



## CLIENT INFORMATION FORM

**Prepared for**

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**Date**

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The information contained in this document is strictly confidential.

The purpose of this document is to establish what specific financial needs/ goals you have and will assist us to develop a practical “custom-fit” plan that will suit you and your family’s financial needs.

### Personal Information

Title:		Surname:	
First Name:		Second Name:	
ID Number:		Date of Birth:	
Smoker Status:			

### Contact Details

Cell:		Tel Home:	
Email:		Tel Work:	
Address:		Postal Address:	
	Postal Code:		Postal Code:

### Employment & Education Details

Occupation:					Employer:			
Education Level:					Gross Annual Income:			
Duty Split %:	Admin		Travel		Supervision		Manual	
Hobbies:								

### Group Risk Benefits

#### Pension Fund

Current Value:		Projected Future Value:	
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#### Provident Fund

Current Value:		Projected Future Value:	
Group Life Cover:		Group Disability Cover:	
Group Dread Disease Cover:		Disability Income Cover:	

### Medical Aid

Scheme:		Membership No:	
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No of members on Scheme:		Compulsory:	Yes		No	
Are you satisfied with the cover it provides?						

Marital Details									
Marital Status:	Married		Single		Divorced		Widowed		
	ANC		Accrual		COP		Date of Marriage:		
Spouse Name:					Maiden Name:				
Date of Birth:					Smoker Status:				
Occupation:					Employer:				
Education Level:					Gross Annual Income:				
Duty Split %:	Admin		Travel		Supervision		Manual		

Dependents			
Name	Surname	Date of Birth	Gender / Relationship

### Monthly Expenditure

Expense	Principal	Spouse	Joint
Rent / Bond:			
Rates, Taxes & Levies:			
Electricity:			
Security:			
Housekeeper & Gardener:			
Groceries:			
DSTV:			
Repairs & Maintenance:			
Car Payments & Fuel:			
Short & Long Term Insurance:			
Clothing:			
Entertainment:			
Phones:			
School Fees:			
Hobbies:			
Donations / Charity:			
Other:			
Other:			
Sub Total:			
Grand Total:			

Monthly Income: Husband \_\_\_\_\_

Wife \_\_\_\_\_

Total \_\_\_\_\_

Financial Objectives and Requirements				
<b>In the event of your death:</b>				
1.	What monthly income do you want your family to have in order to maintain the standard of living you have accustomed them to (before tax)?			
<b>In the event of your temporary or permanent disablement and, therefore, being unable to work:</b>				
2.1	What amount would you require for capital expenses?			
2.2	How much monthly income would you require (before tax)?			
<b>In the event of being diagnosed with a dread disease (heart attack, cancer, etc.):</b>				
3.	How much cover would you need? (multiple of annual income)			
<b>For retirement at age:</b>				
4.	Based on your current income, how much would you need (before tax)?			
<b>5. Children's Education:</b>				
5.1	How much do you require?			
5.2	When do you require this amount?			
6.	Do you have any special financial goals?			<div>Yes</div> <div>No</div>
Details		Year	Amount	

Assumptions			
1.	What are your expectations of investment returns over the longer term?		%
2.	What are your expectations of the inflation over the longer term?		%

Immediate Plans & Action						
1.	Which area of all the above financial objectives do you consider to be the most important?		Death	Disability	Dread Disease	Retirement
1.1	Why?					
2.	Which areas are next in order of importance? (1,2,3,4)		Death	Disability	Dread Disease	Retirement
3.	What amount would you be comfortable investing to cover the above needs:					

# Type of Risk to be covered

## Death

### \*NOTE 1:

Rule of thumb: A R1 000 000 lump sum can generate an income before tax of R5 500 per month, increasing at inflation for 20 years before the capital is depleted

### \*NOTE 2:

Inflation assumption: 6%  
Growth assumption: (Moderate Portfolio): 10%

In the event of your death			
In today's terms, what income do you want your family to have on your death? (per month):			
The lump sum required to generate the above income is (see *note 1):			
Liabilities to be paid on your death (bond, cars, loans, credit cards etc.):			
A	Total Life Cover Required:		
Total cover in place			
Personal Life Cover			
Group Life Cover			
B	Total Life Cover in place		
Your Surplus or Shortfall in Life Cover is			
	A	minus	B

## Disability

### \*NOTE 1:

Disability cover can be funded either by income protection (for temporary or permanent disability with a waiting period) or lump sum (permanent disability only).

In the event of your permanent or temporary disability and therefore being unable to work				
A	What monthly income would you require:			
If funded by income protection: Cover already in place				
Personal Income Protection:				
Group Income Protection:				
B	Total Income Protection in place:			
Your Surplus or Shortfall in Income Protection			A minus B	C
What waiting period would you be comfortable with for income protection:				
If funded by lump sum cover				
D	lump sum required to fund			A (see *note 1)
Lump Sum Cover in place already				
Personal Disability Lump Sum Cover:				
Group Disability Lump Sum Cover:				
E	Total Disability Lump Sum Cover in place:			
Your Surplus or Shortfall in Disability Lump Sum Cover			D minus E	
Extra Disability Lump Sum required to pay off liabilities (bond, cars, loans, credit cards, etc.):				
Total Disability Lump Sum Cover required:				

## Dread Disease

### \*NOTE 1:

Rule of thumb: 2 x annual salary

In the event of your being diagnosed with a severe illness like cancer or heart disease				
A	What lump sum would you require? (multiple of annual salary (*note 1)):			
Cover already in place				
Personal Dread Disease Cover:				
Group Dread Disease Cover:				
B	Total Dread Disease Cover in place:			
Your Surplus or Shortfall in Dread Disease Cover			A minus B	

## Retirement

**\*NOTE 1:**

Rule of thumb: A R1 000 000 lump sum can generate an income before tax of R5 500 per month, increasing at inflation for 20 years before the capital is depleted

Selected Retirement age:			
In today's terms what monthly income would you require when you retire (PV):			
At your selected retirement age this amount will equate to an amount of (FV):			
A	Lump Sum required to generate the above income (see *note 1)(FV):		
Retirement Savings in place already			
Retirement Annuity (future value):			
Pension / Provident Fund (future value):			
Any other Lump Sum available at retirement (future value):			
B	Total Lump Sum at Retirement (FV):		
Your Surplus or Shortfall at Retirement		A minus B (FV):	

## Will

Do you have a Will:	
Where is it kept:	
When was it last updated:	
Who is the executor:	



## Other Risks

Which of the following areas are also of concern	
Children's Education Planning	
Medical Aid	
Gap Cover	
Dental Cover	
Short Term Insurance	
Funeral Cover	
Other (please specify):	

Notes

## Client Agreement

<p><b>This constitutes an abbreviated Risk Needs Analysis. A full Financial Needs Analysis is recommended so that your financial needs can be thoroughly assessed. This analysis has been prepared specifically for your Risk Needs.</b></p>							
Signed at		On this		Day of		Year	
Client Signature:				Advisor Signature:			