

Strictly Confidential

Personal Financial Analysis

Presented By: Independent Focus - Chris Preen

PERSONAL INFORMATION

Client/Contact/Company Details

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21/05/2004

Date: _____

CLIENT DETAILS

Surname:	_____	Known As:	_____
First Name(s):	_____	Initials:	_____
Title:	_____		
Maiden Name:	_____	<input type="checkbox"/> English <input type="checkbox"/> Afrikaans	<input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Comms:	<input type="checkbox"/> Mail <input type="checkbox"/> EMail <input type="checkbox"/> Fax	Smoker Type:	<input type="checkbox"/> Non Smoker <input type="checkbox"/> Current <input type="checkbox"/> <2 Yrs <input type="checkbox"/> >2 Yrs
ID no:	_____	Date of Birth:	____ / ____ / ____
Desired Retirement Age:	_____	Religion:	_____
Salutation:	_____	<input type="checkbox"/> Primary Contact	

CONTACT DETAILS

Telephone Numbers	Email Address
Home: _____	Email: _____
Business: _____	Other: _____
Business Fax: _____	Other: _____
Cellular: _____	

COMPANY DETAILS

Company Name:	_____		
No of Years:	_____		
Division:	_____	Occupation:	_____
Department:	_____	Position:	_____
Qualification/Training:	_____		
Grade:	_____		
Secretary:	_____		
Salary Review Date:	_____		
Tax Number:	_____	Tax Office:	_____

PERSONAL INFORMATION

Client Address/Bank Details

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Date: _____

ADDRESS

Home:	_____	Physical Company:	_____
	_____		_____
	_____		_____
	_____		_____
Suburb:	_____	Suburb:	_____
Postal Code:	_____	Postal Code:	_____
Date of Occupation:	___ / ___ / ___	Date of Occupation:	___ / ___ / ___

Postal:	_____	Postal Company:	_____
	_____		_____
	_____		_____
	_____		_____
Suburb:	_____	Suburb:	_____
Postal Code:	_____	Postal Code:	_____
Date of Occupation:	___ / ___ / ___	Date of Occupation:	___ / ___ / ___

Use for Mail Merge Purposes

Home Physical Company Postal Postal Company

BANK DETAILS

Bank	Branch	Branch Code	Account Number	Account Type	Comments

PERSONAL INFORMATION

Marital/Spouse/Dependant

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Date: _____

SPOUSE DETAILS

Marital Status:

ANC ANC + Accural COP Single Divorced Widowed Live-in Other Fiance Customary Law Any Religion

Wedding Date: _____ / _____ / _____

Surname: _____

First Name(s): _____ Known As: _____

Title: _____ Initials: _____

Maiden Name: _____ English Afrikaans Male Female

Preferred Comms: Mail EMail Fax Smoker Type: Non Smoker Current <2 >2

ID no: _____ Date of Birth: _____ / _____ / _____

Desired Retirement Age: _____ Religion: _____

Salutation: _____ Primary Contact

SPOUSE - CONTACT DETAILS

Telephone Numbers

Email Address

Home: _____ Email: _____

Business: _____ Other: _____

Business Fax: _____ Other: _____

Cellular: _____

SPOUSE - COMPANY DETAILS

Company Name: _____

No of Years: _____

Division: _____ Occupation: _____

Department: _____ Position: _____

Qualification/Training: _____

Grade: _____

Secretary: _____

Salary Review Date: _____

Tax Number: _____ Tax Office: _____

DEPENDANTS

Known As	First Name	Surname	Date of Birth	Gender	Type of Contact	Primary Contact
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

WILLS

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Date: _____

WILL

Date of Will: _____

Will Kept Where? _____

Executor(s): _____

Trustees: _____

Guardian(s): _____

Principal ideas of the will:

Cremation Required?

Donate Organs?

People to contact in the event of death:

Grand Total:

--

POLICY SCHEDULE

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EXISTING POLICY DETAILS

Company / Policy Number	Assured / Owner	Beneficiary / Ceded to	Entry Date /Maturity Date (ANB)	Policy Type / Portfolio	Contrib. /Freq.	Esc % Contrib / Ben.	Death / Dread	Disability Capital / Income	Proj. Values @ Maturity / @ Retirement	Values Cash / Debt	Remarks

ASSETS & LIABILITIES

Property/Household Effects

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PROPERTY

Asset Description	Market Value	Outstanding Liability		Repayments	Entry Date	Freq	Deposit	Growth Rate%	% Realised (0%=Fixed), (E=Excl.) C=Client, S=Spouse			% Bequeathed	Do not include for Executor's Fees	Remarks
		Now	Retirement						Death C S	Disability C S	Retire. C S			
Fixed Property	Own house / Other Property													
Household effects	Furniture / Jewellery / Computers / Boats / Caravans / Trailers													
Vehicles	Motor Car / Other Vehicles													

ASSETS & LIABILITIES

Liquid Investments/Loans

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LIQUID ASSETS

Asset Description	Balance	Outstanding Liability		Savings	Entry Date	Freq	Deposit	Growth Rate%	% Realised (0%=Fixed),(E=Excl.) C=Client, S=Spouse			% Bequeathed	Do not include for Executor's Fees	Remarks	
		Now	Retirement						Death	Disability	Retire.				
								C	S	C	S	C	S		
Liquid Investments	Savings / Fixed Deposits / Current Account / Notice Deposits / Subscription Shares / Participation Bonds / Gifts														

LOANS

Asset Description	Balance	Outstanding Liability		Savings	Entry Date	Freq	Deposit	Growth Rate%	% Realised (0%=Fixed),(E=Excl.) C=Client, S=Spouse			% Bequeathed	Do not include for Executor's Fees	Remarks	
		Now	Retirement						Death	Disability	Retire.				
								C	S	C	S	C	S		
Loans	Overdrafts / Credit Cards / Personal Accounts														

ASSETS & LIABILITIES

Investments

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Investments

Asset Description	Institution Account No.	Entry Date	Maturity Date	No of Shares	Market Value	Liability	Growth Rate%	% Realised (0%=Fixed), (E=Excl.) C=Client, S=Spouse			% Bequeathed	Do not include for Executor's Fees	Remarks
								Death C S	Disability C S	Retire. C S			
Unit Trusts	Mutual Funds												
Shares	Listed Companies												
Other Investments	Property Syndicates / Venture Capital												

ASSETS & LIABILITIES

Business Interests

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BUSINESS INTERESTS

Asset Description	Market Value	Outstanding Liability		Repayments	Entry Date	Freq	Deposit	Growth Rate%	% Realised (0%=Fixed), (E=Excl.) C=Client, S=Spouse			% Bequeathed	Do not include for Executor's Fees	Remarks		
		Now	Retirement						Death	Disability	Retire.					
									C	S	C	S	C	S		
Business Interests	Employed / Sole	Proprietor / Partnership / Close	Corporation													

CORPORATE BENEFITS

Pension Fund/Provident Fund

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Date: _____

PENSION FUND

Name of Fund: _____

Date Joined: _____ OR Yrs on the Fund: _____ Type of Fund:

Fixed End Benefit
Money Purchase

Formula as a % of Salary (e.g. 2%): _____ Will you take the 1/3 Commutation:

Yes	No
-----	----

Retirement age of the Fund: _____ Contribution to Fund (Self): _____ or (%): _____
(Employer): _____ or (%): _____

Benefits Payable on your Death

Death Benefits calculated on:

Current Salary	Pension at Retirement	Service to Date
----------------	-----------------------	-----------------

Widows Pension (Amount): _____ or (%): _____

Children's Pension (Amount): _____ or (%): _____ Paid Until age (e.g. 21): _____

Lump sum on Death (Amount): _____ or Factor (as a multiple of annual salary): _____

Benefits Payable on Disability

Disability Benefits calculated on:

Current Salary	Pension at Retirement	Service to Date
----------------	-----------------------	-----------------

Disability Pension (Amount): _____ or (%): _____

Lump sum Disability (Amount): _____ or Factor (as a multiple of annual salary): _____

PROVIDENT FUND

Name of Fund: _____

Date Joined: _____ OR Yrs on the Fund: _____

Retirement age of the Fund: _____ Contribution to Fund (Self): _____ or (%): _____
(Employer): _____ or (%): _____

Current Fund Value: _____ Future Value at Retirement: _____

Benefits Payable on your Death

Lump sum Death (Amount): _____ or Factor (as a multiple of annual salary): _____

Benefits Payable on Disability

Disability Pension (Amount): _____ or (%): _____

Lump sum Disability (Amount): _____ or Factor (as a multiple of annual salary): _____

INCOME

Income Available

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INCOME AVAILABLE

Type of Income	Description	Amount	Taxable	Frequency	Starting in x Yrs	No of Yrs (How long will the income last)	Escal. %
Death	Spouse Continues Working / Rental of Property / Income from Business						
Disability	Spouse Continues Working / Rental of Property / Income from Business						
Retirement	Rental of Property / Income from Business / Part Time Work						

INCOME

Financial Objectives

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FINANCIAL OBJECTIVES

	Name	Protect Income Until Age	Type of Objective	Description	Amount	Frequency	Starting in x Yrs	No of Yrs	Escal. %
Death	After Tax Income required per month for your spouse and children								
	Spouse	(e.g. 80)							
	Children	(e.g. 21)							
Disability	After Tax Income required per month in the event of your disability								
		(e.g. 65)							
Retirement	After Tax Income required per month at retirement for you and your spouse								
	Retirement Age:	(e.g. 80)							

BUDGET

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Date: _____

BUDGET				
Budget Item	Expenses	Death	Disability	Retirement
Car Maintenance				
Cell phone				
Clothes				
Credit Card Repayments				
Domestic Salaries				
Education				
Entertainment				
Family Income				
Fuel				
Gifts				
Groceries				
H.P. Accounts				
Hobbies / Sports				
Holidays				
Home Maintenance				
Insurance Policies				
Insurance Premiums				
Internet				
Liquor				
Loans				
Medical Aid				
Medical Expenses				
Membership Fees				
Miscellaneous				
Motor Vehicle Payments				
Other				
Pension Contributions				
RA Contributions				
Rates / Taxes				
Rent / Bond Repayments				
Savings				
Schooling				
Shopping Accounts				
Short Term Insurance				
Subscriptions				
Telephone				
Total Required				
Travelling Expenses				
Unit Trusts				
Water / Lights				
Total Budget				