



SHORT QUESTIONNAIRE ... STRICTLY PRIVATE & CONFIDENTIAL!

Please complete and return via scanned email attachment for a cost and obligation free assessment.

YOU	PARTNER
Name:	Name:
Address:	
Email:	
Tel: Mob:	
DOB: Smoker: Y/N	DOB: Smoker: Y/N
Wage/Salary/Distributions \$	Wage/Salary/Distributions \$
Occupation:	Occupation:
Employed / Self-Employed:	Employed / Self-Employed:
Company or Trust:	Company or Trust:

- Ages of any dependents: _____
- Business Premises Value \$_____ or Monthly Rent \$_____ Business Goodwill \$_____
- Home value \$_____ Home Mortgage \$_____ or Weekly Rent \$_____
- Value of your all your combined investments \$_____ ... And your combined debts \$_____
- Do you think have a good credit rating? Y/N
- Realistic Purchase Price of Intended Next Property (Home / Business / Both Combined) \$_____
- Do you work at or from home (e.g. tradie, mobile service provider, professional, etc)? Y/N
- Whether yes or no to the above (full or part time), do you want a deduction for home mortgage interest so as to (1) pay off your current home faster or (2), extend it for more space, value & comfort or (3), to upgrade it to something & somewhere better (& without paying capitals gains tax at sale)? Y/N
- Looking for a better deal on your home, business or commercial loans? Y/N
- Do you want yourself, your family, your home, your investments & or your business, to remain financially intact in case of your untimely death, disability, serious illness & or accident? Y/N
- Looking to save money on & or improve upon the protection of any existing life insurances? Y/N
- Your top two biggest health issues (if any)? _____, _____
- With incentive, approximately how much can you/your partner combined, save every month \$_____
- How much available cash do you/your partner have for any worthwhile purpose? \$_____
- If any, how much do you have in managed investment funds? \$_____
- Are you happy with your current investments/investment strategy? Y/N
- Do any of your investment suck so badly you might consider selling them? Y/N
- Please estimate the combined account balances of yours and your partner's super \$_____
- Which best reflects your investor risk/return profile? low / medium / high / aggressive
- Are you up to date on the flexibility, control, leverage and regulations with self managed super? Y/N
- Do you have 1 - 3 trusted others with whom you could combine super for greater effect? Y/N
- Rank your two main financial hopes & circle how much help you might need to make these come true:
 1. _____ - none / some / lots
 2. _____ - none / some / lots
- In working on your finances with a professional strategic adviser, what would be a turn on or a turn-off ?
- Turn-On _____ Turn-Off _____
- Turn-On _____ Turn Off _____
- Are you largely responsible for your family's financial future? Y/N
- Please state what reason/s if any, might stop you implementing tailored professional advice as demonstrated in your best interest: _____
- Please note anything else you'd like considered? _____

Date: ____ / ____ / ____ ... Please email completed form to: frank@intellisolve.com.au

Well done on investing these few minutes into your future well-being - I'll be in touch!