Ultra-Comprehensive Client Fact Find

& Financial Planning Questionnaire

ClearGauge Wealth

A considered starting point for thoughtful long-term financial clarity and confidence

This questionnaire is designed to help us gain a **clear, accurate, and holistic understanding** of your personal circumstances, financial position, objectives, and preferences.

The information you provide forms the foundation of your long-term financial plan and any investment recommendations we make on your behalf.

As an authorised financial services provider, ClearGauge Wealth is required under the **FAIS Act and FSCA conduct standards** to take reasonable steps to ensure that all advice is **appropriate, suitable, and aligned with your specific situation**. This document enables us to do that properly, responsibly, and in your best interests.

Please complete this questionnaire as fully as you are comfortable with.

✓ Exact figures are not required — **reasonable estimates are perfectly acceptable**
✓ Any sections you are unsure about can be **discussed together during our meeting**

All information provided is treated as **strictly confidential** and will be used solely for advice, planning, and regulatory purposes.

Prepared for: _____ **Date:** _____

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1. Core Essentials

(Estimated completion time: 10-15 minutes. This covers foundational details needed for initial advice.)

1.1. Personal & Household Details

Please provide the following personal and household information. This helps ensure that any advice provided is appropriate to your legal, tax, and family circumstances.

Full legal name (as per ID / passport):

ID / Passport number:

Date of birth:

Citizenship(s):

Country / countries of tax residence:

South African tax number (if applicable):

Marital status:

☐ Single ☐ Married ☐ Life partner ☐ Divorced ☐ Widowed

Marital regime (if applicable):

☐ In community of property

☐ Out of community (without accrual)

☐ Out of community (with accrual)

Spouse / life partner full name (if applicable):

Residential address

Contact details

Phone: _____

Email: _____

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1.2. Dependants & Financial Responsibilities

This section helps us understand who relies on you financially and any obligations that may influence your planning.

Dependants:
(name, relationship, age, level of financial dependence)

Expected future dependants:

Education responsibilities (current or planned):

Maintenance or support obligations:

1.3. Employment, Career & Income

This section helps us assess income stability, career risk, and long-term earning potential.

Employment status:

☐ Employed ☐ Self-employed ☐ Business owner ☐ Retired ☐ Other

Current occupation / role:

Employer / business name:

Gross annual income (approximate):

Net annual income (approximate):

Variable income (bonuses, commissions, dividends):

Expected changes to income over the next 3–5 years:

1.4. Monthly Cash Flow & Savings Behaviour

Understanding cash flow is critical to sustainable planning.

Average monthly household income:

Average monthly household expenses:

Current monthly savings or investments:

Emergency fund (months of expenses covered):

The following sections focuses on your broader financial position, including assets, liabilities, and liquidity.

2. Financial Position

(Estimated completion time: 15-20 minutes. Focus on assets, liabilities, and knowledge. This section may be completed in discussion with your adviser and does not need to be fully completed in advance.)

2.1. Assets Overview

Please list your major assets. Approximate values are acceptable.

Cash and savings (bank accounts, money market):

Local investments (unit trusts, ETFs, shares):

Offshore investments:

Retirement funds (RA, pension, preservation):

Property (primary residence, additional properties):

Business interests or other significant assets:

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2.2. Liabilities & Financial Obligations

Please list all significant liabilities.

Home loans / bonds:

Vehicle finance:

Credit cards and personal loans:

Guarantees or contingent liabilities:

The next questions help us understand your investment experience and decision-making history.

2.3. Investment Knowledge & Experience

This helps us assess suitability and complexity.

How long have you been investing?

Investment products previously used:

Experience during market downturns:

Have you ever sold investments due to market volatility?

☐ Yes ☐ No If yes, please explain:

If you hold direct share portfolios, please indicate the level of involvement you expect from us:

☐ Ongoing discretionary management

☐ Periodic guidance and opinion-based advice

☐ Information-only support (e.g. valuations, market data)

☐ Not applicable

3. Objectives & Risk

(Estimated completion time: 20-25 minutes. Dive into goals, risk, and timelines.)

3.1. Financial Objectives & Priorities

Please describe what you want your money to achieve.

Primary financial objectives:

Secondary objectives:

Specific goals with timeframes (e.g. retirement, property, education):

3.2. Risk Tolerance (Emotional Comfort)

*This section helps us understand how you **emotionally experience investment risk**, particularly during periods of market volatility. There are no right or wrong answers. Your responses will help ensure that any recommended investment strategy aligns with your comfort level and reduces the risk of emotionally driven decisions during market downturns.*

Reaction to Market Volatility

If the value of your investment portfolio were to decline by approximately 20% over a short period due to market movements, how would you most likely react?
(Please select the option that best reflects your honest response.)

☐ I would feel very uncomfortable and would likely want to reduce risk or move to safer investments.

☐ I would feel concerned but would prefer to wait and see how markets recover before making changes.

☐ I would be uncomfortable in the short term but would remain invested, understanding that market declines are part of long-term investing.

☐ I would view this as a normal part of investing and would remain committed to my long-term strategy.

☐ I would consider increasing my investment if my long-term plan and circumstances remain unchanged.

Additional comments (if any):

Emotional Response to Investment Uncertainty

Which of the following best describes your general attitude toward investment risk and uncertainty?

☐ I prioritise protecting my capital, even if it means lower long-term returns.

☐ I prefer a balanced approach between growth and stability.

☐ I am comfortable accepting fluctuations in value in pursuit of higher long-term returns.

☐ I am comfortable with significant fluctuations if aligned with long-term objectives.

Additional comments:

Past Behaviour and Experience

During previous market downturns or periods of poor investment performance, which statement best describes your experience?

☐ I sold investments to avoid further losses.

☐ I felt anxious but largely stayed invested.

☐ I remained invested and understood the downturn was temporary.

☐ I increased investments during market declines.

☐ I have limited experience with significant market downturns.

Please provide any relevant context:

Primary Investment Concerns

What concerns you most about investing?
(You may select more than one.)

☐ Losing capital
☐ Short-term volatility
☐ Not achieving long-term goals
☐ Making poor investment decisions
☐ Market crashes or economic instability
☐ Complexity or lack of understanding
☐ Other: _____

The following questions focus on your financial ability to absorb investment losses, rather than your emotional comfort with market movements.

3.3. Risk Capacity (Financial Ability to Take Risk)

*This section helps us assess your **financial ability to absorb investment losses** without compromising your lifestyle, obligations, or key financial objectives. Unlike risk tolerance, which reflects emotional comfort, risk capacity is based on **financial facts and constraints**.*

Short- to Medium-Term Capital Requirements

Please indicate any capital you expect to require from your investments over the following periods.
(Include estimated amounts and the purpose where possible.)

Capital required within the next 1–3 years:

Capital required within the next 3–5 years:

Income Stability & Dependence

How would you describe the stability of your primary income source?

☐ Highly stable (e.g. salaried employment with predictable income)
☐ Moderately stable (e.g. variable income, bonuses, commissions)
☐ Unstable or irregular (e.g. self-employed, cyclical income)

Number of individuals financially dependent on your income:

Financial Resilience

Do you have sufficient cash or low-risk assets to fund unexpected expenses without needing to sell long-term investments?

☐ Yes
☐ No
☐ Unsure

If yes, please estimate how many months of expenses are covered:

Health, Employment & Other Constraints

Are there any health, employment, or personal circumstances that may reasonably limit your ability to recover from investment losses?
(e.g. health concerns, approaching retirement, contractual employment, business risk)

Overall Financial Flexibility

If your investment portfolio experienced a significant temporary decline, would this materially impact your ability to meet your essential financial commitments?

☐ Yes — it would materially impact my financial stability
☐ Possibly — depending on the magnitude and duration
☐ No — I could absorb short- to medium-term losses

Additional comments (if any):

This information assists us in determining whether a model-based, discretionary investment approach is appropriate and sustainable for you.

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The following section focuses on your financial objectives, priorities, and how you experience investment risk.

3.4. Time Horizon & Liquidity Needs

This section helps us understand how long your investments are intended to remain invested and the extent to which you may need access to capital over time. These factors are critical in determining appropriate investment strategies and product selection.

Investment Time Horizon

How long do you expect the majority of these investments to remain invested before being used?
(You may select more than one option if different portions of your capital have different time horizons.)

☐ Less than 1 year
☐ 1–3 years
☐ 3–5 years
☐ 5–10 years
☐ More than 10 years

Please provide context where applicable (e.g. specific goals or events):

Anticipated Withdrawals

Do you expect to make any withdrawals from your investments over the next 5 years?

☐ No anticipated withdrawals
☐ Yes — planned withdrawals

If yes, please indicate the **estimated amounts, timing, and purpose** of these withdrawals:

Liquidity Requirements

How important is immediate or short-notice access to your invested capital?

☐ Very important — capital may be required at short notice
☐ Moderately important — some notice or planning is acceptable
☐ Not important — capital can remain invested for the long term

Are there any specific liquidity constraints or requirements we should be aware of?
(e.g. business opportunities, family support, potential emergencies)

Product & Structure Considerations (Optional)

Are you comfortable with certain portions of your capital being invested in less liquid structures if aligned with long-term objectives?

☐ Yes
☐ No
☐ Unsure

Additional comments:

4. Advanced Planning

(Estimated completion time: 15-20 minutes. Covers specialized areas like tax, retirement, and preferences. This section may be completed in discussion with your adviser and does not need to be fully completed in advance)

4.1. Tax & Ownership Structures

*This section helps us understand **how your assets are currently owned** and any **tax considerations** that may influence investment structuring and recommendations. ClearGauge Wealth does not provide tax advice; however, tax considerations are an important part of ensuring that financial advice is appropriate and efficient.*

Ownership of Assets and Investments

Please indicate how your existing assets and investments are currently held.
(You may select more than one option.)

☐ Personally in your own name
☐ Jointly with a spouse or life partner
☐ In the name of a trust
☐ In a company or close corporation
☐ In retirement fund structures (e.g. RA, pension, preservation fund)

Please provide further detail where applicable (e.g. trust or company names, role as trustee/director):

Tax Residency & Status

Country / countries of tax residence:

Highest marginal income tax rate (if known):

Capital gains tax considerations or history (if relevant):

Known Tax Considerations or Constraints

Are there any known tax considerations, restrictions, or preferences that should be taken into account when structuring your investments?
(e.g. existing capital gains exposure, prior tax planning, restrictions on realising gains, use of exemptions)

External Tax Advice

Do you currently work with a tax practitioner or accountant?

☐ Yes
☐ No

If yes, please provide name and contact details (optional):

Coordination & Consent

Are you comfortable with us coordinating with your tax adviser (where appropriate) to ensure aligned and efficient structuring?

☐ Yes
☐ No
☐ Not applicable

Additional comments:

4.2. Retirement Planning

This section helps us understand your retirement objectives, expectations, and any constraints that may influence retirement planning recommendations.

Planned retirement age:

Do you anticipate a gradual or phased retirement (e.g. reduced work before full retirement)?

☐ Yes ☐ No ☐ Unsure

Desired retirement income (in today's terms):

(Please indicate a monthly or annual amount, if known.)

Expected sources of retirement income:

(e.g. retirement funds, investments, rental income, business interests)

Major retirement concerns or priorities:

(e.g. longevity risk, healthcare costs, maintaining lifestyle, inflation)

4.3. Risk & Protection Planning

This section helps us assess whether appropriate financial protection is in place to manage life events that could materially impact your financial plan.

Life cover currently in place:
(e.g. amount, policy type, provider – approximate details acceptable)

Disability and/or income protection cover:

Medical aid or healthcare cover:

Are there any protection shortfalls or concerns you are aware of?

4.4. Estate & Succession Planning

This section helps us understand how your assets are intended to be distributed and whether appropriate estate planning structures are in place.

Do you have a valid and up-to-date will?

☐ Yes ☐ No ☐ Unsure

Date of last will update (if applicable):

Estate structures in place:

(e.g. trusts, business succession arrangements, buy-and-sell agreements)

Beneficiaries and inheritance intentions:

Are there any specific estate planning concerns or priorities?

4.5. Values, Preferences & Investment Restrictions

This section ensures that your investment strategy aligns not only with financial objectives, but also with your personal values and preferences.

Ethical, sustainability, or ESG preferences (if any):

Investment exclusions or restrictions:
(e.g. specific industries, asset classes, or jurisdictions)

Currency preferences:
(e.g. preference for local vs offshore exposure)

Additional preferences or considerations:

4.6. Adviser Relationship Preferences

This section helps us tailor the ongoing advice relationship to suit your expectations and decision-making style.

Preferred method of communication:

☐ Email ☐ Phone ☐ WhatsApp ☐ Video call ☐ In-person

Preferred review frequency:

☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Ad hoc as required

Decision-making style:

☐ I prefer to be closely involved in decisions

☐ I prefer recommendations with explanation before implementation

☐ I am comfortable delegating decisions within agreed parameters

Additional expectations or preferences:

Client Declaration

I confirm that the information provided in this questionnaire is accurate and complete to the best of my knowledge. I understand that this information will be used by **ClearGauge Wealth** to assess the suitability of financial planning and investment recommendations. I undertake to inform ClearGauge Wealth of any **material changes** to my circumstances that may affect the advice provided.

Client name: _____

Signature: _____

Date: _____

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