

FINANCIAL NEEDS ANALYSIS QUESTIONNAIRE

Financial planning is about drafting an executable plan, taking into account your personal goals as well as resources (existing provision), to finally have a blueprint of the required steps to be taken in order to realise your goals. It is therefore in your best interest to have an analysis conducted of your financial needs and provisions prior to advice being given as the appropriateness of the advice may hinge on the information at hand. Please take care in providing us with the requested information.

PERSONAL DETAILS

| | CLIENT | SPOUSE |
|----------------------|--|--------|
| TITLE | | |
| INITIALS | | |
| SURNAME | | |
| MAIDEN SURNAME | | |
| PREFERRED NAME | | |
| FULL NAMES | | |
| ID NUMBER | | |
| TAX NUMBER | | |
| SMOKER STATUS | | |
| MARITAL STATUS | <input type="checkbox"/> Unmarried <input type="checkbox"/> Living together <input type="checkbox"/> Previously Divorced <input type="checkbox"/> In Community <input type="checkbox"/> ANC <input type="checkbox"/> With Accrual | |
| WEDDING DATE & PLACE | COUNTRY <input type="checkbox"/> SA <input type="checkbox"/> Other: | |
| QUALIFICATION | | |
| OCCUPATION | | |
| ANNUAL INCOME | | |
| EMPLOYER | | |
| CELLPHONE NUMBER | | |
| HOME NUMBER | | |
| FAX NUMBER | | |
| WORK NUMBER | | |
| EMAIL ADDRESS | | |
| RETIREMENT AGE | | |
| RETIREMENT INCOME | | |

ADDRESSES

(for the purposes of FICA and future contacts)

| PHYSICAL ADDRESS | POSTAL ADDRESS | EMPLOYER |
|------------------|----------------|----------|
| | | |
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DEPENDANTS

(Who are the people in your life that are affected by the financial decisions you make?)

| NAME | SURNAME | RELATION | BIRTH DATE | AGE |
|------|---------|----------|------------|-----|
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FINANCIAL NEEDS ANALYSIS QUESTIONNAIRE

PERSONAL GOALS (AMBITION)

Life Goals are what we want to have happen to or in our lives sometime in the future. Once we identify the life goals that are meaningful to us we must then explore those goals in greater detail and plan for them accordingly.

A. Personal / Self

Priority Level

- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| 1. Go back to school to earn a degree or certification | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 2. Hire a coach (Personal, Career) | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 3. Begin an exercise program (weight training, yoga, pilates, etc.) | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 4. Hire a personal trainer | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 5. Start a weight management program | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 6. Address an important health issue | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 7. Attend a personal development event (workshop, retreat, other) | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 8. Begin a new hobby | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 9. Develop or master a skill | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 10. Take art/music/dance classes | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 11. Learn a new language | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 12. Other _____ | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 13. Other _____ | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |

B. Family: (Parents, Children, Grandchildren, etc.)

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 1. Get married | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 2. Send a family member on a trip | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 3. Miscellaneous purchase for a family member | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 4. Assist a family member with a home purchase | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 5. Fund education expenses for a family member | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 6. Purchase an automobile for a family member | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 7. Provide long-term care for a family member | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 8. Assist a family member with income needs | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 9. Create a parental pension | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 10. Fund a child's wedding | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 11. Fund funeral expenses for family member | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 12. Create a family business | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 13. Transfer business to a family member | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 14. Have a baby | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 15. Adopt a child | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 16. Other _____ | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 17. Other _____ | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |

C. Work / Career

- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| 1. Change my career path | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 2. Learn new skills by receiving advanced training or education | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 3. Start my own business | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 4. Develop a phased-retirement plan | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 5. Retire from my current job or career | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 6. Begin an experimental career | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 7. Take a sabbatical or leave of absence | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 8. Form a business partnership | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 9. Acquire or purchase a business | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 10. Merge my business | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 11. Expand an existing business | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 12. Other _____ | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |

FINANCIAL NEEDS ANALYSIS QUESTIONNAIRE

D. Leisure / Recreation

- | | | | |
|------------------------------------|----------------------------|----------------------------|----------------------------|
| 1. Go on a trip | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 2. Purchase a family vacation home | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 3. Go on a family vacation(s) | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 4. Purchase a recreation vehicle | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 5. Purchase a motor home | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 6. Go away on a hobby-related trip | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 7. Go on an adventure tour | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 8. Live in another country | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 9. Other _____ | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |

E. Charitable / Legacy

- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| 1. Get involved in a charitable organization | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 2. Create or fund a scholarship fund | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 3. Make ongoing contributions to specific charities | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 4. Go on overseas mission trip | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 5. Create a foundation | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 6. Give to a special project | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 7. Go on a charity related trip | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 8. Include charities in my estate plan | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| 9. Other _____ | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |

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Please provide more details on your life goals:

e.g. D1 | Boat trip to Portuguese islands | Nov 2012 | R25 000

| D1 | Boat trip to Portuguese islands | Nov 2012 | R 25 000 |
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FINANCIAL NEEDS ANALYSIS QUESTIONNAIRE

Rate your own level of knowledge on a scale from Low to High pertaining to the following relevant products (indicate only the product/subject applicable to you).

| Product/ Subject | Applicable to you | Knowledge |
|---|--------------------------|--|
| 1. Money in the bank (savings) | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 2. Investments in pure equity | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 3. Collective investments (Unit trusts) | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 4. Money market portfolios | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 5. Bond portfolios | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 6. Equity portfolios | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 7. Property portfolios | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 8. Balanced portfolios | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 9. Absolute return portfolios | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 10. Endowment policy | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 11. Retirement annuity | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 12. Living annuity | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 13. Preservation fund | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 14. <u>Long-term insurance policy</u> offering the following benefits: | | |
| • Life cover | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| • Disability cover | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| • Physical impairment | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| • Trauma benefits | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 15. <u>Short-term insurance policy</u> offering the following benefits: | | |
| • Personal goods – motor, household goods etc. | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| • Commercial goods – office content and equipment etc. | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 16. <u>Health care benefits</u> | | |
| • Health care – medical aid | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| • Health care pre-funding | <input type="checkbox"/> | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| Are there any investments you would avoid as a matter of principle? | | |
| If you had all of the money that you would ever need, what would you do differently with your life? | | |
| What is your current investment strategy? | | |
| Are you satisfied with this strategy? | | |
| What are your expectations of me as your financial advisor? | | |
| How often and how much communication would you like with me as your financial advisor? | | |

FINANCIAL NEEDS ANALYSIS QUESTIONNAIRE

INCOME & EXPENSES

| MONTHLY INCOME SOURCES | Client (C) | Spouse (S) |
|---|-------------------|---------------|
| Net Disposable Income (shortfall) | R | R |
| Total | R | R |
| Salary <u>(please provide payslip)</u> | R | R |
| Rental Income | R | R |
| Interest | R | R |
| Dividends | R | R |
| Foreign income | R | R |
| Other | R | R |
| Other | R | R |
| Deductions [on payslip] | R | R |
| Pension fund | R | R |
| Medical aid | R | R |
| UIF | R | R |
| Tax | R | R |
| Other | R | R |
| Expenses (if you have a personal budget, you are welcome to provide the details) | R | R |
| Bank charges/costs | R | R |
| DSTV | R | R |
| Domestic worker | R | R |
| Property loan repayment * | R | R |
| Groceries | R | R |
| Donations | R | R |
| Short term insurance | R | R |
| Municipal account | R | R |
| Vehicle loan repayment * | R | R |
| Entertainment cost | R | R |
| Fuel | R | R |
| Security | R | R |
| School fees | R | R |
| Other debt repayments (clothing accounts etc.) | R | R |
| Telephone accounts | R | R |
| Other | R | R |
| Other | R | R |
| Other | R | R |
| Assurance (totals) ** | R | R |
| C (policy number) | S (policy number) | |
| | R | R |

*Please provide a copy of home loan and/or vehicle settlement statement.

** Latest premium details will be provided via the financial services exchange (trading as Astute) if letter of consent was signed.

FINANCIAL NEEDS ANALYSIS QUESTIONNAIRE

WILL (Please provide a copy for estate planning purposes)

MOST RECENT WILL:

Date:

Place of safe keeping:

Executor:

BANK DETAILS (for debit order, income or future payments – please provide proof)

| BANK | BRANCH | ACCOUNT NUMBER |
|------|--------|----------------|
| | | |
| | | |

ASSETS & LIABILITIES

| DISCRIPTION | OWNER Own/Spouse/Trust | MARKET VALUE | OUTSTANDING (debt) | INCOME (monthly) | EXPENSES (monthly) |
|--|---------------------------|-----------------|-----------------------|---------------------|-----------------------|
| FIXED ASSETS | | R | R | R | R |
| Private property | Own/Spouse/Combined | R | R | R | R |
| Holiday property | Own/Spouse/Combined | R | R | R | R |
| Business property | Own/Spouse/Combined | R | R | R | R |
| | Own/Spouse/Combined | R | R | R | R |
| | Own/Spouse/Combined | R | R | R | R |
| | Own/Spouse/Combined | R | R | R | R |
| MOVING ASSETS | | R | R | R | R |
| Vehicle | Own/Spouse/Combined | R | R | R | R |
| House content | Own/Spouse/Combined | R | R | R | R |
| | Own/Spouse/Combined | R | R | R | R |
| LIQUID ASSETS | | R | R | R | R |
| Shares | Own/Spouse/Combined | R | R | R | R |
| Cash in bank | Own/Spouse/Combined | R | R | R | R |
| Coins | Own/Spouse/Combined | R | R | R | R |
| | Own/Spouse/Combined | R | R | R | R |
| FOREIGN ASSETS | | R | R | R | R |
| Investments | Own/Spouse/Combined | R | R | R | R |
| Property | Own/Spouse/Combined | R | R | R | R |
| | Own/Spouse/Combined | R | R | R | R |
| ASSETS NOT PART OF JOINT ESTATE | | R | R | R | R |
| Inheritance | Own/Spouse/Combined | R | R | R | R |
| | Trust | R | R | R | R |

Completed by _____ on (Date) ____/____/20____