Andep
INVESTMENT CONSULTANCY

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APPOINTMENT: _____ **TYPE:** _____

Basic Information

Last name(s): _____

Email: _____

Primary contact phone number: _____

Street address: _____

Suburb: _____

State: _____ **Post code:** _____

Have you already made an appointment with Andep?

◯ No (we will contact you)

◯ Yes

Couple? _____

How can we help you?

☐ Superannuation ☐ Retirement planning ☐ Insurance

☐ Investing ☐ Borrowing ☐ Estate planning

☐ Social security advice ☐ Tax advice

What are your main reasons for seeking advice?

Do you have any specific investment objectives and/or preferences (i.e. you want to save for retirement, you prefer investing in residential property or prefer ethical investing)

How did you hear about us?

Property and Investments

Do you have a family trust?

◯ Yes ◯ No

Do you have a self managed superannuation fund (SMSF)?

◯ Yes ◯ No

Are your a home owner?

Principal home value estimate $

Principal home outstanding mortgage $

Principal home offset balance $ (if any)

Investment property value $ (if applicable)

Investment property mortgage $ (if applicable)

Value of other non tax deductible outstanding debts $ (i.e. credit cards, personal loans, HECS etc.)

Please describe any non-superannuation investments you currently have (i.e. shares, property etc.)

Do you have any carried forward tax losses or credits? If so, how much?

Is there anything else we should know about your personal investments?

Risk Tolerance

For how long would you expect most of your money to be invested before you would need to access it?

◯ Less than 12 months ◯ 1 to 3 years ◯ 3 to 5 years
◯ 5 to 7 years ◯ Longer than 7 years

Given current interest rates and inflation what long term gross return do you reasonably expect per annum from your investments?

◯ 1-3% ◯ 4-6% ◯ 7-9%
◯ Greater than 9% ◯ Don't know

If you made a long term investment of $100,000 how much of a loss in a single year would you tolerate before selling?

◯ 5% ($5,000)
◯ 10% ($10,000)
◯ 20% ($20,000)
◯ 30% ($30,000) or more
◯ I would not sell investments based on a single year loss

What action would you take if your investments lost value over a two to three year period?

◯ Sell my investments
◯ Move investments to a more conservative portfolio
◯ Transfer my investments to another manager I believed to be more skilled
◯ Maintain my present long-term strategy
◯ Develop a more aggressive strategy to cover my losses

Investing involves a trade-off between risk and return. Which statement best describes your investment goals?

◯ Protect the value of my account- willing to accept lower returns provided by conservative investments
◯ Keep risk to a minimum but try to achieve slightly higher returns than a conservative investment
◯ Balanced- moderate risk and moderate returns
◯ Willing to take on moderate to high investment risks to try and achieve a higher level of return
◯ Maximise long-term investment returns- willing to accept sometimes large fluctuations in investment value

I am comfortable with investments that may fall significantly at times if there is a potential for higher returns.

◯ Strongly disagree ◯ Disagree
◯ Neither agree or disagree ◯ Agree
◯ Strongly agree

Dependents

Do you have any dependents or expect to have any in future?

◯ Yes ◯ No

Number of dependents currently:

Number of new dependents expected in future:

Date you expect the last dependent will be dependent until:

Do you have the intention to pay for private school or university for any of your dependents? If so, please provide details of your intentions.

Individual Information

(if you are single only complete "older person's details")

Older Person's Details

Older person's title

Older person's first name

Older person's last name

Older person's date of birth (if comfortable providing) otherwise just enter birth year

Older person's sex

Older person's mobile number

Older person's email

Older person's has an up to date:

☐ Will
☐ Power of attorney
☐ Superannuation binding death benefit nomination
☐ None up to date

Older person's Health

Older person's details of illness that may affect insurability

Older person's employment status

Older person's occupation

Older person's annual salary/work related income

Older person's other annual income (i.e investment income, government entitlements)

Older person's nature of other income

Older person's currently salary sacrificing to superannuation

◯ Yes ◯ No

How much does the older person sacrifice per financial year?

Older person's date joined employer

Older person's planned retirement date (known or estimated)

Older person's number of weeks of sick leave

Younger Person's Details

Younger person's title

Younger person's first name

Younger person's last name

Younger person's date of birth (if comfortable providing) otherwise just enter birth year

Younger person's sex

Younger person's mobile number

Younger person's email

Younger person's has an up to date:

- ☐ Will
- ☐ Power of attorney
- ☐ Superannuation binding death benefit nomination
- ☐ None up to date

Younger person's health

Younger person's details of illness that may affect insurability

Younger person's employment status

Younger person's occupation

Younger person's annual salary/work related income

Younger person's other annual income (i.e investment income, government entitlements)

Younger person's nature of other income

Younger person's currently salary sacrificing to superannuation

○ Yes ○ No

How much does the younger person sacrifice per financial year?

Younger person's date joined employer

Younger person's planned retirement date (known or estimated)

Younger person's number of weeks of sick leave

Superannuation Account 1

Applicable person

Fund name

Account type

Account balance

Investment option / description of investments

Superannuation Account 2

Applicable person

Fund name

Account type

Account balance

Investment option / description of investments

Superannuation Account 3

Applicable person

Fund name

Account type

Account balance

Investment option / description of investments

Superannuation Account 4

Applicable person

Fund name

Account type

Account balance

Investment option / description of investments

Please email any superannuation documents or accounts you couldn't fill here to admin@andep.com.au

Insurance Policy 1

Insurance type

Term (if applicable):

Sum insured

Insured person

Insurer name

Ownership

Annual premium

Waiting period (if applicable)

Remarks

Insurance Policy 2

Insurance type

Term (if applicable):

Sum insured

Insured person

Insurer name

Ownership

Annual premium

Waiting period (if applicable)

Remarks

Insurance Policy 3

Insurance type

Term (if applicable):

Sum insured

Insured person

Insurer name

Ownership

Annual premium

Waiting period (if applicable)

Remarks

Insurance Policy 4

Insurance type

Term (if applicable):

Sum insured

Insured person

Insurer name

Ownership

Annual premium

Waiting period (if applicable)

Remarks

Insurance Policy 5

Insurance type

Term (if applicable):

Sum insured

Insured person

Insurer name

Ownership

Annual premium

Waiting period (if applicable)

Remarks

Insurance Policy 6

Insurance type

Term (if applicable):

Sum insured

Insured person

Insurer name

Ownership

Annual premium

Waiting period (if applicable)

Remarks

Please email any insurance documents or accounts you couldn't fill here to admin@andep.com.au

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Submit Information

FSG

Have you read our FSG? Please click the link above to view our FSG.

◯ Yes ◯ No

Is there anything else about your situation, not covered above, that you think we should know?

What fee structure would you like to use for our appointment?

Thank you for filling out our Client Appreciation Form
Please email the completed form and any documents to admin@andep.com.au