# **PRE-MEETING DATA COLLECTION FORM**

Thank you for taking the time to complete this form. This information is necessary to enable appropriate recommendations to be made by your Financial Adviser and will be used solely for that purpose.

# **PRIVACY STATEMENT**

This pre-meeting data collection form is strictly confidential between you and Hodgson Financial Planning Pty Ltd.

# **REASONS FOR SEEKING ADVICE – SHORT, MEDIUM AND LONG-TERM GOALS AND OBJECTIVES:**

|  |
| --- |
|  |

# **PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Full name:** |  |  |
| **Date of birth:** |  |  |
| **Relationship status:** |  |  |
| **Address:** |  |  |
| **Phone:** |  |  |
| **Email:** |  |  |
| **Health status: good, average, poor** |  |  |
| **Medical conditions:** |  |  |
| **Smoking status:** |  |  |

## **EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Occupation:** |  |  |
| **Employer:** |  |  |
| **Status: full time, part time, casual** |  |  |
| **Type: employee, self-employed** |  |  |
| **Daily duties:** |  |  |
| **Employment benefits: long service, annual, sick leave benefits** |  |  |

## **INCOME**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Gross employment income:** | $ | $ |
| **Bonuses:** | $ | $ |
| **Rental income:** | $ | $ |
| **Share dividends:** | $ | $ |
| **Centrelink income:** | $ | $ |
| **Superannuation pension:** | $ | $ |

## **SAVINGS**

|  |  |  |
| --- | --- | --- |
|  | **Client 1:** | **Client 2** |
| **Regular savings: p/w, p/m, p/a** | $ | $ |
| **Do you have a budget? yes/no** |  |  |

## **LIFESTYLE ASSETS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Client 1** | **Client 2** | **Joint** |
| **Family home:** | $ | $ | $ |
| **Vehicles:** | $ | $ | $ |
| **Boats / Caravans:** | $ | $ | $ |
| **Other: stamps, coins, valuables** | $ | $ | $ |

**INVESTMENT ASSETS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Client 1** | **Client 2** | **Joint** |
| **Investment properties:** | $ | $ | $ |
| **Direct shares / ETFs:** | $ | $ | $ |
| **Managed funds:** | $ | $ | $ |
| **Term deposits / cash:** | $ | $ | $ |

## **LIABILITIES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Client 1** | **Client 2** | **Joint** |
| **Home mortgage:** | $ | $ | $ |
| **Investment loans:** | $ | $ | $ |
| **Personal loans:** | $ | $ | $ |
| **Credit cards:** | $ | $ | $ |

## **SUPERANNUATION**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Name of super fund:** |  |  |
| **Balance of super fund:** | $ | $ |
| **Salary sacrifice contributions:** | $ | $ |

## **RETIREMENT**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Desired retirement age:** |  |  |
| **Desired retirement income:** | $ | $ |

## **RISK TOLERANCE**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **If 1 = zero risk and 10 = extremely risky, what number best represents your tolerance for investment risk?** |  |  |

## **POSSIBLE INHERITANCES**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Future inheritances:** | $ | $ |

**PERSONAL INSURANCE POLICIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client 1:** | **Insurer** | **Benefit Amount** | **Annual Premium** |
| **Life:** |  | $ | $ |
| **Total & Permanent Disability:** |  | $ | $ |
| **Trauma:** |  | $ | $ |
| **Income protection:** |  | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client 2:** | **Insurer** | **Benefit Amount** | **Annual Premium** |
| **Life:** |  | $ | $ |
| **Total & Permanent Disability:** |  | $ | $ |
| **Trauma:** |  | $ | $ |
| **Income protection:** |  | $ | $ |

## **ESTATE PLAN**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Do you have a valid Will?** |  |  |
| **Do you have Powers of Attorney?** |  |  |
| **Do you have Enduring Guardianship?** |  |  |
| **Year estate plan was last reviewed** |  |  |

## **CHILDREN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child 1:** | | | |
| **Name:** |  | | |
| **DOB:** |  | **Dependent: Yes / No** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child 2:** | | | |
| **Name:** |  | | |
| **DOB:** |  | **Dependent: Yes / No** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child 3:** | | | |
| **Name:** |  | | |
| **DOB:** |  | **Dependent: Yes / No** |  |

Hodgson Financial Planning

Phone: 0401 936 224

Email: admin@hodgsonfinancialplanning.com.au

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