

Needs Analysis

How can we help you?

- | | | |
|--|--|--|
| <input type="checkbox"/> Loan to buy a Principle Residence | <input type="checkbox"/> Loan to buy an Investment | <input type="checkbox"/> Loan through a SMSF |
| <input type="checkbox"/> Renovation/Construction Loan | <input type="checkbox"/> Loan Pre-approval | <input type="checkbox"/> Wealth Advice |
| <input type="checkbox"/> Other, Please provide details below | <input type="checkbox"/> Full Financial Assessment | <input type="checkbox"/> Life/Income Insurance |

Tell us about yourself

Client 1				Client 2			
Title				Title			
Surname				Surname			
Given Names				Given Names			
Date Of Birth		Age		Date Of Birth		Age	
Marital Status		Gender		Marital Status		Gender	
Driver's License Number		Expiry		Driver's License Number		Expiry	
Current Residential Status				Current Residential Status			
Address				Address			
Suburb				Suburb			
State		P/code		State		P/code	
Time	Years	Months		Time	Years	Months	
<input type="checkbox"/> Tick if Postal address is the same as above				<input type="checkbox"/> Tick if Postal address is the same as above			
Postal Address				Postal Address			
Suburb				Suburb			
State		P/code		State		P/code	
Email				Email			
Mobile				Mobile			
Home				Home			
Work				Work			
Fax				Fax			
Preferred Daytime Contact				Preferred Daytime Contact			

Tell us about your employment

Client 1				Client 2			
Employer				Employer			
Occupation				Occupation			
Current Employment Status				Current Employment Status			
ABN if Self Employed				ABN if Self Employed			
Annual Gross Income (before tax)				Annual Gross Income (before tax)			
Monthly Net Income (after tax)				Monthly Net Income (after tax)			
Street Address				Street Address			
Suburb				Suburb			
State		P/code		State		P/code	
Time in Years		Months		Time in Years		Months	

If less than 3 years with current employer, please complete below

Client 1				Client 2			
Employer				Employer			
Occupation				Occupation			
Time in Years		Months		Time in Years		Months	

Do you expect there being a change to your income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please explain		
Do you expect there being a change to your expenses in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please explain		

Tell us about dependents

Given Names	Surname	DOB	Age	Gender

Assets and Liabilities

Asset Type	Owner	Value	Income pa	Description/Details/Suburb/Comments
Primary Residence				
Investment Property 1				
Investment Property 2				
Investment Property 3				
Shares				
Managed Funds				
Bank/Term Deposits				
Other Investment Assets				
Other Investment Assets				
Motor Vehicle 1				
Motor Vehicle 2				
Contents (Insured Value)				
Caravan/Boats				
Other Personal assets				
				Total Assets

Loan Type	Owner	Interest Rate	Debt/Limit	Mthly Payment	Lender	Comments
Rent per month (Weekly rent x 4.33)						
Primary Residence						
Investment Property 1						
Investment Property 2						
Investment Property 3						
Margin Loan						
Motor Vehicle 1						
Motor Vehicle 2						
Personal Loan						
Credit Card 1						
Credit Card 2						
Credit Card 3						
Tax / Hecs debt						
Other Debt						
						Total Debt

Superannuation

Super Fund	Owner	Value	Super Fund Company / Provider
Super Fund 1			
Super Fund 2			
Super Fund 3			
Super Fund 4			
			Total Super Funds

Would you be interested in discussing the option of investing in property using your Superannuation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Insurance

	Client 1			Client 2		
Insurance Type	Cover Amount	Premium pa	Insurance providers	Cover Amount	Premium pa	Insurance providers
Life Insurance						
Disability Insurance						
Trauma Cover						
Income Protection						

Last questions

	Client 1	Client 2
Do you have a Trust, Company or Asset Protection Structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a credit default or been bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, when were you discharged?		
With whom do you currently Bank?		
Are you happy with your bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you spoken to them about your finances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Lenders or Financial Institutions with whom you do not wish to deal?		
If Yes, Why?		

Acknowledgements

The information you provide assists us in our investigations of those loans that **Do Suit** your requirements, as well as ruling out others that **Do Not Suit** your requirements, therefore it is important that the information you supply to us is accurate and complete.

By returning this document you acknowledge that any information or recommendation we provide you regarding a lending product is based on the information you have supplied to us. You understand that information that is incorrect, missing, or omitted may cause delays in the lending process.

We are affiliated with a financial planner who routinely assesses applications for our clients, to establish if there are other opportunities that you may be able to take advantage of and assists in the formulation of Wealth Creation Strategies.

Generally, the financial planner will look at:

- Superannuation Strategies including the use of Superannuation to purchase Investments such as Property, Shares and Cash, as well as Retail and Industry Super funds strategies.
- Self Managed Super Fund Establishment, Management, Property and Investment Strategies.
- Debt management Strategies: to effectively manage and restructure existing debt and offsets, as well as advising on any new loans being established.
- Personal asset protection strategies, using Insurance and Estate planning.
- Retirement Strategies for people heading towards retirement.
- Early retirement Strategies for those that would like to retire early.
- Potential Tax advantages.

I / We would like a financial planner to review this information and contact me / us regarding any areas where they that advice may be suitable. I / We understand that there is no obligation to take any advice.

I / We have been offered to have a financial planner review our financial situation but have declined the offer. I / We understand that this could result in me / us being in a worse financial situation.

Name of Client (Print)

Signature of Client

Date

Name of Client (Print)

Signature of Client

Date