YOUR FINANCIAL NEEDS ANALYSIS

QUESTIONNAIRE

SOUTHWOOD
FINANCIAL PLANNING CC

FOR MORE INFORMATION

Suite B, Block K, The Terraces, Steenberg Office Park, Silvertree Close, Tokai, 7945

PostNet Suite 221, Private Bag X26, Tokai, 7966

Tel +27 21 701 1161 Fax 0866 149 299

advice@southwood.co.za
www.southwood.co.za

Authorised Financial Services Provider (FSP licence number 13566)

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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 (____) _____

HOME PHONE (____) _____

RESIDENTIAL ADDRESS _____

_____

_____

_____

POSTAL ADDRESS _____

(If different from above) _____

_____

DATE OF MARRIAGE _____/_____/_____ AND MARITAL STATUS (PLEASE INDICATE BELOW)

ANC	ANC + ACCRUAL	IN COP	SINGLE	DIVORCED	WIDOWED	COMMON LAW	OTHER (Please Specify)
☐	☐	☐	☐	☐	☐	☐	

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CHILDREN'S DETAILS

FULL NAMES	DATE OF BIRTH

Do you wish to provide for your children's education through to their tertiary education years? ☐ **YES** ☐ **NO**

Will this amount be required on death and/or disability of the main provider? ☐ **YES** ☐ **NO**

EMPLOYMENT DETAILS

YOUR OCCUPATION _____

CURRENT EMPLOYER _____

GROSS MONTHLY SALARY _____

QUALIFICATION LEVEL _____

DESIRED RETIREMENT AGE _____

PERCENTAGE OF WORK SPENT ON

TRAVEL		SUPERVISION		MANUAL LABOUR		ADMIN	

SPOUSE'S OCCUPATION _____

CURRENT EMPLOYER _____

GROSS MONTHLY SALARY _____

QUALIFICATION LEVEL _____

DESIRED RETIREMENT AGE _____

PERCENTAGE OF WORK SPENT ON

TRAVEL		SUPERVISION		MANUAL LABOUR		ADMIN	

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YOUR HEALTH DETAILS

DO YOU SMOKE? ☐ **YES** ☐ **NO** HEALTH RATING ☐ **GOOD** ☐ **AVERAGE** ☐ **POOR**

HAVE YOU BEEN VACCINATED FOR COVID-19? ☐ **YES** ☐ **NO** TYPE? _____

HAVE YOU RECEIVED THE COVID-19 BOOSTER? ☐ **YES** ☐ **NO**

EVER BEEN DECLINED OR HAD COVER OFFERED AT RESTRICTED RATES? ☐ **YES** ☐ **NO**

EVER BEEN HOSPITALISED OR TREATED FOR A SIGNIFICANT ILLNESS OR INJURY? ☐ **YES** ☐ **NO**

DO YOU PARTICIPATE IN ANY HAZARDOUS SPORTS? ☐ **YES** ☐ **NO**

MEDICAL PLAN/SCHEME NAME _____

MEMBERSHIP NUMBER _____ REWARDS PROGRAM STATUS _____

DO YOU HAVE GAP COVER? PROVIDE DETAILS _____

_____

SPOUSE'S HEALTH DETAILS

DO YOU SMOKE? ☐ **YES** ☐ **NO** HEALTH RATING ☐ **GOOD** ☐ **AVERAGE** ☐ **POOR**

HAVE YOU BEEN VACCINATED FOR COVID-19? ☐ **YES** ☐ **NO** TYPE? _____

HAVE YOU RECEIVED THE COVID-19 BOOSTER? ☐ **YES** ☐ **NO**

EVER BEEN DECLINED OR HAD COVER OFFERED AT RESTRICTED RATES? ☐ **YES** ☐ **NO**

EVER BEEN HOSPITALISED OR TREATED FOR A SIGNIFICANT ILLNESS OR INJURY? ☐ **YES** ☐ **NO**

DO YOU PARTICIPATE IN ANY HAZARDOUS SPORTS? ☐ **YES** ☐ **NO**

MEDICAL PLAN/SCHEME NAME _____

MEMBERSHIP NUMBER _____ REWARDS PROGRAM STATUS _____

DO YOU HAVE GAP COVER? PROVIDE DETAILS _____

_____

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CURRENT & FUTURE LIFESTYLE

WHAT ARE YOUR LIFESTYLE AND FINANCIAL GOALS (EDUCATION, TRAVEL ETC)

SHORT TERM (0-3 YRS) _____

MEDIUM TERM (3-10 YRS) _____

LONG TERM (10 + YRS) _____

DO YOU OWN OR ARE YOU BUYING A HOME?

ESTIMATE VALUE R _____

AMOUNT OWED R _____

INTEREST RATE ON LOAN _____ %

ARE YOU PLANNING ANY MAJOR CAPITAL PURCHASES? (MOTOR VEHICLE/BOAT/PROPERTY)

ESTIMATED VALUE R _____

AMOUNT OWED R _____

INTEREST RATE ON LOAN _____ %

WHAT ARE YOUR CURRENT LIFESTYLE EXPENSES? (PLEASE ATTACH BUDGET)

R _____

DO YOU EXPECT TO INHERIT ANY PROPERTY? (IF YES, PLEASE DETAIL HOW MUCH AND WHEN USING TODAY'S RAND VALUE

R _____

IN RETIREMENT, HOW MUCH INCOME DO/WILL YOU NEED? (FOR NON-RETIREES: TO MAINTAIN YOUR CURRENT STANDARD OF LIVING, TWO THIRDS PRE-RETIREMENT INCOME IS WIDELY ACCEPTED. USING TODAY'S RAND VALUE)

R _____

WILL YOU WANT TO GIVE YOUR CHILDREN ANY FINANCIAL ASSISTANCE? (ESTIMATE THE VALUE)

R _____

ARE THERE ANY SPECIFIC ISSUES OR TOPICS YOU WOULD LIKE TO DISCUSS DURING YOUR MEETING?

_____

ASSETS AND INVESTMENTS

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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					
Tax Free Savings Accounts					
Product Provider	**Policy No.**	**Start Date**	**Maturity Date**	**Contributions**	**Current Value**

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ASSETS AND INVESTMENTS

Unit Trusts			
Product Provider	**Policy Number**	**Start Date**	**Current Value**

Share Portfolio				
Product Provider	**Account Number**	**Start Date**	**Number of Shares**	**Current Value**

Direct Offshore				
Product Provider	**Account Number**	**Start Date**	**Contributions**	**Current Value**

Other
Please Specify

Risk Cover			
Product Provider	**Benefit Type**	**Premium**	**Benefit Amount**

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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.**

BANKING DETAILS

	LOCAL	OFFSHORE
BANK NAME		
ACCOUNT HOLDER		
ACCOUNT NO.		
ACCOUNT TYPE		

FICA REQUIREMENTS

- ☐ 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

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

BUDGET

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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 Loan		
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		

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