

# 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 _____			
Have you made a will?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you have a Power of Attorney?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

### 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
How much income per annum do you think you will need in retirement?	\$ _____		

### D. Monitoring your wealth – Staying in financial control

Do you have a current financial plan?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
How often are your current investments reviewed?	Never	Yearly	Half-Yearly

### E. Business owners – Asset finance

Do you have any large capital expenditure planned in the next 12 months?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you currently financing vehicles or equipment?	<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

Do you have an existing home or investment loan?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you happy with your current interest rate and loan structure?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you looking to buy property or an investment in the next 12 months?	<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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