



SOUTHWOOD
FINANCIAL PLANNING cc

- Suite B, Block K, The Terraces, Steenberg Office Park, Silvertree Close, Tokai, 7945
- PostNet Suite 221, Private Bag X26, Tokai, 7966
- Tel 021 701 1161 Fax 0866 149 299
Email lisahp@southwood.co.za www.southwood.co.za

Authorised Financial Services Provider (FSP licence number 13566)

Financial Needs Analysis Questionnaire



Personal Details

Full Name _____

Preferred Name _____

ID/Passport No. _____

Tax No. _____

Email Address _____

Mobile Phone _____

Work Phone _____

Home Phone _____

Spouse Full Name _____

Preferred Name _____

ID/Passport No. _____

Tax No. _____

Email Address _____

Mobile Phone _____

Work Phone _____

Residential Address

Postal Address

Marital Status (Please mark with an X)

ANC	ANC + ACCRUAL	IN COP	SINGLE	DIVORCED	WIDOWED	COMMON LAW	OTHER (Please Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children's Full Names	Date of Birth

Do you wish to provide for your children's education through to their tertiary education years?

Will this amount be required on death and/or disability of the main provider?

Yes	No
Yes	No

Employment Details

Your Occupation _____
Current Employer _____
Gross Monthly Salary _____
Qualification Level _____
Desired Retirement Age _____

Percentage of working hours spent on:	Travelling:	Administration:
	Supervision:	Manual Labour:

Spouse Occupation _____
Current Employer _____
Gross Monthly Salary _____
Qualification Level _____
Desired Retirement Age _____

Percentage of working hours spent on:	Travelling:	Administration:
	Supervision:	Manual Labour:

Health

You:

Do you smoke? _____
Health Rating (Perfect/Average/Poor) _____
Ever been declined or had Cover offered at restricted rates? _____
Ever been hospitalised or treated for a significant illness or injury? _____
Do you participate in any hazardous sports? _____
Medical Plan/Scheme Name _____
Membership Number & Rewards Program Status _____
Do you have GAP cover? Provide Membership Details _____

Spouse:

Do you smoke? _____
Health Rating (Perfect/Average/Poor) _____
Ever been declined or had Cover offered at restricted rates? _____
Ever been hospitalised or treated for a significant illness or injury? _____
Do you participate in any hazardous sports? _____
Medical Plan/Scheme Name _____
Membership Number & Rewards Program Status _____
Do you have GAP cover? Provide Membership Details _____

Current and Future Lifestyle

1. What are your lifestyle and financial goals (e.g. education / travel)

Short term (0-3 years) _____

Medium term (3-10 years) _____

Long term (10+ years) _____

2. Do you own or are you buying a home?

Estimated Value **R** _____

Amount Owed **R** _____

Interest rate on Loan _____

3. Are you planning any major capital purchases?

e.g. motor vehicle /
boats / property _____

Amount Owing **R** _____

Interest rate on Loan _____

4. What are your current monthly lifestyle expenses?

(Please complete
attached budget) **R** _____

5. Do you expect to inherit any money or property?

If yes, please detail
how much and when? **R** _____
(Use today's Rand
value)

6. In retirement, how much income do/will you need?

(for non-retirees, to maintain our current standard of living, two thirds pre-retirement income is widely accepted.)

Amount (Use today's
Rand value) _____

7. Will you want to give your children any financial assistance?

Estimated Value _____

Are there any specific issues or topics you would like to discuss during your meeting?

Assets and Investments

Property / Household Effects / Vehicles / Antiques / Jewellery				
Asset Description	Owner	Market Value	Income from Asset	Outstanding Liability

Business Interests		
Asset Type	Market Value	Outstanding Liability

Retirement / Compulsory Investments			
Pension Fund / Preservation Fund / Provident Fund/ Retirement Annuity			
Product Provider	Policy/Member Number	Contribution	Current Value

Retirement / Compulsory Investments				
Annuities (Living / Fixed)				
Type	Product Provider	Policy Number	Income	Current Value

Discretionary Investments
Endowments

Product Provider	Policy Number	Start Date	Maturity Date	Contributions	Current Value

Unit Trusts

Product Provider	Policy Number	Start Date	Current Value

Shares

Product Provider	Account Number	Start Date	Number of Shares	Current Value

Offshore

Product Provider	Account Number	Start Date	Contributions	Current Value

Other

Please Specify

Risk Cover			
Product Provider	Benefit Type	Premium	Benefit Amount

Personal Cash Flow

Salary	R
Rental Income	R
Other Investment Income	R
Self-Employed Business Profit	R
Pension Income	R
Other Income	R
Spouse Salary	R
Monthly (Gross) Income	R
Monthly Expenses	R

****Please fill in the Budget Table on the next page.**

Local Banking Details Offshore

Bank Name		
Account Holder		
Account No.		
Account Type		

FICA Requirements

****Please ensure that you email us or bring the following with you to your initial meeting.**

- Clear Copy of you ID with 3 specimen signatures.
- Proof of Residential Address (not older than 3 months)
- Proof of Bank Account (not older than 3 months)
- Copy of last Tax Return
- Copy of Will
- Salary Slip or Similar

Thank You!



Budget		
Income	Budgeted	Actual
Salary – Self		
Salary – Spouse		
Other Income		
Total (Gross)		
Less Total Expenses		
Total (Net)		
Fixed Expenditure	Budgeted	Actual
Bond		
HP Agreements		
Motor Vehicle Load		
Short Term Insurances		
Life Cover		
Unit Trusts		
Medical Aid		
Domestic Wages		
Property Levies		
Security Company		
Personal Loans		
Education Costs		
Provision for Future Education Costs		
Savings Short Term / Emergency fund		
Total		
Variable Expenditure	Budgeted	Actual
Municipal Services (Rates and Water)		
Telephone		
Household Expenses		
Food		
Bank Charges		
Electricity		
Total		
Discretionary Expenditure	Budgeted	Actual
Clothing		
Short Holidays		
Entertainment		
Car Maintenance		
Fuel Costs and Parking		
Hobbies and Sport		
Magazine / Newspaper Subscriptions		
Total		
Provisional For Annual Expenses	Budgeted	Actual
Deposit on House / Car		
Taxes		
Home Improvements		
Holiday		
Total		