



The Profit Maker Safeguard™ Questionnaire - Personal

Client Name

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

Personal details

Client 1

Surname
Given Names
Preferred Name

Date of Birth

Residential Address
Postal Address

Home Phone

Work Phone

Mobile Phone

Email Address

Interests

Occupation

Length of Service

Do you smoke?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Do you have any health issues?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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If Yes, please give details

Do you have any Children?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Name	Sex	Date of Birth	Dependant Yes or No

Client 2

Surname
Given Names
Preferred Name

Date of Birth

Residential Address
Postal Address

Home Phone

Work Phone

Mobile Phone

Email Address

Interests

Occupation

Length of Service

Do you smoke?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Do you have any health issues?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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If Yes, please give details

What people will need to know when you die

Your *Executor* will need to know:

- ✚ Where your will, trusts, insurance policies, and other important documents are located
- ✚ What your will says. Who gets what?
- ✚ How will the estate taxes (if applicable) be paid?

Your *Spouse*: will need to know:

- ✚ How much money is there?
- ✚ How much is owed and to whom?
- ✚ How much income will he/she have? For how long?
- ✚ Who will run the business?

Your *Business Manager* will need to know:

- ✚ Does he or she have a job?
- ✚ Will the business continue?
- ✚ Whom does he or she report to?
- ✚ Who will run the business?

Your *Banker* will need to know:

- ✚ Who will run the business?
- ✚ How will loans be repaid?
- ✚ Is there any life insurance?

How much are your tomorrows worth?

1. If you had been killed in a car accident last week, and someone else had been responsible for your death, how much money would your family sue the responsible party for? \$ _____

2. If you had been killed in a car accident last week, and you had been responsible, how much money you want your family to receive? \$ _____

3. If you had died from cancer laster week, how much money would you want your family to receive? \$ _____

4. How much are your tomorrows worth? What is your Potential Earning Power (PEP)? \$ _____

5. How much sick leave do you have due to your long service? \$ _____

Other Financial Issues

Do you have any of the following insurances?

Insurance

Amount of Cover

Death Cover/TPD/Critical Illness No Yes
Income Protection No Yes
Business Expenses, etc. No Yes

*** If Yes, please provide recent statements.**

Do you have a Will? No Yes

If Yes, When was its prepared and When was the last date that it was reviewed?

Date Prepared _____ Executor: _____

Review Date: _____

Do you have a Power of Attorney/Enduring Power of Attorney? No Yes

If Yes, Who is/are your Attorney/s?

Do you have an Accountant? No Yes

If Yes, Who Is your Accountant?

Name _____

Contact Phone No. _____

Do you have a Solicitor? No Yes

If Yes, Who is your Solicitor?

Name _____

Contact Phone No. _____

Superannuation

Have you nominated beneficiary for any death benefit? No Yes

Is it a Binding Death Nomination? No Yes

Is it a Trustee Discretion? No Yes

What is the death benefit? _____

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;

ASSETS	CLIENT 1	CLIENT 2	JOINT
Approximate value of			
Home			
Cash Accounts			
Cash Value of Life Insurances			
Shares			
Real Estate			
Managed Funds			
Other Investments			
Business Interests			
Superannuation			
Employer			
Personal			
Other Assets			
Total Assets			
LIABILITIES			
Approximate value of			
Home Loan			
Investment Loan/s			
Credit Card			
Personal			
Margin Loans			
Policy Loans			
Total Liabilities			
NET WORTH			

- ❖ **Please sign the attached “Letter of Authority”** to allow us to access the most recent information regarding the above mentioned Assets and Liabilities.
- ❖ **WE REQUIRE** copies of latest statements.

Income Calculator

Gross Wage/Salary (before Tax Deductions)	Client 1	Frequency	Client 2	Frequency
Cash Salary (excluding superannuation)				
Superannuation				
Fringe Benefits				

❖ Please provide copies of pay slips, appointment letter.

Other Income Sources	Client 1	Frequency	Client 2	Frequency
Share Dividends/Managed Fund Income				
Rental Income				
Social Security				
Non-Taxed Income				
Other Income				

❖ Please provide copies of tax returns, group certificates.

LETTER OF AUTHORITY

To whom it may concern

I/We, _____

Of (address) _____

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

Fowler's Group Pty Ltd is authorised representatives 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.

Yours faithfully,

Signed _____ Signed _____

Dated _____ Dated _____