

Your Initial Financial Report

Questionnaire

C O N F I D E N T I A L

As part of our total financial service to clients, we'd like to offer you a **FREE initial assessment** of your financial situation. All you have to do is complete this form and mail it to us, or bring it with you when you visit us at tax time. If there are any areas of your finances that may need attention, we will contact you to make an appointment.

Name: _____

Address: _____

Postcode _____

:

Phone: (____) _____

Date of Birth: ____/____/____

Date: ____/____/____

Your current situation is:

- Employed
 Self-employed
 Business Owner
 Home duties
 Unemployed
 About to retire
 Retired

1. Wealth creation

A. Do you have a home loan? Yes No Is your interest rate variable? Yes No

What is the current interest rate? _____% What is the outstanding loan amount? \$ _____

When do you expect to repay your loan? _____ How much are your repayments? \$ _____

Are your repayments fortnightly or monthly? _____

Can you afford to increase your home loan repayments? Yes No

If you can, how much can you increase each payment? \$ _____

B. Superannuation

What is the name of your superannuation fund?

1. _____ Balance \$ _____

2. _____ Balance \$ _____

3. _____ Balance \$ _____

TOTAL \$ _____

What is your total Annual contribution to superannuation? \$ _____

How many years until you plan to retire? _____ (yrs)

How much would you like in your super fund when you retire? (in today's dollars) \$ _____

Do you have life insurance within your super fund? Yes No

If yes, what level of cover do you have? \$ _____

C. Do you have a plan to save money? Yes No

How much are you saving each month? \$ _____ Can you increase this amount? Yes No

If yes, by how much can you increase your savings each month? \$ _____

D. What is the current balance of your savings and where are you saving?

Company where saving	Amount saved	Interest rate	Maturity date (if applicable)
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL	\$	—	—

2. Tax reduction & wealth creation

Do you have any negative gearing? Yes No

What have you geared? (eg residential property/unit trust investments) _____

How much do you owe? \$ _____ What is the interest rate? _____%

3. Income protection

Do you have Income Protection Insurance? Yes No

If yes, with which company? _____

Annual Premium? \$ _____ Amount covered for? \$ _____

4. Wealth protection

Do you have Trauma Insurance? Yes No

If yes, with which company? _____

Annual Premium? \$ _____ Amount covered for? \$ _____

Do you have Term (Life) Insurance? Yes No

If yes, with which company? _____

Annual Premium? \$ _____ Amount covered for? \$ _____

What is the total (estimate) of your liabilities, including the outstanding mortgage on your home? \$ _____

What is the total (estimate) of your current assets, excluding your family home and including term insurance on death? \$ _____

Does your spouse have: Life Insurance? Yes No Income Insurance? Yes No

Trauma Insurance? Yes No

5. Wealth distribution

Do you have a will? Yes No If yes, do you consider it up-to-date? Yes No

Have you told your solicitor and/or family where it is kept? Yes No

6. Staying in financial control

If you have investments, how often are your **investments reviewed**?

Monthly Quarterly Half Yearly Yearly Other

Do you have an **enduring** power of attorney? Yes No

7. Business owners

Do you have a contingency plan in place for the following events?

Your business partner retires or dies Yes No You retire or die Yes No

Your business is forced to undertake large, unexpected expenditure Yes No

Please give this completed questionnaire to your adviser.

Please bring with you any statements which relate to the questions we have asked.

Especially remember to bring your latest Superannuation statements.

Thank you for completing the confidential questionnaire. We will rely on this information to complete your

Initial Financial Report