PERFORMA WEALTH MANAGEMENT

Date:_______________ **Initial Consultation Form**

Client name ______________________
Address ______________________________
____
____

Date of birth _________________

Retirement Date _________________

Health status _________________

Work phone _________________

E-mail address _________________

Partner name ______________________
Home Phone ______________________

Date of birth ______________________

Retirement date ______________________

Health status ______________________

Work phone ______________________

E-mail address ______________________

Marital Status: ____ Married ____ Single ____ Divorced ____ Widowed

Children's names	**Date of birth**	**Other dependents**	**Date of birth**
___________________	_________________	____________________	___________________
___________________	_________________	____________________	___________________
___________________	_________________	____________________	___________________

Employment	Company	Position	# of Years
Client	_____________________	_______________________	___________
Partner	_____________________	_______________________	___________

Financial Information

Assets – Current Value	**$**	**Liabilities – Current Balance**	**$**
Personal residence	_________________	Mortgage – residence	___________________
Other real estate	_________________	Other mortgages	___________________
Superannuation	_________________	Home equity limit	___________________
Shares, options/warrants	_________________	Investment loans	___________________
Motor vehicles	_________________	Motor vehicle loans	___________________
Boat, Caravan	_________________	Boat, Caravan loans	___________________
Cash, deposits, savings	_________________	Personal loans	___________________
Business(es)	_________________	Business loans	___________________
Other investments	_________________	Credit cards	___________________
	_________________	Other liabilities	___________________
Total Assets	_________________	**Total Liabilities**	___________________

Initial Consultation Form (page 2)

Client's income (projected for current calendar year) ______________________

Co-Client's income (projected for current calendar year) ___________________

Non-employment income ____

Life Insurance

Amount	Type	Company	Insured	Beneficiary
___________	___________	_________________	__________________	_________________
___________	___________	_________________	__________________	_________________
___________	___________	_________________	__________________	_________________
___________	___________	_________________	__________________	_________________
___________	___________	_________________	__________________	_________________

Other Insurance

Do you have?	Client	Co-client
Long-term disability	___	___
Long-term care	___	___
Excess Liability	___	___

Estate Planning

Do you have?	Client	Co-client
Wills	___	___
Powers of attorney	___	___
Trusts	___	___

Goals and Objectives

___ Analysis of current position

___ Cash flow and budgeting

___ Debt reduction

___ Funding children's education

___ Home buying or renovation

___ Investment management

___ Insurance needs

___ Retirement planning

___ Tax planning/minimization

___ Estate planning

___ Sale of a business

___ Other ____________________________

In order of importance, what are your 3 most critical financial concerns?

____

____

____

____

____

What qualities are you looking for in a financial advisor?

____

____

____

Please mail or fax this form (fax to 03 9372 8337) prior to our first meeting