



## The Ideal Future Vision™ Questionnaire

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Client Name:

Date:

Advisor:

Please return to **Fowler's Group** in the enclosed reply paid envelope;  
P.O Box 662, Cairns QLD 4870

# Personal Details

Client	Partner
Surname:	Surname:
Given Names:	Given Names:
Preferred Name:	Preferred Name:
Date of Birth:	Date of Birth:
Marital Status:	Marital Status:
Residential Address:	
Postal Address:	
Home Phone:	
Home Email	
Work Phone	Work Phone
Mobile Phone	Mobile Phone
Work Email	Work Email
Interests:	Interests:
Employer:	Employer:
Job Title:	Job Title:
Employment Status Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Empl <input type="checkbox"/>	Employment Status Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Self Empl <input type="checkbox"/>
Do you smoke?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you smoke?                      Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any health issues?	Do you have any health issues?
Do you have any Children?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Name	Sex
	Date of Birth
	Dependant Yes or No

# Lifestyle Objectives

By providing us with a guide to your key lifestyle objectives we will be better equipped to help you achieve them. Below are a series of questions to help us assess your short, medium and long term lifestyle plans.

## Anticipated Capital Expenditure (less than 5 years)

Do you have any travel planned, which you would like to set funds aside for? If so what is the expected outlay?

Are you planning to update any household equipment? If so what is the expected outlay?

Are you planning on buying a house, or upgrading your existing house? Can you estimate the funds which would be required?

Are you planning to upgrade your car? What are the estimated costs involved?

## Short Term Objectives (less than 2 years)

Do you have any funds set aside in case of an emergency? If so how much? If not how much do you think is required?

Other short term issues? (i.e. Redundancy, Change of employment)

## Medium Term Objectives (2-5 years)

Do you have any education funding requirements for your children?

When do you plan to have your mortgage paid off?

Other medium term spending requirements?

# Future Goals

Considerations Regarding Retirement/Financial Independence		
	Client	Partner
At what age do you want to retire or be financially independent?		
How much income will you require (in today's dollars) after tax?		
At retirement or termination of employment, what amount of money can you expect to receive from company retirement plans? Other sources?		

Considerations In the Event Of Your Death/Disability/Critical Illness		
	Client	Partner
How much income do you want to provide your family?		
Will this include your partner's earnings? How much?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
How much guaranteed income will your existing assets produce?	\$	\$
After your children are grown, how much income do you want your partner to have?	\$	
Would you like to pay off the mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What other debts do you want paid off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much money would you like to provide for your children's education?	\$	\$
If your income stopped today how long would your sick leave savings cover?		
Have you provided any personal guarantees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you feel your current life insurance program is adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you arrive at the amount of life insurance you have?		

Considerations Regarding Estate Planning		
	Client	Partner
What would be the amount of the taxes due at the death of you and your spouse?	\$	\$
Do you want your family assets arranged to minimize the effect of Capital Gains Tax (CGT)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your spouse anticipate an inheritance? How much?	\$	\$
Have you made or considered making gifts to your children or charity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have or are you a beneficiary of a family trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any children from a previous relationship?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

# Other Financial Issues

<b>Insurance</b>		
Do you have any of the following insurances?	<b>Client</b>	<b>Partner</b>
Death Cover/TPD/Critical Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Income Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Expenses, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If YES, please provide recent statements** ⓘ

<b>Estate Issues</b>		
Do you have a Will?	<b>Client</b>	<b>Partner</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, when was its prepared and when was the last date that it was reviewed?	Date Prepared:  Review Date:	Date Prepared:  Review Date:
What was your purpose in creating the will?		
Have you granted a Power of Attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes is it Enduring?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Who is/are your Attorney/s?	Name:	Name:
Do you have an Accountant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Who Is your Accountant?	Name  Phone No.	Name  Phone No.
Do you have a Solicitor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Who Is your Solicitor?	Name  Phone No.	Name  Phone No.
Have you nominated a beneficiary within your superannuation fund for any death benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes who is/are the beneficiary/s and what percentage have they been given?	%	%
	%	%
	%	%
Is it a Binding Death Nomination?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



# The Sleep Quotient Identifier™

## Group 1: Liquidity and Time Frame

### 1.1 What is your age?

- Greater than 65
- Greater than 55 but less than or equal to 65
- Greater than 45 but less than or equal to 55
- Greater than 30 but less than or equal to 45
- Less than or equal to 30

### 1.2 When do you expect to commence drawing on your investments to supplement or provide income?

- Now or within the next 3 years
- In greater than 3 years but in less than or equal to 5 years
- In greater than 5 years but in less than or equal to 10 years
- In greater than 10 years but in less than or equal to 20 years
- In greater than 20 years

### 1.3 I plan to start withdrawing capital (not income) from my investment for major needs in:

- Less than or equal to 3 years
- Greater than 3 years but in less than or equal to 5 years
- Greater than 5 years but in less than or equal to 10 years
- Greater than 10 years

## Group 2: Your Income and Assets

### 2.1 What is your personal (or family household) income, before tax, excluding investment income?

- Less than or equal to \$30,000
- Greater than \$30,000 but less than or equal to \$50,000
- Greater than \$50,000 but less than or equal to \$100,000
- Greater than \$100,000 but less than or equal to \$200,000
- Greater than \$200,000

### 2.2 How would you best describe your current and future income sources (for example salary, Centrelink benefits, pensions etc)?

- Very unstable
- Unstable
- Somewhat stable
- Stable
- Very stable

**2.3 Do you own your own home or are currently paying off your own home?**

- No
- Yes

**2.4 What is the current value of your own home?**

- Do not own a home
- Less than or equal to \$100,000
- Greater than \$100,000 but less than or equal to \$250,000
- Greater than \$250,000 but less than or equal to \$500,000
- Greater than \$500,000 but less than or equal to \$1,000,000
- Greater than \$1,000,000

**2.5 What is the current value of your net assets (include super, exclude owner occupied home & mortgage)?**

- Less than or equal to \$50,000
- Greater than \$50,000 but less than or equal to \$100,000
- Greater than \$100,000 but less than or equal to \$250,000
- Greater than \$250,000 but less than or equal to \$500,000
- Greater than \$500,000

**2.6 What proportion of your entire wealth will your planned investment portfolio represent?**

- Greater than 75%
- Greater than 50% but less than or equal to 75%
- Greater than 25% but less than or equal to 50%
- Less than or equal to 25%

**2.7 How do you intend to utilise any income from the planned investment?**

- I would like to have all income paid out because it forms part of my regular income
- I plan to reinvest only a portion of the income
- I plan to reinvest all income

**Group 3: Investment Knowledge and Experience**

**3.1 How would you describe your level of investment knowledge?**

- None
- Limited
- Fair
- Good
- Extensive

**3.2 Which of the following best describes how well you are able to manage your way through the complexities of investments?**

- I definitely need the help of a professional adviser to guide me
- I need a professional adviser to assist me to confirm my ideas
- I am capable of making all investment decisions on my own

**3.3 Which of the following statements best describes your investment knowledge and understanding when considering investments?**

- I have never invested in shares, property, superannuation and managed funds and I have virtually no knowledge in this area
- I have had investments in shares, property, superannuation and managed funds without gaining much knowledge in this area
- I have invested in shares, property, superannuation and managed funds in the past and I have gained some knowledge through this experience
- I have invested in shares, property, superannuation and managed funds and I have gained a significant amount of knowledge through this experience
- I have profited from investing in shares, property, superannuation and managed funds based on my own research and knowledge

**3.4 Which one of the following do you most often use to keep up to date with financial and investment matters?**

- I don't
- I take notice of the financial report on the evening news
- I read the investment section of the Sunday papers
- I would look at the internet regularly (at least weekly)
- I read the financial press more than two days a week

**3.5 Have you considered borrowing to grow your wealth?**

- No, I could not tolerate the risk
- No, but would consider if the value could be proven to me
- Yes, I have done so previously, but did not feel comfortable doing so
- Yes and I felt comfortable doing so previously
- Yes and I am currently utilising this strategy

**Group 4: Investment Risk Attitudes (risk is defined as variability of returns)**

**4.1 When considering taking financial risks, how do you view yourself?**

- A low risk taker
- A moderately low risk taker
- An average risk taker
- A moderately high risk taker
- A high risk taker

**4.2 Have you ever invested a significant amount of money into an investment that fluctuates up and down in value? If so, how did it make you feel when the investment fell in value?**

- I have never invested in this type of investment
- Not worried at all
- Slightly anxious
- Moderately anxious
- Highly anxious

**4.3 Consider the forecast future average annual returns for the next 10 years and the chance of your portfolio losing value in any 1 year. Based on the range of possible outcomes shown, which would be most acceptable to you or best suit your investment attitude?**

- Average annualised return 4.8%, Nil
- Average annualised return 5.8%, 1 year in 31
- Average annualised return 6.6%, 1 year in 19
- Average annualised return 7.3%, 1 year in 9
- Average annualised return 7.9%, 1 year in 7
- Average annualised return 8.3%, 1 year in 5

**4.4 When you think of the word "risk" in a financial context, which of the following words come to your mind first?**

- Danger
- Uncertainty
- Opportunity
- Thrill

**4.5 Investments can be subject to short-term fluctuations in their value. How would you react to short-term fluctuations in the value of your investments?**

- I will sell quickly anytime an investment loses value
- I am comfortable with the day to day market movements and if an investment loses value over a twelve month period I will sell it and look for a better alternative
- I believe that a long-term investment strategy will maximise potential returns. Even if poor market conditions resulted in losses over a twelve month period, I stay invested
- If the value of a high quality investment falls I will consider buying more

**4.6 Many types of investments can fluctuate up and down in value. Financial service professionals generally state that you should be able to endure downturns in the value of your investment over short-term periods. Based on the answers below, by how much could your investment fall in value over the short-term period before you feel uncomfortable.**

- I would be uncomfortable with any fall in the value of my investments
- Up to a 10% fall in value
- Up to a 20% fall in value
- Up to a 30% fall in value
- A fall in value of more than 50%

**4.7 Which best describes your investment objectives?**

- Preserving principal only
- Generating a high amount of income
- Generating some income and growing assets
- Growing my assets substantially

Score Adjustment

I acknowledge that I have answered the questions in **The Sleep Quotient Identifier™** to the best of my knowledge and agreed to the risk adjustment noted above after discussing my investment risk attitude with my adviser.

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Financial Facts

To ensure that the Wealth Management program that Fowler's Group develops for you addresses your existing financial situation, please complete the following personal summary;

<b>Lifestyle Assets</b>	<b>Client</b>	<b>Partner</b>	<b>Joint</b>
Home			
Car			
Home Contents			
Collectables			
Other Lifestyle Assets			

<b>Financial Assets</b>	<b>Client</b>	<b>Partner</b>	<b>Joint</b>
Cash Accounts			
Cash Value of Life Insurances			
Shares			
Real Estate			
Managed Funds			
Other Investments			
Business Interests			
Employer Superannuation			
Personal Superannuation			
Other Assets Financial Assets			

<b>Liabilities</b>	<b>Client</b>	<b>Partner</b>	<b>Joint</b>
Home Loan			
Investment Loan/s			
Credit Card			
Personal			
Margin Loans			
Insurance Policy Loans			

**We require copies of latest Financial Assets and Liabilities **  
**Please sign the attached "Letter of Authority"**

[This will allow us to access the most recent information regarding the above mentioned Assets and Liabilities]

# Income Calculator

<b>Gross Wage/Salary (before Tax Deductions)</b>	<b>Client</b>	<b>Frequency</b>	<b>Partner</b>	<b>Frequency</b>
Cash Salary (excluding superannuation)				
Superannuation				
Packaged Benefits				
Car				
Phone				
Other				
Other				
Bonuses				

**Please provide copies of pay slips, appointment letter etc., ⓘ**

<b>Other Income Sources</b>	<b>Client</b>	<b>Frequency</b>	<b>Partner</b>	<b>Frequency</b>
Share Dividends/Managed Fund Income				
Rental Income				
Centrelink Entitlements				
Non-Taxed Income				
Other Income				

**Please provide copies of Tax Returns & Group Certificates ⓘ**

# Expense Calculator

If you do not wish to complete the expenses table in details please indicate the amount of funds you believe that you can regularly contribute towards your wealth accumulation plans:

\$ \_\_\_\_\_ per week/fortnight/month.

Alternatively please supply details of bank account balances now and 12 mths earlier.

<b>Housing Expenses</b>	<b>Amount</b>	<b>Frequency</b>	<b>Annualised</b>	<b>Deductible</b>
Mortgage/Rent				
Rates				
Electricity/Gas/Telephone etc.				
Insurance				
Home Maintenance				

<b>Living Expenses</b>	<b>Amount</b>	<b>Frequency</b>	<b>Annualised</b>	<b>Deductible</b>
Food				
Clothing				
Medical/Dental/Pharmacy				

<b>Motor Vehicle Expenses</b>	<b>Amount</b>	<b>Frequency</b>	<b>Annualised</b>	<b>Deductible</b>
Repayments				
Registration & Third Party				
Insurance				
Maintenance				
Petrol and Other Running Costs				

<b>Personal Insurances etc.</b>	<b>Amount</b>	<b>Frequency</b>	<b>Annualised</b>	<b>Deductible</b>
Medical/Health Insurance				
Life Insurance				
Income Protection Insurance				
Personal Super Contributions				

<b>Entertainment Expenses</b>	<b>Amount</b>	<b>Frequency</b>	<b>Annualised</b>	<b>Deductible</b>
Travel and Holidays				
Club/Sporting Memberships etc.				
Other Entertainment				

<b>Other Expenses</b>	<b>Amount</b>	<b>Frequency</b>	<b>Annualised</b>	<b>Deductible</b>
Gifts and Donations				
Education Expenses				
Other Vehicle Expenses				
Other				
Other				
Other				

# Letter of Authority to Release Information

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**To Whom it May Concern**

I/We

Of (address)

request that all specified relevant information on my/our investments, insurances, superannuation, or other financial information be released to any member of Fowler's Group staff.

Fowler's Group Pty Ltd is authorised representative (no. 230575) for FYG Planners Pty Ltd, Australian Financial Services Licensee Number 224543 & Life Insurance Broker.

Please forward the requested information to:

**Fowler's Group  
P O Box 662  
Cairns QLD 4870**

**Facsimile: (07) 4031 2478**

A photocopy or facsimile of this authority has been provided to you for your records. The original authority will be kept on file at Fowler's Group for a statutory period of seven (7) years after the date the authority was executed.

**Attached is a copy of our Drivers Licences to verify our signatures.**

Yours faithfully,

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Name

Name

DOB

DOB

Dated

Dated