

Information Sheet

Personal Details							
Title		Surname					
First Names					Gender	M	F
Date of Birth		ID Number					
Age next birthday		Smoker		Non Smoker			

Contact Details						
Residence					Code	
Postal Address					Code	
Work Address					Code	
Email						
Telephone	Home:		Work:			
Cell						

Education and Employment	
Education level	
Employer	
Occupation	
Gross Annual Income (all sources)	

Marriage Details								
Status	Married		Single		Divorced		Other (specify)	
Marital regime	ANC		ANC accrual		C.O.P.		Date of Marriage	
Spouse's Full Name					Maiden Name			
Date of Birth					Spouse's Occupation			
Spouse's gross annual income						Do you have a will?	Y	N
Spouse's education level		Smoker		Non-smoker				

Dependants					
Surname	First Name	Initials	Date of Birth	Gender (M/F)	Relationship

Medical Aid					
Have a Medical Aid	Yes		No		
Medical Aid Name					
Medical Aid Number					
Compulsory	Yes		No		No of dependants on Scheme
Are you satisfied with the cover it provides?	Yes		No		Details

Assumptions:

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



Information Sheet

Employee Benefits (A)				
Pension Fund		Provident Fund		Date Joined
Fund Retirement Age		Pensionable Salary(monthly)		
Life Cover		Disability Cover		Retirement Values Present
Lump Sum	R	(1)	R	(2)
Monthly Pension	R	(4)	R	(5)
Spouse's Pension	R	(7)		

Retirement Annuities (B)				
Current Contribution		Years on Fund		
Death		Disability		Values at Retirement Present
Lump Sum	R	(1)	R	(2)
Annuity (Monthly)	R	(4)	R	(5)

Income Protection and Capital Disability Cover (C)	
Monthly Income Protection Cover	R (1)
Total Capital Disability Cover	R (2)

Dread Disease Cover (D)	
Total Current Cover	R (1)

Children's Education Cover - Current Provision (E)	
Monthly Investment	R (1)
Capital Available	R (2)

Gross Monthly Income (F)	Available on:			
Income Type	Amount	Death	Disability	Retirement
Salary				
Commission				
Dividends				
Interest				
Rent				
Pension				
Car /Travel Allowance				
Other				
Total Monthly Income				
	1	2	3	4

Current Value of Estate (G)	To be realised on:			
Asset Type	Amount	Death	Disability	Retirement
Immovable Property				
Equity Investments				
Cash Deposits				
Business/Professional Interests				
Money owed to you				
Other assets				
Life cover (all policies)				
Group Life Cover (total)				
Gross Value of Estate				
	1	2	3	4

Liability Type (H)	To be settled on:			
Liability Type	Amount	Death	Disability	Retirement
Mortgage Bond				
Hire Purchase				

Information Sheet

Agreements/Leases				
Bank Overdraft				
Personal and Household Debts				
Personal Loans				
Business Loans				
Other liabilities				
Total Estimated Liabilities				
	1	2	3	4

Financial Objectives and Requirements

<p>1. In the event of your death: 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)?</p>	(1)
<p>2. In the event of your temporary or permanent disablement and, therefore, being unable to work: What amount would you require for Capital Expenses? How much monthly income would you require (before tax)?</p>	
<p>3. In the event of you being diagnosed with a dread disease: How much cover would you need?</p>	
<p>4. For Retirement at age _____ Based on your current income, how much would you need (before tax)?</p>	
<p>5. Children's Education: How much do you require? When do you require this amount?</p>	
<p>6. Do you have any special goals</p>	Yes No
Details Year	Amount

Agreement

Priorities
1.
Reason:
2.
Reason:
3.
Reason:
Action Commitment:
Financial Commitment:

Client signature: _____

Date: _____

