how long are you planning to invest the majority of your funds? (even though you may need a small amount of funds in the short term)

	CLIENT 1	CLIENT 2
A Less than 3 years	<input type="checkbox"/>	<input type="checkbox"/>
B 3 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>
C 5 to 7 years	<input type="checkbox"/>	<input type="checkbox"/>
D 7 years or more	<input type="checkbox"/>	<input type="checkbox"/>
Q INVEST USE SCORE		

**2** When it comes to investing, I would describe myself as:

	CLIENT 1	CLIENT 2
A Inexperienced — little knowledge of investing	<input type="checkbox"/>	<input type="checkbox"/>
B Somewhat inexperienced — I sometimes read about investment markets and know that returns can vary year to year	<input type="checkbox"/>	<input type="checkbox"/>
C Somewhat experienced — I read about investment markets and understand that different investments have different risk and return characteristics	<input type="checkbox"/>	<input type="checkbox"/>
D Experienced — I follow and understand investment markets and would feel comfortable making my own investment decisions	<input type="checkbox"/>	<input type="checkbox"/>
Q INVEST USE SCORE		

**3** Complete the following sentence. When I think about investment decisions:

	CLIENT 1	CLIENT 2
A Avoiding the risk of any loss is of most concern	<input type="checkbox"/>	<input type="checkbox"/>
B Limiting the risk of loss is important but not the only consideration	<input type="checkbox"/>	<input type="checkbox"/>
C Making a gain is important but I have other considerations	<input type="checkbox"/>	<input type="checkbox"/>
D The level of possible gains is of most concern	<input type="checkbox"/>	<input type="checkbox"/>
Q INVEST USE SCORE		

**4** All investments carry some form of risk and there is always a trade-off involved between investment risk and return. Keeping this in mind, how would you best describe yourself with regards to future investment decisions?

	CLIENT 1	CLIENT 2
A I am very conservative and do not take any risks	<input type="checkbox"/>	<input type="checkbox"/>
B I am somewhat conservative but will accept some risk	<input type="checkbox"/>	<input type="checkbox"/>
C I am willing to take some risk to improve my returns in the long term	<input type="checkbox"/>	<input type="checkbox"/>
D I am willing to take a reasonable amount of risk to improve returns in the long term	<input type="checkbox"/>	<input type="checkbox"/>
E I am willing to take a high level of risk to improve returns in the long term	<input type="checkbox"/>	<input type="checkbox"/>
Q INVEST USE SCORE		

**5** Given the normal investment market cycle of ups and downs, by how much would you be prepared to 'wait out' a downturn before you begin to feel uncomfortable and inclined to take action to switch to more conservative investments?

	CLIENT 1	CLIENT 2
<b>A</b> Any fall would make me uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> 5% fall in value	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> 10% fall in value	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b> 20% fall in value	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b> I would not generally switch out of investments, and I would potentially consider this an opportunity to look for additional investment opportunities	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q INVEST USE SCORE</b>		

**6** Increases in the cost of living (inflation) will erode the value of your savings. While investing in growth assets can counter the effect of inflation, growth assets also expose you to the risk of short term losses. Which statement below do you most associate with?

	CLIENT 1	CLIENT 2
<b>A</b> I realise that inflation will erode my savings but I have no tolerance for any loss on my investments	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> My investment return should exceed inflation, but limiting short term losses is just as important	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> I am comfortable investing in growth assets with the risk of short term losses to offset inflation	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q INVEST USE SCORE</b>		

**7** If you knew that a change in legislation could leave you worse off financially, would you take a risk in arranging your future investments in order to qualify for Government benefits or taxation savings?

	CLIENT 1	CLIENT 2
<b>A</b> Not if there was a chance I could end up worse off financially	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Only if there was a small chance I could end up worse off financially	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> As long as there was more than a 50% chance I would finish up better off	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q INVEST USE SCORE</b>		

**8** What level of unpredictability in return are you willing to take with your future investment decisions in order to meet your objectives?

	CLIENT 1	CLIENT 2
<b>A</b> I prefer a guaranteed return with no volatility	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> I prefer a stable and reliable return	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> I can accept some unpredictability in my return	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b> I can accept a moderate level of unpredictability in my return	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b> I can accept greater unpredictability in my return for a potential higher return	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q INVEST USE SCORE</b>		
<b>TOTAL SCORE</b>		

Score	Risk Profile	You may be described as:
8 to 13	<b>Conservative</b>	having a low tolerance to risk. The capital security of your investment is important even if this means accepting a modest average return.
14 to 17	<b>Moderately conservative</b>	seeking stability in your investments. You wish to limit the year to year variability in the value of your investments, even if this means accepting a modest average return. You are aware of the effects of inflation and that you will require some growth assets in your investments to help offset inflation.
18 to 25	<b>Moderate</b>	placing a high importance on a balance between the growth of your investments and investment risk. You are looking to avoid large year to year variations in the value of your investments, even if this means accepting slightly lower returns. You are seeking capital growth above inflation and are investing for the medium to long term.
26 to 30	<b>Moderately aggressive</b>	looking to achieve higher than average returns from your investments, but also want some diversification to reduce the probability of a negative return in any one year. You are not overly concerned by falls in value of your investment. You are unlikely to make short term changes to your investment strategy as you are investing for the long term.
31 to 33	<b>Aggressive</b>	seeking the opportunity to maximise the capital growth of your investments and are prepared to accept that frequent negative returns may occur. You probably keep up to date with what is happening in investment markets and are prepared to wait out market volatility. You are prepared to invest your entire portfolio in growth assets (shares and property) and hold these investments for the long term.

Your Risk Profile and investment preferences will be discussed further with your Adviser.

### Risk profile confirmation

Risk profile	Growth exposure range (ideal)	Orange – Defensive assets Green – Growth assets	Historical frequency of negative years	Profile after discussion	
				CLIENT 1	CLIENT 2
Conservative	0–30% (20%)		1 in 60 years	<input type="checkbox"/>	<input type="checkbox"/>
Moderately conservative	30–50% (40%)		1 in 9 Years	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	50–70% (60%)		1 in 5 years	<input type="checkbox"/>	<input type="checkbox"/>
Moderately aggressive	70–90% (80%)		1 in 4 years	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive	90–100% (100%)		1 in 4 years	<input type="checkbox"/>	<input type="checkbox"/>
				Initials	Initials
				Client agreement	

**Q INVEST NOTES REASON FOR INVESTOR TYPE AND INVESTMENT PREFERENCES (EXPERIENCE, STRATEGY, REQUIRED TO MEET GOALS ETC)**

**CLIENT 1 – INVESTMENT PREFERENCE: SOCIALLY RESPONSIBLE Y / N**

**CLIENT 2 – INVESTMENT PREFERENCE: SOCIALLY RESPONSIBLE Y / N**

### Your budget

This worksheet will assist you to identify your current cost of living for Question 4 on page 2. If you already have a budget, please go to page 27 and read the Collection Statement and Client Information Certification before signing the Lifestyle Questionnaire.

Section 1		Amount	Frequency w/fn/m/qtrly/yearly	Annual amount
Household expenses	Rent	\$		\$
	Electricity and gas	\$		\$
	Rates / Body corporate fees	\$		\$
	Telephone / Mobile	\$		\$
	Cable / TV / Internet	\$		\$
	Furniture / Appliances	\$		\$
	Cleaning / Pool / Gardening	\$		\$
<b>Sub total – household</b>				<b>\$</b>
Food	Groceries	\$		\$
	Meat / Fruit / Vegies	\$		\$
	Lunches	\$		\$
	Restaurants & takeaways	\$		\$
	<b>Sub total – food</b>	<b>\$</b>		<b>\$</b>
Personal expenses	Clothes & shoes	\$		\$
	Hair & beauty	\$		\$
	Other	\$		\$
	<b>Sub total – personal</b>	<b>\$</b>		<b>\$</b>
Medical expenses	Doctor	\$		\$
	Chemist	\$		\$
	Dentist	\$		\$
	Physio	\$		\$
	Vet / Pet	\$		\$
	Other	\$		\$
	<b>Sub total – medical</b>	<b>\$</b>		<b>\$</b>
Transport expenses	Registration	\$		\$
	Parking	\$		\$
	Fuel	\$		\$
	Repairs / Maintenance	\$		\$
	Public transport	\$		\$
	Club fees (RACQ etc)	\$		\$
	<b>Sub total – transport</b>	<b>\$</b>		<b>\$</b>
Insurance	Home & contents	\$		\$
	Motor vehicles	\$		\$
	Health Insurance	\$		\$
	Life / TPD / Trauma insurance	\$		\$
	Income Protection	\$		\$
	Rental property	\$		\$
	Other insurance	\$		\$
	<b>Sub total – insurance</b>	<b>\$</b>		<b>\$</b>

## SECTION 9 | BUDGET

Section 1 continued		Amount	Frequency w/fn/m/qtrly/yearly	Annual amount
Other expenses	Child support payments	\$		\$
	Gifts-Xmas and other	\$		\$
	Donations	\$		\$
	Hobbies & sports/Gym	\$		\$
	Subscriptions, magazines, papers CD/DVD/Movies	\$		\$
	Alcohol and cigarettes	\$		\$
	Holiday/Travel	\$		\$
	Other pet costs	\$		\$
	Lottery and gaming	\$		\$
	Entertainment	\$		\$
	Other	\$		\$
	<b>Subtotal-other expenses</b>			
<b>Section 1 annual subtotal</b>				\$
Section 2		Amount	Frequency w/fn/m/qtrly/yearly	Annual amount
Savings	Superannuation contributions	\$		\$
	Regular savings	\$		\$
	Regular investments	\$		\$
	Other	\$		\$
	<b>Subtotal-Savings</b>			
Debt repayment	Mortgage	\$		\$
	Car loan	\$		\$
	HECS/HELP payments	\$		\$
	Credit cards/Store cards	\$		\$
	Personal loans	\$		\$
	Lease/Hire purchase	\$		\$
	Investment loan	\$		\$
	<b>Subtotal-Debt repayment</b>			
Investment property	Loan repayments	\$		\$
	Agency costs	\$		\$
	Property repairs	\$		\$
	Other expenditure	\$		\$
	<b>Subtotal-Investment Property</b>			
Education expenses	School/University/TAFE fees	\$		\$
	Tuition/Lessons	\$		\$
	Book & uniforms	\$		\$
	Camps/Excursions	\$		\$
	Child care/Minding	\$		\$
	Other	\$		\$
	<b>Subtotal-Education</b>			
<b>Section 2 annual subtotal</b>				\$
<b>Section 1 and Section 2 annual total</b>				\$

## COLLECTION STATEMENT—PRIVACY ACT 1988 (CTH)

### Your privacy is important to us at Q Invest.

By completing this Lifestyle Questionnaire you are supplying personal and health information to us. You may also supply personal and/or health information to us in other ways, such as during an appointment or telephone conversation, or by letter or completing another form.

You should be aware that:

- > we will use your information to:
  - ▶ provide you with, implement and review financial planning advice and services
  - ▶ communicate the advice and services we provide you with
  - ▶ determine future business strategies and products and to develop our services
  - ▶ provide you with information regarding products or services offered by Q Invest which may be of interest to you;
- > in the course of doing business Q Invest may outsource certain tasks to third party suppliers such as mailing houses, information technology support and email suppliers. From time to time we also seek expert help to improve our systems, products and services. In these circumstances we may disclose your personal information to third parties who we will require to hold this information confidentially and in accordance with the requirements of privacy law. In addition, your personal information will not be shared with third parties, other than of this kind, without your consent;
- > we collect health information for the purpose of ensuring any advice and/or products recommended are appropriate to your individual needs. Your health information will not be provided to any other party;
- > if you do not provide full or accurate information, we may not be able to provide you with the products and/or services you are seeking;
- > we may be obliged by law to disclose your information and to report on prudential or risk management matters to regulators;
- > we have an obligation under the Privacy Act to secure your personal information and respond effectively to any personal information security breach that may arise; and
- > you can contact Q Invest by phone, fax or email and request access to your information. Where there is some legal or administrative reason to deny you access, we will inform you of that reason. There may be some charge to give you full access where your request requires the retrieval and compilation of information that has been archived or is significant in volume.

You can obtain a copy of our privacy policy on [www.qinvest.com.au](http://www.qinvest.com.au) or by requesting it from us.

### Don't forget to sign

Thank you for providing us with details of your current situation, your goals and objectives. Please turn over and complete this document by signing it. We look forward to helping you in your planning.

**Remember to send in this Lifestyle Questionnaire at least 1 week before your appointment.**

