

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 2020 to access and request correction of any personal information held by us regarding you.

Personal Fact Find						
	First Name(s)	Surname	D.O.B.	Age	Smoker	Gender
Client						
Spouse/Partner						
Children						
Home Address						
Postal Address (if different)						
Home Email						
Home Phone		Mobile Number				
Employment Details						
Employer						
Industry						
Website						
Occupation		Duties				
Time in Role		Start Date				
Work Phone		Mobile Number				
Income	\$	Bonus (if any) and date paid		\$		
Shareholding % (if any)		IRD Number				
Fringe Benefits						
Work Email						
Work Address						
Postal Address						

Employment Details – Spouse / Partner					
Employer					
Industry					
Website					
Occupation		Duties			
Time in Role		Start Date			
Work Phone		Mobile Number			
Income	\$	Bonus (if any) and date paid	\$		
Shareholding % (if any)		IRD Number			
Fringe Benefits					
Work Email					
Work Address					
Postal Address					
Other Advisers					
Details	Name	Company	Contact Number		
Solicitor (personal)					
Solicitor (business)					
Accountant (personal)					
Accountant (business)					
Fire & General (personal)					
Fire & General (business)					
Details	Name	Company / Branch	Their Role		
Bankers – Personal					
Bankers – Business					
Investment Adviser					
Other Advisers					
Current Personal Insurances, Retirement Plans, Medical Cover etc					
Client					
Company	Type of cover	Policy #	Sum Insured	Premium	Policy Owner
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
Please note any special conditions, loadings or exclusions:					

Spouse / Partner						
Company	Type of cover	Policy #	Sum Insured	Premium	Policy Owner	
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
Please note any special conditions, loadings or exclusions:						
Assets						
Description	Value	Ownership	Notes			
Home	\$					
Contents	\$					
Vehicle(s)	\$					
	\$					
	\$					
	\$					
KiwiSaver	\$					
	\$					
Other Assets	\$					
	\$					
	\$					
	\$					
	\$					
Total Assets	\$					
Liabilities						
Description	Capital Amount	Lender	Loan Term	Floating Interest rate	Fixed Interest Rate	Payments
Mortgages	\$			%	%	\$
	\$			%	%	\$
	\$			%	%	\$
	\$			%	%	\$
	\$			%	%	\$
Overdraft	\$			%	%	\$
Hire Purchase	\$			%	%	\$
	\$			%	%	\$
Credit Cards	\$			%	%	\$
	\$			%	%	\$
	\$			%	%	\$
Taxation	\$			%	%	\$
Other Debts	\$			%	%	\$
	\$			%	%	\$
	\$			%	%	\$
Total Liability	\$					
Assets	\$					
Liabilities	\$					
Net Worth	\$					

Budgeting				
Details		Yes / No	Amount	
Do you have savings other than KiwiSaver			\$	
Fixed Expenses			\$	
Variables			\$	
Discretionary Funds			\$	
Shortfall			\$	
Surplus			\$	
Wills and Estate Planning				
Details	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?			Yes / No	
Hobbies, Interests and Goals				
Hobbies and Interests – Client (including level of involvement, risk etc)				
Hobbies and Interests – Spouse (including 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 the next 12 months			
Death of Client	Value	Death of Spouse/Partner	Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Financial Requirements in the event of a serious illness or accident or the inability to work for a period of 3 months or more			
Client	Value	Spouse / Partner	Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Any Health Issues			
Details	Client	Spouse / Partner	
Musculo Skeletal e.g. back, neck, knees, etc			
Anxiety, stress, depression, diabetes, asthma			
Any family history of health problems			
Other			

Investment Direction/Attitude				
Details	(Please Circle)			
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 my 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 - Advisor				

I/We confirm that this is a fair picture of My/Our current finances, goals and concerns and I/We agree to these values and goals etc being used as the basis for this report.

Full Name of Client

Signature

Date

Full Name of Spouse / Partner

Signature

Date