



financial details

Client 1		Client 2	
Name		Name	
Address			
DOB		DOB	
Email		Email	
Phone		Phone	
Dependents			
Name		DOB	
Name		DOB	
Name		DOB	
Name		DOB	

Financial/Lifestyle Goals: List your top 3 financial priorities

Income and Expenses Details

Client 1		Client 2	
Salary (excluding Super)	\$ pa	\$ pa	
Business Income	\$ pa	\$ pa	
Other	\$ pa	\$ pa	
Other	\$ pa	\$ pa	
Pension (from any source)	\$ pa	\$ pa	
TOTAL INCOME	\$ pa	\$ pa	

Estimated Living Expenses	\$	\$
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ASSETS	Owner	Value	Comments
Residence		\$	
Investment Properties		\$	
Shares (Value of portfolio)		\$	
Superannuation		\$	
Superannuation		\$	
Superannuation		\$	
Cash		\$	
Other		\$	
	TOTAL ASSETS	\$	

LIABILITIES	Owner	Interest Rate	P&I or Int Only	Debt	Repayments per month	
Home Loan		%		\$	\$	Per mth
Investment Loan		%		\$	\$	Per mth
Other		%		\$	\$	Per mth
	TOTAL LIABILITIES			\$	\$	Per mth

PERSONAL INSURANCE	Policy 1	Policy 2	Policy 3
Type of Cover (e.g. Life, TPD)			
Amount of Cover	\$	\$	\$
Annual Premium	\$	\$	\$
Insurance Company			