

FINANCIAL HEALTH CHECK

Client Name:	Personal Balance Sheet as at:	DATE
Accountant:	Client Contact Number:	

ASSETS

	House	Address:	\$	Admin
		Appropriate market value:		
	Cash			
	Shares/Managed Funds			
	Land	Address:		
		Appropriate market value:		
		Address:		
		Appropriate market value:		
	Investment Properties	Address:		
		Appropriate market value:		
		Address:		
		Appropriate market value:		
	Other			
TOTAL ASSETS				

LIABILITIES

	Home Loan	Bank	\$	Admin
		Interest Rate		
		Monthly Repayments		
		Term		
	Investment Loans	Bank		
	<input type="checkbox"/> Variable	Interest Rate		
	<input type="checkbox"/> Fixed	Monthly Repayments		
	<input type="checkbox"/> Interest Only	Term		
	Credit Cards			
	Other			
TOTAL LIABILITIES				
NET ASSETS <i>(if near \$6 million Net Assets, consider SB CGT Concessions)</i>				

INCOME

Estimate Combined Gross Income (before tax planning)?

0-75k	<input type="checkbox"/>
75k-100k	<input type="checkbox"/>
100k-150k	<input type="checkbox"/>
150k+	<input type="checkbox"/>

LENDING

ACCOUNTANT: Client is a multiple property owner (All entities)? Yes No
Are you sure you are getting the best interest rate on your loans? Yes No
Would you like a free review to ensure you are? Yes No
Do you need any finance to pay your tax debt (Property owners only)? Yes No

INSURANCE

Do you have Life Insurance? Yes No
If yes, which company dbsn Risk should manage Approx. Value
If No, how would your family/business cope should you die prematurely?

Do you have Income Protection Insurance? Yes No
If yes, which company (dbsn Risk should manage) Approx. Value
If No, how would you cope if your salary suddenly ceased due to illness or injury?

If Yes - Have the borrowings increased since last time your insurances were reviewed? Yes No
(If so, the policies should be reviewed)

Has it been 12 months since you last had your Income Protection Insurance reviewed? Yes No
(If yes, David should be reviewing the policy)

Does your Business have a Will and Continuanace Insurance? Yes No
(If not, they should arrange an appointment with David to discuss)

dbsn wealth would like to add your policies to our database - To ensure it is reviewed regularly for cost savings and adequacy of cover - Are you happy to do that? Yes No

WILLS

Does the client have a will? Yes No
Enduring Power of Attorney? Yes No
If no Will, have you advised client to seek legal advice? Yes No

SUPERANNUATION

Do you have Superannuation? Yes No
If YES, which company
Approx. Value
Approx. Value

Do you have a financial plan? Yes No
If YES, which company
Would you like to start planning towards a better lifestyle? Yes No

ACTION PLAN

Review of loans required Yes No
 Insurance review Yes No
 Financial Planning Review Yes No
 Financial Health Checklist Completed Yes No

OFFICE USE ONLY

Accountant has sent forms to the appropriate department/s
 Print form and file with interview sheet