

Dream Setter

Making Money make Cents

NAME

DATE



CURRENT FINANCIAL POSITION

I have cash for unexpected emergencies.

Y N

Was your portfolio reviewed by an Accredited Financial Adviser this year?

Y N

Please tick where you have some provision already in place:

- Life cover
- Disability cover
- Severe illness cover
- Group Life Cover
- Pension or provident fund
- Retirement annuity
- Short-term Insurance
- Medical Aid
- Savings and investments
- Tax Free Savings (TFSA)
- Share portfolio

PROTECTION PLANNING

I want protection for myself and loved ones.

Y N

- Life cover
- Funeral cover
- Disability cover
- Severe illness cover

I want to protect my personal assets (e.g. house, car).

Y N

Do you belong to an Open or Closed Medical Aid Scheme?

Y N

I want to ensure the continuity of my business.

Y N

RETIREMENT PLANNING

I want to retire financially secure.

Y N

I want help understanding my existing retirement benefits.

- Pension fund
- Provident fund
- Retirement annuity
- Other

I want to buy a retirement home.

Y N

I plan to sell business assets at retirement.

Y N

SAVINGS AND INVESTMENT PLANNING

I want to save for a specific goal.

Y N

- Buying a house or second house
- Starting a business
- Taking an overseas holiday
- Other

I want to provide for my child(ren) or dependant(s).

Y N

- School fees
- University costs
- Other

I want information about managing existing capital:

- The impact of inflation
- The impact of taxation
- Determining my risk profile and understanding the impact of my approach to risk
- A more diverse portfolio so that I don't have all my eggs in one basket
 - A mix of asset classes (cash, equities, bonds, property)
 - Exposure to local and offshore markets

ESTATE PLANNING

I have a current will.

Y N

I want a plan to preserve my family's wealth in the event of my death.

Y N

- Reducing Estate Duty
- Calculating Capital Gains Tax
- Calculating Donations Tax
- Trust strategies

I want to plan for the smooth transition of assets in the event of my death.

Y N

- Personal assets
- Business assets

Client signature

Date.....

Adviser signature.....

CLIENT NAME

ADVISER NAME.....

DATE



MY BUDGET

| | AMOUNT |
|--|--------|
| Rent/bond repayments | |
| Rates/levies | |
| Electricity | |
| Car repayments | |
| Fuel/travelling expenses | |
| Credit card repayments | |
| Clothing accounts | |
| Shopping accounts | |
| Medical aid contributions | |
| Insurance Premiums | |
| Savings/investment | |
| Domestic salaries | |
| Telephone/cellphones | |
| Education/schooling | |
| Entertainment | |
| Other (e.g. haircuts, cosmetics, sports) | |
| Other (e.g. DSTV) | |
| Other | |
| TOTAL | |