



Strictly Confidential

Issues & Concerns Questionnaire

Date:

Name 1: _____

Name 2: _____

Adviser: Zuraida Ariffin

Congratulations on taking your next step towards financial security by getting in touch with us.

Why Issues and Concerns?

Before you come in for your first consultation with an Authorised Representative of Matrix Planning Solutions we request that you complete the attached Issues and Concerns document.

Please take a few minutes of your time to complete this Issues and Concerns Questionnaire and e-mail it to us at info@zawealthcreation.com.au.

We guarantee the information disclosed will be treated in the strictest confidence, and under no circumstances will be used for any other purposes than to assist us to provide you with professional financial advice.

We need to collect enough information about you to be able to have a good understanding of your personal circumstances. This will help us to formulate a strategy that meets your needs, goals and objectives.



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Captain Cook Crescent, Manuka ACT 2603

Telephone: 02 6162 2942
info@zawealthcreation.com.au
www.zawealthcreation.com.au

Authorised & Credit Representative of **Matrix Planning Solutions Ltd** AFSL & ACL No. 23825

Personal Details

Client 1		Client 2	
Name		Name	
Date of Birth		Date of Birth	
Marital Status		Marital Status	
Address			
Home Phone			
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
E-mail		E-mail	
Occupation		Occupation	
Employer		Employer	
Dependants			
Hobbies & Sporting Interests			
Preferred Beverages:	Coffee <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> amount	Preferred Beverages:	Coffee <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> amount
	Tea <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> amount		Tea <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> amount

Cash flow			
Weekly / fortnightly / monthly / annually (Please select)			
Client 1		Client 2	
Details	Amount	Details	Amount
Gross Income	\$	Gross Income	\$
Tax	\$	Tax	\$
Household Expenses	\$	Household Expenses	\$
Mortgage repayments	\$	Mortgage repayment	\$
If Renting	\$	If Renting	\$
Surplus	\$	Surplus	\$

Assets & Liabilities		
Assets	Owner	Value
Cash		\$
Home		\$
Superannuation – Client 1		\$
Superannuation – Client 2		\$
Shares, investment property, other		\$
Liabilities	Owner	Amount
Home Loan		
Investment Loan		
Credit Card/Personal Loan		
Other		
Net Wealth		\$

- Please choose the answer that best describes your situation (Use **BOLD** or highlight)
- If the section is not applicable please mark Not Applicable (N/A)
- Please attach relevant supporting documents when returning this questionnaire.

Tax Planning

Is your income tax liability acceptable?	Yes	No
	Unsure	
Do you feel you are optimising use of all tax minimisation strategies?	Yes	No
	Unsure	

Educational Planning

Do you have sufficient funds for your children's education?	Yes	No
	Unsure	
Is the invested money properly registered in the appropriate name?	Yes	No
	Unsure	
Do you plan on having children / further children?	Yes	No
	Unsure	
Are there any other family members (i.e. grand children) that you wish to assist with education funding?	Yes	No
	Unsure	

Investment Planning

Do you need financial organisation?	Yes	No
	Unsure	
Has your portfolio been reviewed by an Adviser?	Yes	No
	Unsure	
Do you have sufficient cash flow?	Yes	No
	Unsure	
Do you need budget planning?	Yes	No
	Unsure	
Does your portfolio protect you from financial disaster?	Yes	No
	Unsure	
Do you have adequate asset diversification?	Yes	No
	Unsure	
Does your portfolio protect you from inflation?	Yes	No
	Unsure	
Does your portfolio match your risk tolerance?	Yes	No
	Unsure	
Do you plan on making additional investments?	Yes	No
	Unsure	

Insurance

Have you had an objective, independent review and analysis?	Yes Unsure	No
Are you able to salary sacrifice at your workplace?	Yes Unsure	No
Do you have access to company shares?	Yes Unsure	No
Do you expect an increase in income?	Yes Unsure	No
Do you plan on changing jobs?	Yes Unsure	No
Do you know if your employer's superannuation fund is adequate for your retirement needs?	Yes Unsure	No

Mortgage Planning

Do you plan on moving?	Yes Unsure	No
Do you plan on buying a house?	Yes Unsure	No
Do you plan or need to refinance your home?	Yes Unsure	No
Do you need mortgage and other financing analysis?	Yes Unsure	No

Retirement Planning

Are you already retired?	Yes Unsure	No
Do you anticipate a rollover of company savings or pension?	Yes Unsure	No
Do you plan to retire soon?	Yes Unsure	No
Do you know at what age you would like to retire?	Yes Unsure	No
Do you know whether you have enough money for retirement?	Yes Unsure	No

Self-Managed Super Fund (SMSF)

Please complete if you have an SMSF

Name of SMSF:

Who is the trustee of your SMSF?

Members of your SMSF:

Assets/valuation of SMSF:

Balance of Loan(s) in SMSF:

Estate Planning

Do you have a current will?	Yes	No
	Unsure	
Have you had your wills reviewed recently?	Yes	No
	Unsure	
Do your wills have provisions for new family members?	Yes	No
	Unsure	
Have you done inheritance planning?	Yes	No
	Unsure	
Do you have Enduring Powers of Attorney on yourself or others?	Yes	No
	Unsure	
Are you a beneficiary of any trusts or wills?	Yes	No
	Unsure	

Overall Planning

Do you need a coordinated integrated financial planning?	Yes	No
	Unsure	
Do you spend enough time on planning your finances?	Yes	No
	Unsure	
Do you know what a financial planning professional does?	Yes	No
	Unsure	
Have you set specific financial goals?	Yes	No
	Unsure	

Business Planning

Do you feel that you are making the best of tax minimisation strategies?	Yes	No
	Unsure	
Is your business tax planning coordinated with your personal tax planning?	Yes	No
	Unsure	
Will you acquire or sell a business in this financial year?	Yes	No
	Unsure	

Please provide further information and thoughts that you feel may be relevant to our initial discussions.

Main Reasons for Seeking Advice:

Goals and Objectives:

Time Frame	Importance (High, Medium, Low)
Short Term	
Medium Term	
Long Term	

How did you find out about us?

Name :

Signature _____ Date _____

***Please attach relevant supporting documents when returning this questionnaire**

Congratulations on taking the time to complete this questionnaire, we look forward to meeting with you soon.

PRIVACY DISCLOSURE STATEMENT

Matrix Planning Solutions Limited

ABN 45087470200 / AFSL and ACL No. 238 256
Head Office: Level 14, 20 Bond Street, Sydney NSW 2000
www.matrixplan.com.au

Phone: 1300 663 334 Email: contactus@matrixplan.com.au

At Matrix planning Solutions Limited, we are committed to ensuring the privacy of the personal information you provide to us. We believe that respect for your privacy forms part of the ongoing trust we wish to develop with you. The following statement sets out our general policy for the protection of your privacy.

In order to comply with the requirements of the Privacy Act, Matrix Planning Solutions Limited are required to advise you that we hold personal information about you. The information has been and will continue to be collected by us for the purpose of providing you with financial services including:

- (a) the preparation of your Statement of Advice;
- (b) the provision of financial planning advice to you;
- (c) making securities and investment recommendations;
- (d) reviewing your financial plan;
- (e) reviewing securities and investment recommendations;
- (f) providing information as directed to Accountant/Solicitor/Financial Institution;
- (g) the provision of insurance advice to you.

Matrix Planning Solutions Limited are required, pursuant to the Corporations Act, certain regulations issued by the Australian Securities and Investments Commission and the Rules of Professional Conduct of the Financial Planning Association, of which Matrix is a principal member, to collect information about you for the purpose of providing the services referred to above. If you do not provide us with the information requested, we may not be able to provide you with the services you require of us.

We will from time to time disclose information about you to Authorised Representatives of this organisation and to other professionals, insurance providers, superannuation trustees and product issuers in connection with the purposes detailed above. In the event we consider it necessary to use or disclose information about you for purposes other than those detailed above, or related purposes, we will seek your consent.

You are entitled to obtain access to the information that we hold about you by contacting our Privacy Officer as detailed below.

At any juncture you have the right to request that Matrix Planning Solutions Limited and its Authorised Representative does not contact you. Matrix Planning Solutions Limited require a 30 day written request is provided should you wish for all communication to cease.

If you wish to complain about any breach or potential breach of this Privacy Policy or the National Privacy Principles, you should contact our Privacy Officer in writing by any of the methods detailed below. Your complaint will be considered within 14 days and responded to. If you are not satisfied with our response, we will advise you on your options for further proceeding with your complaint.

Privacy Officer

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Phone: 1300 663 334

Email: contactus@matrixplan.com.au

