

# Your Initial Financial Report

## Q u e s t i o n n a i r e



### C O N F I D E N T I A L

Count Wealth Accountants is Australia's leading network of professional accountants specialising in financial and investment advice. Count Wealth Accountants is the trading name of Count Financial Limited, ABN 19 001 974 625, AFS Licence Number 227232. Level 19, Gold Fields House, 1 Alfred Street, Circular Quay 2000

As part of our total financial service to clients, we'd like to offer you a **FREE initial assessment** of your financial situation. All you have to do is complete this form and mail it to us, or bring it with you when you visit us at tax time. If there are any areas of your finances that may need attention, we will contact you to make an appointment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Your current situation is:

- Employed     
  Self-employed     
  Business Owner     
  Home duties  
 Unemployed     
  About to retire     
  Retired

### 1. Wealth creation

A. Do you have a home loan?     Yes     No    Is your interest rate variable?     Yes     No

What is the current interest rate?    \_\_\_\_\_%    What is the outstanding loan amount?    \$ \_\_\_\_\_

When do you expect to repay your loan?    \_\_\_\_\_    How much are your repayments?    \$ \_\_\_\_\_

Are your repayments fortnightly or monthly?    \_\_\_\_\_

Can you afford to increase your home loan repayments?     Yes     No

If you can, how much can you increase each payment?    \$ \_\_\_\_\_

#### B. Superannuation

What is the name of your superannuation fund?

1. \_\_\_\_\_ Balance \$ \_\_\_\_\_

2. \_\_\_\_\_ Balance \$ \_\_\_\_\_

3. \_\_\_\_\_ Balance \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

What is your total Annual contribution to superannuation?    \$ \_\_\_\_\_

How many years until you plan to retire?    \_\_\_\_\_ (yrs)

How much would you like in your super fund when you retire? (in today's dollars)    \$ \_\_\_\_\_

Do you have life insurance within your super fund?     Yes     No

If yes, what level of cover do you have? \$ \_\_\_\_\_

**C. Do you have a plan to save money?**  Yes  No

How much are you saving each month? \$ \_\_\_\_\_ Can you increase this amount?  Yes  No

If yes, by how much can you increase your savings each month? \$ \_\_\_\_\_

**D. What is the current balance of your savings and where are you saving?**

Company where saving	Amount saved	Interest rate	Maturity date (if applicable)
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
<b>TOTAL</b>	\$ _____	---	---

## 2. Tax reduction & wealth creation

Do you have any negative gearing?  Yes  No

What have you geared? (eg residential property/unit trust investments) \_\_\_\_\_

How much do you owe? \$ \_\_\_\_\_ What is the interest rate? \_\_\_\_\_ %

## 3. Income protection

Do you have Income Protection Insurance?  Yes  No

If yes, with which company? \_\_\_\_\_

Annual Premium? \$ \_\_\_\_\_ Amount covered for? \$ \_\_\_\_\_

## 4. Wealth protection

**Do you have Trauma Insurance?**  Yes  No

If yes, with which company? \_\_\_\_\_

Annual Premium? \$ \_\_\_\_\_ Amount covered for? \$ \_\_\_\_\_

**Do you have Term (Life) Insurance?**  Yes  No

If yes, with which company? \_\_\_\_\_

Annual Premium? \$ \_\_\_\_\_ Amount covered for? \$ \_\_\_\_\_

**What is the total (estimate) of your liabilities**, including the outstanding mortgage on your home? \$ \_\_\_\_\_

**What is the total (estimate) of your current assets**, excluding your family home  
and including term insurance on death? \$ \_\_\_\_\_

**Does your spouse have:** Life Insurance?  Yes  No Income Insurance?  Yes  No

Trauma Insurance?  Yes  No

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## 5. Wealth distribution

Do you have a will?     Yes     No                      If yes, do you consider it up-to-date?     Yes     No  
Have you told your solicitor and/or family where it is kept?     Yes     No

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## 6. Staying in financial control

If you have investments, how often are your **investments reviewed**?

Monthly     Quarterly     Half Yearly     Yearly     Other

Do you have an **enduring** power of attorney?     Yes     No

## 7. Business owners

Do you have a contingency plan in place for the following events?

Your business partner retires or dies     Yes     No                      You retire or die     Yes     No

Your business is forced to undertake large, unexpected expenditure                       Yes     No

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Please give this completed questionnaire to your **Count Wealth Accountants** adviser.

Thank you for completing the confidential questionnaire. We will rely on this information to complete your

**Initial Financial Report**