

Date of second meeting: _____

CONFIDENTIAL



CLIENT: _____

Date of first meeting: _____

TEL. No. _____

CELL.No. _____

BEST TIME TO CONTACT _____

EMAIL: _____

PLAN/POLICY NO. _____



[Click here to view our corporate keynote](#)

PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____ NATIONALITY _____

SPOUSE NAME _____ DATE OF BIRTH _____ NATIONALITY _____

	CHILDREN'S NAMES	AGES	CURRENT UNIVERSITY PROVISION	FUTURE UNIVERSITY NEED
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



EMPLOYMENT INFORMATION

JOB TITLE _____ EMPLOYER _____

PRIOR COMPANY _____ SINCE _____

SALARY DETAILS _____ BONUS _____

JOB TITLE (SPOUSE) _____ EMPLOYER _____

SALARY DETAILS _____ BONUS _____

OTHER INCOME _____

OUTGOING / EXPENSES					
Supermarket <input type="text"/>	Electricity/ Water <input type="text"/>	Car <input type="text"/>	Mortgage <input type="text"/>	Personal Care <input type="text"/>	Family <input type="text"/>
Food <input type="text"/>	Tel/Cel/Int/TV <input type="text"/>	Insurance <input type="text"/>	Sport <input type="text"/>	Service <input type="text"/>	Support Other <input type="text"/>
School <input type="text"/>	Gasoline <input type="text"/>	Rent <input type="text"/>	Holidays <input type="text"/>	Loans <input type="text"/>	
TOTAL: <input type="text"/>			MONTHLY SURPLUS <input type="text"/>		

PROPERTIES			
Property Type	Mortgage	Term	Value

CURRENT SAVINGS			
BANK	Short Term	Medium Term	Long Term
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL	\$	\$	\$

LOANS / DEBTS		
Credit cards		
Personal loans		

EXISTING WEALTH

- STOCKS _____
- INVESTMENT FUNDS _____
- PENSION OR RETIREMENT PLAN _____

EXISTING PROTECTION

- LIFE INSURANCE
- SUM ASSURED _____
- MEDICAL EXPENSES
- FAMILY COVERAGE
- INTERNATIONAL
- LOCAL

Do you know another wealth adviser or insurance agent?

PRIORITIES

- RETIREMENT PLANNING
- INVESTMENT
- LIFE INSURANCE
- BANK ACCOUNT \$/€/£ OTHER
- EDUCATIONAL FEES PLANNING
- S TRUSTS
- MEDICAL INSURANCE

INVESTMENT OBJECTIVES & RISK PROFILE

What is the Investment Priority:

- PRODUCE A REGULAR INCOME
- GROW THE CAPITAL OVER THE MEDIUM TERM (+5 YEARS)
- GROW THE CAPITAL OVER THE LONG TERM (+10 YEARS)

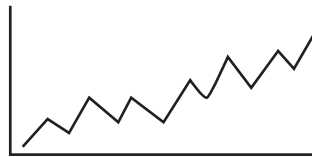
RISK QUESTIONNAIRE



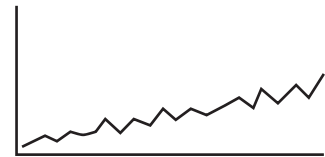
RISK LEVEL = VOLATILITY



5 YEARS



5 YEARS



5 YEARS

ABC INVESTMENT STRATEGY  

DYNAMIC
AGGRESSIVE

MODERATE
BALANCED

LOW
CONSERVATIVE

5	4	3	2	1
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REFERRALS

	NAME	TEL No.	COMPANY	LOCATION
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			
6.	_____			
7.	_____			
8.	_____			

INDEPENDENCE, SECURITY & SERVICE



RETIREMENT / EDUCATION FUND CALCULATION

DESIRED MONTHLY INCOME _____

FUTURE MONTHLY INCOME _____

FUTURE ANNUAL INCOME _____

INITIAL LUMP SUM _____

AVERAGE MONTHLY SAVING _____

FINAL AMOUNT OBJECTIVE _____

REQUIREMENTS TO DESIGN "YOUR TAILORED INVESTMENT PLAN"

- | | |
|--|---|
| <input type="checkbox"/> PROJECTIONS AMMOUNT _____

TERM: _____
INITIAL LUMP SUM: _____

<input type="checkbox"/> CONTRIBUTION FREQUENCY _____
<input type="checkbox"/> BACKDATE _____ Max 24 months
<input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> OTHER | <input type="checkbox"/> INCREASE SAVING
<input type="checkbox"/> DECREASE SAVING
<input type="checkbox"/> VOLUNTARY LUMP SUMS
<input type="checkbox"/> SUSPEND TEMPORARILY
<input type="checkbox"/> PARTIAL WITHDRAWALS
<input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> LOCAL
<input type="checkbox"/> TAX DEDUCTION <input type="checkbox"/> TAX EFFICIENT GROWTH
<input type="checkbox"/> TRUST
<input type="checkbox"/> INVESTMENT PROFILE <input type="checkbox"/> AUTOMATIC ABC |
|--|---|

CLIENT DECLARATION

I DECLARE THAT THIS IS A TRUE REFLECTION OF MY PERSONAL AND FINANCIAL CIRCUMSTANCES. BASED ON THIS INFORMATION, I AUTHORIZE MY ADVISOR TO SEARCH THE OPTIONS MOST RELEVANT TO MY PROFILE AND I AGREE WITH THE PRIVACY NOTICE ON THE WEBSITE.

_____ DATE _____