**Financial Health Check**

Please take a couple of minutes to complete this short questionnaire prior to your meeting, which is designed to help us identify how we can better support our valued client’s

Your Name: ………………………………………………... D.O.B: ………….…………………………………………...

Your Address: ……………………………………………... Phone: ……………………………………………………...

……………………………………………... Email: ….……………………………………………………

**1. Personal Risk Strategy – *Your ‘Back-Up’ Plan***

*1.1* - If your income was to stop due to sickness or injury, will you still be able to afford your mortgage / rent, or pay your ongoing expenses / bills for as long as needed?

Yes No Not Sure

*1.2* - If you were to die prematurely or become seriously ill / injured, are you certain that your family would be left with enough assets to:

- *Clear all debts?* Yes No Not Sure

- *Have an income to live off?* Yes No Not Sure

*1.3* – Do you have Life, TPD, Trauma and / or Income Protection

insurance cover in place? Yes No Not Sure

*If Yes, provide the existing amount of cover you have below:*

**Life Cover** Amount: $ **Trauma Cover** Amount: $

**TPD Cover** Amount: $ **Income**

**Protection**

Amount: $

*When was the last time this cover was reviewed?*

Within the last 12 months 1 – 2 years ago More than 2 years ago

**2. Investment Strategy – *Your ‘Wealth Creation’ Plan***

*2.1* – Are you happy with your current financial position? Yes No

*2.2* – What type of investments do you currently have *(circle applicable options below)*

**Property Share Portfolio Cash / Term deposits Managed Funds**

**Superannuation Other** *(please provide details):*

*2.3* – Do you currently have a mortgage or investment loan(s)? Yes No

*When was the last time this cover was reviewed?*

Within the last 12 months 1 – 2 years ago More than 2 years ago

|  |  |  |  |
| --- | --- | --- | --- |
| *2.4 –* Are you happy with your current lender, your current interest rate, or the fees and charges you are currently paying for your loan(s)? | Yes | No | N/A |
| *2.5* – Have you ever considered utilising the equity in your home for building wealth through investments? | Yes | No | N/A |
| *2.6* – How much money will you need to earn from your investments to become FINANCIALLY INDEPENDENT?  *(Cover your day-to-day expenses - only working because you want to, not because you have to)* | Amount: $ per annum | | |
| *2.7* – How much money do you want to earn from your investments to become FINANCIALLY FREE?  *(To have enough income to live the life you want, when you want)* | Amount: $ per annum | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Super & Retirement Strategy – *Your ‘Golden Years’ Plan*** | | | |
| *3.1* – When would you like to retire? | Age: | | |
| *3.2* – What income would you need if you were retiring today, assuming your children have moved out from home and your debts are all paid off? | Amount: $ per annum | | |
| *3.3* – Are you absolutely certain that your current superannuation and investments will be enough for you to retire when you want, with sufficient income to do the things you want to do? | Yes | No | Not Sure |
| *3.4* – Do you have more than one superannuation fund? | Yes | No | Not Sure |
| *3.5* – Are you aware of how your superannuation fund(s) are invested? | Yes | No | Not Sure |

**Additional Notes:**

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**Thank you for taking the time to complete this questionnaire**

Signature: ………………………………………………... Date: ………………………………………………………...