



Financial Health Check

In order to maximise your time with your Financial Adviser, this form has been designed for you to complete to discuss your objectives, financial needs, and circumstances.

Personal Details

Name		DOB DD / MM / YYYY	
Marital Status			
Occupation		Salary (p.a.) \$	
Partner name		Partner DOB DD / MM / YYYY	
Partner occupation		Partner salary (p.a.) \$	
Children	Child 1 name	Child 1 age	Child 2 name
	Child 2 name	Child 2 age	Child 3 name
	Child 3 name	Child 3 age	Child 4 name
Desired retirement age		Income in retirement \$	
Health <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair		Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Mobile	Work	Home
Email			
Address			

What would you like to discuss?

<input type="checkbox"/> Review of current situation (Adviser requested)	Please feel free to explain further
<input type="checkbox"/> Superannuation – asset allocation, rollovers	
<input type="checkbox"/> Risk Management – Insurance	
<input type="checkbox"/> Investments	
<input type="checkbox"/> Retirement	
<input type="checkbox"/> Accessing super after preservation age	
<input type="checkbox"/> Mortgage/Debt advice	
<input type="checkbox"/> Estate Planning	

Financial planning goals

Short term goals (less than 5 years)
Medium term goals (5 - 10 years)
Long term goals (over 10 years)

Assets & Investments

Personal Assets	Details	Value
Home		
Home Contents		
Car		
Other		

Financial Assets	Provider	Policy Number	Balance
Investments			
Superannuation			
Other			

Investments	Type	Monthly rent/outgoings	Rent / Outgoings

Liabilities

Type	Provider	Repayment \$	Interest rate %	Balance Outstanding
Mortgage				
Personal/Car loan				
Investment loan				
Credit Cards				
Other				

Current Insurances

Type	Provider	Policy Number	Balance
Life Insurance			
Total & Permanent Disablement Cover			
Trauma			
Income Insurance			

Do you have home/contents insurance? ☐ Yes ☐ No Car insurance? ☐ Yes ☐ No

Do you have private health insurance? ☐ Yes ☐ No

Estate Planning

Do you have a current will? ☐ Yes ☐ No Do you have an enduring Power of Attorney? ☐ Yes ☐ No

If no, would you like assistance? ☐ Yes ☐ No

Other Providers

Lawyer name: _____ Accountant name: _____