PLAN2day
Financial Strategies

Client Snapshot

Please complete and **fax** back to **02 8860 9499**
Or **email** to m.tawadros@plan2day.com.au

Meeting Date:		
PERSONAL DETAILS	Client 1	Client 2
Title		
Surname		
Given Name		
Preferred Name		
Date of Birth		
Marital Status		
Residential Address: Line 1		
Suburb | State | Postcode		
Home Phone		
Work Phone		
Mobile Phone		
Email Address		
Number of dependents & ages		
Occupation		
Do you have a will? When was it drawn up?		
Total Gross Annual/Self-Employed Income	$	$
Total Rental Income/s (where applicable)	$	$

ASSETS & LIABILITIES

Assets/Provider	Value ($)	Liabilities/Provider	Monthly Payments/Premiums ($)	Amount Owing ($)
Residential Home	$	Residential Mortgage	$	$
Motor Vehicle/s	$	Motor Vehicle Lease/Loans	$	$
Cheque/Savings Account 1	$	Credit Card/s	$	$
Cheque/Savings Account 2	$	Personal Loan/s	$	$
Investment Property	$	Investment Loan	$	$
Shares/Managed Funds	$	Margin Loan	$	$
Bank Accounts/Term Deposits	$	Other	$	$
Super Fund 1	$		$	$
Super Fund 2	$		$	$
Life - Inside Super 1 ☐	$	Life inside Super 2 ☐ $	$	$
TPD - Inside Super ☐	$	TPD - Inside Super 2 ☐ $	$	$
Trauma Insurance 1	$	Trauma Insurance 2 $	$	$
IP 1 - inside Super ☐	$	IP 2 - inside Super ☐ $	$	$
Total Assests Excluding Insurances	$ 0.00	Total Liabilities & Monhtly Commitmeents	$ 0.00	$ 0.00

Notes About Assets & Liabilities:

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Health Questions:	Client 1	Client 2
Do you Smoke?		
If Yes, how many a day? Have you smoked in the past? If yes, when did you quit?		
Hight		
Weight		
Do you have any conditions that require medication or regular treatment? If Yes, please provide details.		
Do you participate in any contact sports or extreme hobbies? If Yes, please provide details.	YES ☐ NO ☐	YES ☐ NO ☐
Have you been declared Bankrupt or had issues with Credit?		

Are there any particular goals or specific areas you wish to focus on or anything else you feel we need to know?

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- ➢ FSG Part 1 & 2 - V. No.: PROVIDED: ☐ Date:
- ➢ Privacy Collection Statement & Adviser Profile PROVIDED: ☐ Date:

Adviser' Comments:

- ➢ Budget Planner: PROVIDED ☐ Date:
- ➢ Health Questionnaire PROVIDED: ☐ Date:

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