



Client Checklist



Client 1	Client 2
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	
Phone No: _____	E-Mail address: _____
Mobile No _____	
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____

Do you have a Will? Y / N

Do you have an Enduring Power of Attorney? Y / N

ASSETS		LIABILITIES <small>(please bring statements)</small>	
Asset	Owner	Asset	Owner
Home	C1/C2/J \$ _____	Mortgage	C1/C2/J \$ _____
Contents	C1/C2/J \$ _____	Personal Loan	C1/C2/J \$ _____
Motor Vehicle	C1/C2/J \$ _____	Investment Loan	C1/C2/J \$ _____
Motor Vehicle	C1/C2/J \$ _____	Other Loans	C1/C2/J \$ _____
Caravan/Boat	C1/C2/J \$ _____	Credit Cards	C1/C2/J \$ _____
Investment Property	C1/C2/J \$ _____	Limits on credit cards	\$ _____

CURRENT INCOME (please bring latest pay slip or tax return).

Client 1	Client 2
Salary (before tax) \$ _____	Salary (before tax) \$ _____
Centrelink \$ _____	Centrelink \$ _____
Dividends/ Interest \$ _____	Dividends/ Interest \$ _____
Superannuation Pension/s \$ _____	Superannuation Pension/s \$ _____
Other Income \$ _____	Other Income \$ _____

TOTAL \$ _____	TOTAL \$ _____
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Living Expenses Required \$ _____ **Weekly / Monthly / Annually**

Major Expenses planned: _____

INVESTMENTS (please bring details/ all statements)

	Owner	Details
Working Acct	\$ _____	C1 /C2 /J _____
Savings Acct	\$ _____	C1 /C2 /J _____
Term Deposits	\$ _____	C1 /C2 /J _____
Shares	\$ _____	C1 /C2 /J _____
Managed Funds	\$ _____	C1 /C2 /J _____
Other Investments	\$ _____	C1 /C2 /J _____

PTO

SUPERANNUATION DETAILS

Client 1

Employer Fund _____ **Start Date** : _/ _/ _ \$ _____

Other Fund _____ **Start Date** : _/ _/ _ \$ _____

Client 2

Employer Fund _____ **Start Date** : _/ _/ _ \$ _____

Other Fund _____ **Start Date** : _/ _/ _ \$ _____

Please bring in the latest statement or details from your super fund/s. If retiring or finishing work we will need a benefit estimate of your entitlements.

If you can also obtain tax components and any insurance details.

Have you ever withdrawn from superannuation before? Y/N

INSURANCE DETAILS This can be within superannuation

Client 1

Life: \$ _____ **TPD:** \$ _____ **Trauma:** \$ _____ **Income Protection:** \$ _____

Client 2

Life: \$ _____ **TPD:** \$ _____ **Trauma:** \$ _____ **Income Protection:** \$ _____

EMPLOYER PAYMENTS (after tax)

Client 1

Annual Leave \$ _____

Long Service Leave \$ _____

Redundancy \$ _____

Sick Leave/Gratuity \$ _____

Client 2

Annual Leave \$ _____

Long Service Leave \$ _____

Redundancy \$ _____

Sick Leave/Gratuity \$ _____

If you are able, please bring along

- pay stubs / Annual salary if salary sacrificing,
- mortgage details - Own home – value of mortgage - repayment interest rate
- mortgage details - rental property- value of mortgage - repayment interest rate
- trust accounts
- stock /share options,
- insurance policies (health, income protection, life & TPD, home, car)
- tax return,
- stock certificates,
- business agreements,

GOALS AND OBJECTIVE

What are your goals and objectives for the short and long term?

PLEASE COMPLETE THIS FORM AND RETURN PRIOR TO OUR APPOINTMENT.