

ABOUT YOU QUESTIONNAIRE

Personal Details

First name		
Family name		
Preferred name		
Gender		
Date of birth		
Relationship status		
Do you have any health concerns or issues?		

Contact Details

Mobile phone		
Home phone		
Work phone		
Email address		
Residential address		
Postal address		

Children

Name	Gender	Date of birth	School Year (Costs)	Parent

Cashflow

Income

Source	Status	Income
Employment	Fulltime/part time	

Expenses

Source	Status	Expenses

Financial position

Assets

Description	Owner	Value	Purchase price	Income
Bank Account/s				
Home				
Other Properties				
Shares				
Managed investments				
Car				
Caravan/Boat/Trailer				
Other				
Other				
Total				

Liabilities

Description	Owner	Balance	Rate	Repayment
Total				

Superannuation/Pension

Fund	Member number	Owner	Balance
Total			

Protection (Insurance)

Record Personal Insurance Held –

Life

TPD

Income Protection

Trauma

Insurance

Description	Premium

Estate Plans

Do you have a Will?		
What year was your Will last reviewed?		
Have you married, divorced or had children since your Will was reviewed?		
Have you appointed a Power of Attorney to make financial decisions?		
Have you appointed a Power of Attorney or an Enduring Guardian to make health, lifestyle and medical decisions?		

Goals

Consider Areas:

*Superannuation
Centrelink*

*Wealth/Investment
Cashflow/Budget*

*Protection/Insurance
Retirement*

Personal & financial goals

Description	Timing	Priority	What does this goal mean to you

Retirement goals

At what age would you like to retire?		
What is your desired annual income in retirement?	\$	