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# Arthur Boshoff Brokers

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*“Achievement requires personal effort!”*

Arthur Boshoff Brokers is an authorised Financial Services Provider.

## PERSONAL FINANCIAL NEEDS ANALYSIS

Prepared For:

**This analysis is used for ESTATE and RETIREMENT planning.**

**The purpose of this exercise is to highlight areas of concern within your financial planning. Consider the following for example:**

- A. IMMEDIATE NEED:**
  - \* Monthly budget requirements,
  - \* Household and motor insurance,
  - \* Medical expenses - Routine or Hospitalisation
- B. UNFORESEEN COSTS:**
  - \* Emergencies,
  - \* Untimely Death,
  - \* Disability - Permanent or Temporary,
  - \* Dread Disease.
- C. FUTURE NEED:**
  - \* Replacement of assets
  - \* Vacations
  - \* Schooling or Tertiary Education
  - \* Retirement

**NOTE: The contents of this questionnaire is  
STRICTLY PRIVATE & CONFIDENTIAL.**

<b>A. INTRODUCTION</b>	
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This questionnaire constitutes the basis for the preparation of an accurate and professionally presented personal financial analysis and estate planning with the purpose of arranging the estates owner's financial affairs to appropriate his/her assets in such a way that the best income, estate growth and security can be obtained for:

- the estate owner and his/her dependents during his/her lifetime;
- his/her spouse, his/her children or other heirs after his/her death.

Completion of this questionnaire will involve a certain amount of your time and effort, but we believe the exercise will materially benefit you and your family.

The data submitted in this questionnaire is privileged and extremely confidential, but it is vitally important to enable us to process accurate information and we assure you that this information will be treated with the utmost care and confidentiality that you would expect.

<b>B. PERSONAL INFORMATION</b>	
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<b>ESTATE OWNER</b>	
Title / Surname	Maiden Name
Full Names	
ID No.	Date of Birth
Occupation	Education
Par-time Activities	Smoker
Employer	Income / m
SARS Ref #	SARS Office
E-mail	
Tel No. (h)	Tel No. (w)
Cell No.	Fax
Marital Status/Type*	Marriage Date
Accrual Value - Own	Accrual Value - Spouse

\* Marriage Type – In Community or Anti-Nuptial - with or without the accrual system.

<b>SPOUSE</b>	
Title / Surname	Maiden Name
Full Names	
ID No.	Date of Birth
Occupation	Education
Par-time Activities	Smoker
Employer	Income / m
SARS Ref #	SARS Office
E-mail	
Tel No. (h)	Tel No. (w)
Cell No.	Fax

Physical Address		Postal Code	
Postal Address		Postal Code	



<b>E. NEEDS &amp; PRIORITIES</b>	
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The following table has been set out in a manner whereby you are able to express your wishes in the even of the three eventualities that face us all ...

- Death,
- Disability, or
- Retirement.

Ensuring your family's security at:	VALUE (Amount / %)	TERM OF PROVISION
<b>➤ YOUR DEATH</b>		
• INCOME		
• CAPITAL		
• CHILDREN (# x R )		
• OTHER		
<b>➤ SPOUSES DEATH</b>		
• INCOME		
• CAPITAL		
• CHILDREN (# x R )		
• OTHER		
<b>➤ YOUR DISABILITY</b>		
• INCOME		
• CAPITAL		
• CHILDREN (# x R )		
• OTHER		
<b>➤ SPOUSES DISABILITY</b>		
• INCOME		
• CAPITAL		
• CHILDREN (# x R )		
• OTHER		
<b>➤ YOUR RETIREMENT (@ age )</b>		
• INCOME		
• CAPITAL		
• OTHER		
<b>➤ SPOUSES RETIREMENT (@ age )</b>		
• INCOME		
• CAPITAL		
• OTHER		

<b>Do you have medical cover?</b>	
<b>Have you made provision to afford the medical cover after retirement?</b>	
<b>Are you savings for the short and medium term?</b>	

<b>F. ASSURANCE &amp; INVESTMENTS</b>	
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With which companies do you have assurance cover and/or investments?

ESTATE OWNER		SPOUSE	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	

Kindly complete the attached Broker's Note in order that the latest policy information can be obtained in respect to yourself and your spouse.

<b>G. WILL</b>	
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1. Do you have a valid WILL?	
2. Who is the current Executor?	
3. When last was your WILL reviewed?	
(Please could you provide a copy of your WILL?)	

<b>H. TRUST</b>	
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1. Do you have a TRUST? (if "Yes" – how many?)	
2. Trust Registration Number/s	
3. Name of Trust/s	
4. What purpose does it/they serve?	
5. Who are the TRUSTEES?	

Should you have a trust, kindly make a copy of the deed available.

Do not hesitate to give me a call should you wish to receive further information about trusts, i.e..

- What are there advantages,
- How to set one up and
- How to administer a trust.

This completed form along with the "Letter of Authority" (see attached) can be sent to:

***Arthur Boshoff***

<b>Fax # :</b>	<b>086 616 1322</b>
<b>E-Mail :</b>	<b><a href="mailto:abb@homebiz.co.za">abb@homebiz.co.za</a></b>
<b>Postal Address :</b>	<b>Postnet 240, P/Bag X9063, East London, 5200.</b>

<b>I. REQUEST FOR WILL</b>				
<b>Will of Testator if first dying</b>				
Testatrix sole heiress	<b>YES</b>		<b>NO</b>	
<b>IF NOT:</b>				
<b>(Full names, ratio of benefit &amp; relationship if more than one heir)</b>				
<b>Will of Testatrix if first dying</b>				
Testator sole heir	<b>YES</b>		<b>NO</b>	
<b>IF NOT:</b>				
<b>(Full names, ratio of benefit &amp; relationship if more than one heir)</b>				
<b>Will of Survivor / Simultaneous Death</b>				
Children sole heirs	<b>YES</b>		<b>NO</b>	
<b>IF NOT:</b>				
<b>(Full names, ratio of benefit &amp; relationship if more than one heir)</b>				
<b>Will - family obliteration (optional)</b>				
<b>(Full names, ratio of benefit &amp; relationship if more than one heir)</b>				
<b>Inheritance of minors in trust</b>	<b>YES</b>		<b>NO</b>	
			<b>Until AGE</b>	
<b>Executor</b>				
<b>Trustee</b>				
<b>Guardian</b>				

	<b>FINANCIAL SERVICES &amp; ESTATE PLANNING QUESTIONNAIRE</b>	
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I have built my business on providing value added service for my clients. Recently, I expanded those services to include a planned estate review service. To see if you may benefit from this service, please answer the following questions:

1. Have you had a formal financial plan (i.e. retirement analysis, estate plan) prepared in the last two years? 

YES	NO
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2. What is your estimated net worth?
3. What is the total value of your retirement plans? (RA's, Company Pension, etc.)

AGE	VALUE	EXPECTED INCOME	TERM OF INCOME
55			
60			
65			
70			

4. Are you aware that as much as 80% of your assets can be lost to taxes in one form or another without careful Estate Planning? 

YES	NO
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5. Do you know about "zero estate tax" planning techniques? 

YES	NO
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6. What would you say is your biggest concern regarding your estate plan and it's eventual distribution?

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7. Do you currently have a home loan? 

YES	NO
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8. Who is it financed with and at what rate? 



 %
9. Are you aware that re-financing your home loan can be to your advantage? 

YES	NO
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10. Are you concerned about the amount you are paying toward your short-term insurance, i.e. household & motor insurance? 

YES	NO
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	<b>CONCLUSION</b>	
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Your ability to earn a living is vital to the financial survival of you and your dependant's. In the event of your death, your dependants will need to be compensated for the loss of financial support. In the event of your disability, you and your dependants will need to be provided for. Furthermore, please don't leave planning for your retirement till the age of 50.

Thank-you for taking the time in order to consider this vitally important financial needs analysis survey, I'm sure it has been of value to you.