



Financial Health Check!

Is your wealth in good health?

Name: _____
 Address: _____

 P CODE: _____
 Ph: _____
 Mobile: _____
 Email: _____

STRICTLY CONFIDENTIAL

1. What is your combined household income before tax? And what is its source?

(Occupation/PAYG/Centrelink Benefits)

_____ \$
 _____ \$

2. What do you estimate your home to be worth?

\$ _____

3. What do you estimate your other assets are worth?

e.g. - rental property, shares?

What are they?

_____ Value: \$ _____
 _____ Value: \$ _____

4. What amount is your current mortgage?

\$ _____
 Required Repayment: \$ _____
 Amount you pay: \$ _____

5. What are your other personal debts and their repayments?

e.g. - credit cards, car and personal loans?

Debt: _____ Value: \$ _____
 Debt: _____ Value: \$ _____
 Debt: _____ Value: \$ _____

6. What are your annual savings?

\$ _____

7. Do you have any dependant children?
YES / NO?

1. Age: _____
 2. Ages: _____
 3. Ages: _____
 4. Ages: _____
 5+ Ages: _____

8. What are your superannuation balances?

\$ _____
 \$ _____



PLEASE HAND IN, EMAIL, POST OR FAX THIS FORM TO:

iPlan Financial Services Australia Pty Ltd
 L1, 4 Park Road Milton, QLD, 4064 | PO BOX 1969 Milton Qld 4064
 Ph: 07 3367 6555 | Fax: 07 3368 3998 | E: info@iplan.net.au