

# Financial Needs Analysis

## Goals

PRIORITY	GOAL
	1. My most important financial worry at this moment in time is _____
	2. I want to retire when I'm _____ years old.
	3. I want to have R _____ per month when I retire (in today's money).
	4. When I die, I want to leave R _____ to my dependents, as a lump sum, or as a monthly pay out (to cover expenses).
	5. When I die, I'd like to leave R _____ to cover debts such as a home loan, personal loan, credit card.
	6. I would like R _____ as a lump sum paid out to me if I should contract a severe illness (6 month's salary is a good starting point).
	7. I would like R _____ as a lump sum paid out to me if I should become disabled (12 month's salary lump sum is a good starting point).
	8. I would like R _____ as a monthly income paid out to me if I should become disabled (75% of Take home salary maximum allowed by Law).
	9. My current emergency fund is sitting at R _____ and I would like it to be R _____ (3 – 6 month's salary).
	10. I also would like to save towards _____ and require R _____ towards this goal.

Signature:

**Client**

Title \*

Surname \*

First name \*

ID Number / Passport Number

Marital status *	Single	<input type="checkbox"/>	Engaged	<input type="checkbox"/>
	Married (COP)	<input type="checkbox"/>	Live in Relationship	<input type="checkbox"/>
	Life Partner	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
	Married (ANC)	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
	Married (ANC Accrual)	<input type="checkbox"/>		

Marriage Date \*

Last Previous/Maiden name

**Contact Details**

Email

Work Phone

Cell Phone

**Address Details**

Postal

Physical

**Dependents**

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
First name *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (son etc.) *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Dependent (Yes/No) *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Smoker  Non-Smoker

Medical Aid Details: \_\_\_\_\_ Happy? \_\_\_\_\_

Do you have Medical Gap Cover: \_\_\_\_\_  
(Yes / No)

### Employment Details

Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employer \_\_\_\_\_

Duty Split Type	Admin	Supervise	Travel	Manual
Duty Split %				

### Education Level

(Please Tick)

No Matric	
Matric	
3 or 4 Year Technikon or other Diploma	
Undergraduate University Degree	
Future Professional	
Post Graduate Qualification	

### Pension or Provident Fund / Group Benefits

#### Details

Name of Fund \_\_\_\_\_  
Type of Fund (Pension/Provident) \_\_\_\_\_  
HR Contact Person/ Administrator \_\_\_\_\_  
HR Person Tel Number \_\_\_\_\_

### Existing Insurance / Policy Details

Company	Life and Risk	Unit Trust	Endowment	Retirement Annuity
_____				
_____				
_____				
_____				

### Cashflow – Income & Expenses

**Income**

Type (Employment / Other)				
Gross Amount				
Monthly / Annually				
Taxable (Y/N)				

**Expenses**

	Amount
Total monthly expenses	R <input style="width: 300px;" type="text"/>

### Balance Sheet – Assets & Liabilities

**Assets - Details**

	Asset 1	Asset 2	Asset 3	Asset 4
Description				
Owners and percentage				
What did you pay for it?				
Current Value (ZAR)				

For **Life Cover** purposes, indicate whether the asset will be disposed of and in what percentage, alternatively what income will be generated (amount or %age) and for what term.

	Asset 1	Asset 2	Asset 3	Asset 4
Death				
Disability				
Dread Disease				
Retirement				

**Liabilities**

	Liability 1	Liability 2	Liability 3	Liability 4
Description				
Outstanding balance				

For **Life Cover** purposes, indicate what percentage of the liability must be paid in the event of...

	Liability 1	Liability 2	Liability 3	Liability 4
Death (usually 100%)				
Disability				
Dread disease				
Retirement				

**Education Requirement**

Costs per Year	R <input style="width: 300px;" type="text"/>
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## Estate Details – Last Will and Testament

Client

Active Will Exists? (Yes / No) \*

Is everything being left to your spouse? (Yes/No) \*

Specific assets bequeathed

- To spouse
- Estate
- 3<sup>rd</sup> party

### CUSTOMER DECLARATION

The information provided in this form is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide such information).

I/We understand and acknowledge that by not fully and accurately completing this form, any recommendation and/or advice given by my financial adviser in these circumstances, may be inappropriate to my/our needs. As a result of the aforementioned, I/we may lose the right to seek compensation from my financial planner for any loss suffered by me/us as a consequence of such actions.

Signed

\_\_\_\_\_

Date

/ /

\_\_\_\_\_

Name

\_\_\_\_\_

\_\_\_\_\_