

Financial Snapshot

Your details		
Your name (s)		
Date of birth		
Address		
Contact details	ph: e:	ph: e:

Assets

Details	Date of purchase/Price	Value	Yield/Gross income pa	Related Expenses pa
Property: Home/Investment	DOP: Price:		Yield: Income:	
Property: Home/Investment	DOP: Price:		Yield: Income:	
Savings:	NA		Yield: Income:	NA
Savings:	NA		Yield: Income:	NA
Other:				
Other:				

Income

Income description	Client 1	Client 2
Base salary or wages		
Bonus / allowance		
Investment income		
Other taxable income		
Other non-taxable income		
Total		
Notes		

Assets/Liabilities

Description	Owner				Estimated market value (\$)	Existing liability (\$)	Existing Limit (\$)	Lender	Loan type - F or V PI or IO	Interest (% pa)	Repayment amount/freq (\$)	Retain
	Client 1	Client 2	Joint	Other entity								
Home or principal residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Home contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Motor vehicle 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Motor vehicle 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Investment property #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Investment property #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Shares/Managed funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Cash at bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	N/A		N/A	N/A		N/A	<input type="checkbox"/>
Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	\$	N/A		N/A	N/A		N/A	<input type="checkbox"/>
Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	\$	N/A		N/A	N/A		N/A	<input type="checkbox"/>
Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Caravan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Boat / marine craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$					\$	<input type="checkbox"/>
Total					\$	\$						

Super funds client 1	Fund: Bal:	Fund: Bal:	Fund: Bal:	Fund: Bal:	Total:
Super funds client 2	Fund: Bal:	Fund: Bal:	Fund: Bal:	Fund: Bal:	Total:

What's on your mind?

This section captures why you have come to see us and any concerns or goals you may have. This will allow us to determine your needs and objectives advice we provide.