Confidential Client Profile

Privacy Act Disclosure

The information contained on this form is collected and used only by Cave Financial Consulting Ltd for the express purpose of providing you with advice and information regarding personal risk management, medical insurance, retirement planning, investment, mortgage finance and fire & general insurance. You have a right under the Privacy Act 1993 to access and request correction of any personal information held by us regarding you.

	First Names	Surname	DOB	Age	Smoker	M/F
Client						
Spouse/Partner						
Children						

Home Address		Home Phone	
		Home Fax	
Postal		Mobile	
		Home Email	

Employment Details - Self

Employer				Work Phone	
Industry				Work Fax	
Occupation				Mobile	
Duties				Email	
Time in Role		Start Date		Web Site	
Occ Rating		Income		Fringe Bens	
Work Address					
Postal Address					

Employment Details – Spouse/Partner

Employer				Work Phone	
Industry				Work Fax	
Occupation				Mobile	
Duties				Email	
Time in Role		Start Date		Web Site	
Occ Rating		Income		Fringe Bens	
Work Address					

Postal Address	

Other Advisors

Solicitor - Pers		Firm		Ph	
Solicitor - Bus		Firm		Ph	
Accountant - Pers		Firm		Ph	
Accountant - Bus		Firm		Ph	
Fire & General - Pers		Firm		Ph	
Fire & General - Bus		Firm		Ph	

Bankers - Pers		Branch	
Bankers - Bus		Branch	
Investment Advisor		Firm	
Other Advisors		Their Role	
IRD # Client		IRD # Spouse	

Current Personal Insurances, Retirement Plans, Medical Cover etc…

	Company	Type	Pol Number	Value	Sum Insured	Premium	Owner
Self							
Spouse							
Medical							
Medical							
Prof Ind							

Assets

	Value	Ownership	Notes
Home			
Contents			
Vehicles			
Other Assets			
Total Assets			

Liabilities / Payments

	Capital Amount	Lender	Notes	Payments
Mortgages				
Overdraft				
Hire Purchase				
Cards				
Taxation				
Other Debts				
Total Liabilities				
Assets				
Liabilities				
Net Worth				

Wills and Estate Planning

	Y/N	Who	Firm or Contact Details	Reviewed
Do you have a Will – Client?				
Do you have a Will – Spouse?				
Executor of your Will – Client?				
Executor of your Will – Spouse?				
Do you have a Family Trust?				
Power of Attorney				
Enduring Power of Attorney				
Guardian for the Children				
Do you expect any Inheritances				

Would you like us to send a schedule of your insurances to your Executor each year?	

Hobbies, Interests and Goals

Hobbies and Interests - Client	
Level of Involvement, Risk etc…	
Hobbies and Interests - Spouse	
Level of Involvement, Risk etc…	
Major Goals for next 12 months - Client	
Major Goals for next 12 months - Spouse	
Major Goals for next 5 years - Client	
Major Goals for next 5 years - Spouse	

What is your picture of Retirement

What does 'Retirement' mean to you	
What will you be doing	
Where will you be living	
What will you want to spend each year	
Do you expect any external assistance	
Ideally what age would you have the ability to retire or enjoy financial independence	

Major Areas of Current Concern

Client	
Spouse	

Financial Requirements on Premature Death during next 12 months

Death of Client	Value	Death of Spouse/Partner	Value

Any Health Issues	Client	Spouse/Partner
Musculo Skeletal – e.g. back, neck, knees, etc…		
Anxiety, stress, depression, diabetes, asthma		
Any family history of health problems		

Investment Direction/Attitude

My main investment focus is predominantly	Income	Some Income	Mod Growth	High Growth
My Investment Timeframe is	0-2 Years	0-5 Years	5 Years Plus	10 Years Plus
I would class myself investment stance as	Timid	Conservative	Balanced	Aggressive
Do you have any ethical considerations for your investments				

The next step and Authorisation

Further Action Client	
Further Action Me	

This is a fair picture of my/our current finances, goals and concerns and I agree to these values	Client		Date	

goal etc… being used as the basis for my report	Spouse		Date	