

MONEY *check list*



Your financial plan might address a range of topics specific to your goals and objectives, but most issues tend to fall under one of three broad categories. By answering the following questions you will know if it's time to arrange an **Initial Discussion** to review your future options.

	YES	NO	N/A
1. Protecting			
If I become sick, disabled, or should die, will there be enough money to repay debts and achieve the goals I have set for me and my family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am completely happy with the way my will is currently written?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Saving			
I would like to pay off my loans sooner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My cash reserves are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need to spend <u>less</u> and save <u>more</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what my living expenses are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think I'm paying too much tax?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary sacrifice super is something I need to review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will have enough super to support my desired retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Managing			
I am comfortable with how my super is invested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to consider borrowing to invest in property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to invest in blue chip Australian shares paying fully franked dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to review my Centrelink entitlements, eg Age Pension, Low Income Health Card, Disability Support etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name _____

Address _____

Contact h _____ w _____

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Once complete, please return this form to:
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