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Registered Office at 105-153 Miller Street North Sydney NSW 2060



## Client Questionnaire

Client 1 name	
Client 2 name	
Adviser name	Brendon Barnes
Appointment	

Private and confidential

### Important Notice to Clients

In order for us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The information requested in this Client Profile is one of the tools we use to establish a basis for the advice we will provide. It is therefore important for you to complete this document as accurately and fully as possible. Failure to do so could result in advice being provided that is not appropriate to your individual needs, circumstances and objectives.

# Client Questionnaire

## Your details

Personal information	Client 1	Client 2
Title		
Given Name(s)		
Preferred Name		
Surname		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status		
Date of birth		
Health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Dependant(s) (names, ages)		
Employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Home maker <input type="checkbox"/> Retired <input type="checkbox"/> Casual <input type="checkbox"/> Contractor	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Home maker <input type="checkbox"/> Retired <input type="checkbox"/> Casual <input type="checkbox"/> Contractor
Occupation		
Employer		

## Contact details

	Client 1	Client 2
Home Address		
Postal Address		
Home Phone		
Work Phone		
Mobile Phone		
Email Address		
Preferred method of contact	<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Web <input type="checkbox"/> Unknown	<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Web <input type="checkbox"/> Unknown

## How can we help you?

	Details
Main reason for seeking advice	
Your major objectives	Short term (0 – 12 months)
	Medium term (1 to 5 years)

	Details
	Long term (5+ years)

### Your lifestyle assets

Asset	Owner	Value
Home		
Contents		
Vehicles		

### Your investment assets

Asset	Owner	Value
Superannuation		
Pension fund(s)		
Investment property		

#### Notes

### Your super funds

	Fund 1	Fund 2	Fund 3	Fund 4
Fund Name				
Owner (e.g. Client 1, Client 2)				
Account balance	\$	\$	\$	\$
Employer contributions (p.a.)	\$	\$	\$	\$
Salary sacrifice (p.a.)	\$	\$	\$	\$
After-tax contributions (p.a.)	\$	\$	\$	\$

### Your liabilities

Type	Owner	Value
Home loan		
Investment loan		
Credit card		


Notes

## Your income and expenses

Annual income	Client 1 (p.a.)	Client 2 (p.a.)
Salary / Business income		
Rental income		
Share / Investment income		
Interest		
Pension income		
Government benefits		
Trust distributions		
Worker's compensation		
<b>Total income (p.a.)</b>		

Annual expenses	Client 1 (p.a.)	Client 2 (p.a.)
Total household expenses		
Loan repayments		
School fees		
<b>Total expenses (p.a.)</b>		

Notes

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## Your life insurance

	Policy 1	Policy 2	Policy 3	Policy 4
Insurer				
Owner (e.g. Client 1, Client 2, Joint)				
In super?	<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
Life insured				
Death cover	\$	\$	\$	\$
TPD cover	\$	\$	\$	\$
Trauma cover	\$	\$	\$	\$
Income Protection cover	\$ p.m.	\$ p.m.	\$ p.m.	\$ p.m.
Waiting period				
Benefit period				
Premium	\$	\$	\$	\$
Premium frequency				

## Future changes

	Details
What changes are likely to these details over the next five (5) years?	

	Details

**Your concerns**

	Details
What key issues would you like to discuss?	

**Any other information**

	Details
Is there anything else we should know about?	

# Our Acknowledgments

## Information in this form

The information provided in this form (Client Questionnaire) is complete and accurate at the time of completion to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that before any advice can be given by the adviser, I/we will need to provide more information by completing a Client Profile.

## Financial Services Guide

I/We have received the Financial Services Guide version 12, dated 3<sup>rd</sup> May 2018, prior to obtaining financial planning services and/or recommendations.

## Information and Privacy Agreement

I/We agree that:

1. I am/We are to receive financial planning services from the adviser named in this Client Profile [“adviser”] and understand that my/our personal information (including any sensitive information such as health information and membership of professional organisations [“sensitive information”]) is being collected primarily for that purpose.
2. I/We acknowledge the privacy notification in the Financial Services Guide, that I/we have access to the Privacy Policy and understand that my/our personal information will be collected, used and disclosed as outlined in the Policy available from my/our adviser.
3. I/We also consent to the disclosure of my/our personal information (including our sensitive information):
  - to life insurers for the purposes of performing a pre-assessment of my/our suitability to apply for insurance;
  - to other third party product and service providers selected by my/our adviser in connection with the financial planning products and services that are offered by my/our adviser;
  - to organisations involved in providing my/our adviser with marketing services and to their service providers (for example posting services), so that my/our adviser may offer us products and services that might meet my/our financial needs; and
  - to other organisations in connection with the sale or proposed sale of all or part of the adviser’s business and to the use of that personal information by those organisations for those purposes.
  - to other professionals who may need to be engaged in order to implement certain components of our adviser’s business succession advice.
4. I/We also consent to the collection of my/our personal information for the purpose of my/our adviser providing the services stated above. This consent also relates to my/our sensitive information.
5. If I/we have provided personal information about an individual (such as a partner, dependant, employer or accountant) I/we have or will as soon as practicable, provide the individual with a copy of the Financial Services Guide which includes how you manage personal information and make them aware that this section applies to their personal information that has been collected for the purpose of my/our adviser providing me/us with the financial advice I/we have requested.
6. If I/we have provided information about someone else, I/we have or will obtain the consent of that person to that information being collected by my/our adviser and my/our adviser’s service providers. I/We have or will inform them that their information may be disclosed and I/we have authority to consent to this disclosure on their behalf.
7. I/We consent to the release of my/our personal information (including our sensitive information) to my/our spouse or partner.

Client 1: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Client 2: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

