

Are you financially healthy?

We can help.

Name:

Age:

Ref:

Your current situation is:

Employed

Self-employed

Business owner

Home duties

Unemployed

About to retire

Retired

Current income \$

A. Wealth Creation – Is all your hard work being rewarded?

After expenses, how much of your income do you save?	\$ _____	Or	_____%
Do you have a regular and disciplined savings plan? eg: \$ 200 pw	<input type="checkbox"/> Yes		<input type="checkbox"/> No

B. Wealth Protection – Protecting yourself and family from disaster

Other than insuring your home and car, have you insured your most important asset – your income – in case of injury or illness?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you aware that income protection is tax deductible?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you have personal insurance? If yes,	<input type="checkbox"/> Yes		<input type="checkbox"/> No
With which life company _____			

C. Superannuation & retirement living – Will you retire comfortably?

Are you happy with your current superannuation fund performance?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Does your employer allow you to choose where your super is invested?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Would you like us to help you consolidate your various super funds into one fund, where you choose how it is invested?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you think that you will have enough income to live on when you retire?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

D. Monitoring your wealth – Staying in financial control

Do you have a current financial plan?			
How often are your current investments reviewed?	Never	Yearly	Half-Yearly

E. Business owners – Asset finance

Do you currently finance any equipment or vehicles?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you planning to purchase motor vehicles or equipment in the next 12 months?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Would you like to access competitive finance quotes and advice?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

F. Home / Investment Lending

Are you happy with your current loan arrangements?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Current interest rate you are paying?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you looking at purchasing a property or other investments?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Is there anything else you would like to know or we can help you with?

Would you like free access to our client newsletters or upcoming seminar information?

Yes

No

Market Watch

The Count Report

Inform

Client seminars

Thank you for your time

(Office use only)

Follow up Action:

Client would like to be contacted:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Best time to contact:	Morning	Afternoon	Evening
Best location to contact:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
Telephone number:			

Important information

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