

# PERSONAL & BUSINESS FINANCIAL HEALTH CHECK

## PERSONAL AND BACKGROUND INFORMATION

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

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

Marital Status: \_\_\_\_\_

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

\_\_\_\_\_

Phone No (h) \_\_\_\_\_ (w) \_\_\_\_\_

Fax No \_\_\_\_\_

Dependants \_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation:

Business Status (Employee/Sole Trader/Partnership/Company)

Yes No

Do you have acurrent will?

Do you have a current Enduring Power of Attorney?

If in business, do you have a Buy/Sell Agreement in place ?

What is your most important financial goal?  
\_\_\_\_\_

What are your current liabilities or borrowings?  
\_\_\_\_\_

\_\_\_\_\_

**BUSINESS AND ESTATE PLANNING**

Please tick the box which best reflects your present situation

	<i>Yes</i>	<i>No</i>	<i>?</i>	<i>N/A</i>
Have you given personal guarantees for any loans or overdrafts either you or the business may have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the ramifications of these guarantees were you to die prematurely or become totally disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your spouse or any other member of your family also given personal guarantees for loans or overdrafts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your business suddenly ceased to be profitable, would your creditors be pressuring your for quick settlement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have in place, a strategy to eventually remove long term business debts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken steps to ensure that your family assets are protected from creditors in the event of an unexpected business downturn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that a succession plan is important for your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have your got a current list of important personal and business papers and does your spouse or executor know of their location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your executor familiar with your will and estate plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were to die does your spouse have a full understanding of what needs to be done in the business and in handling your estate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a life insurance program which will adequately cover your business liabilities and any guarantor liabilities should you die?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In addition to the above, does your life insurance programme provide a sufficient lump sum, which if invested, will adequately cover your family's income needs if you were to die prematurely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Yes</i>	<i>No</i>	<i>?</i>	<i>N/A</i>
If your spouse were to die prematurely is there a life insurance program in place to provide sufficient funds to adequately care for your dependants and allow you to continue your business interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you to die prematurely, would adequate funds be available to guarantee your estate would receive a fair market value for your business interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the event of the death, disablement or retirement of a partner or shareholder would there be sufficient funds available to meet all financial commitments so that the business would continue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have a buy and sell agreement have you also a plan to provide the cash required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently reviewed your business structure (e.g. Company trust) to ensure that it meets your current needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RISK MANAGEMENT**

Please tick the box which best reflects your present situation

	<i>Yes</i>	<i>No</i>	<i>?</i>	<i>N/A</i>
Do you have a current income protection plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were to be sick or disabled for a period of longer than 3 months would the business be seriously affected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were unable to work for a prolonged period do you have a good understanding of what income you would need during that period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would your current savings be enough to cover all your costs for more than 3 months were you unable to work through sickness or accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the event of you being disabled for a prolonged period, do you have business expenses protection in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have an income protection contract in place are you happy with the definition of disablement in the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were to suffer a major trauma or illness such as a heart attack, stroke, cancer, major accident etc do you have a lump sum in place equivalent to at least 24 months income to cover you for excess medical, rehabilitation or business costs above your health insurance cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your business partner(s) spouse have any protection in place to cover events such as a major trauma outlined above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about having a moral obligation to fund employees salaries in the event of their disablement for periods longer than their sick leave entitlement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other than yourself are there other key people in the business responsible for its growth and profitability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Should the business lose a key employee has any potential loss to cash flow or profits been recognised and adequately allowed for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Yes</i>	<i>No</i>	<i>?</i>	<i>N/A</i>
Do you have fully funded arrangements in place to protect your family's income needs were you to die prematurely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you got adequate fire, theft, loss of profits, storm damage etc insurance in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you got adequate public liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy that the contracts you have best meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy that the insurance rates you have are competitive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you sure that your workers compensation rates are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like assistance in reviewing your risk management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERSONAL AND BUSINESS PRIORITIES FOR DISCUSSION**

*Personal Planning*

- Income Protection
- Major Trauma Protection
- Retirement Planning
- Family Protection
- Spouse Protection
- Mortgage Protection
- Education Planning for Children
- Superannuation Planning
- Asset Development
- Estate Planning
- Financial Planning
- Risk and Trauma Audit
- Rollover Planning
- Investment Property Acquisition
- Share portfolio/Share Trust Acquisition
- Fixed Interest Investments
- Establish Trusts

*Business Planning*

- Tax - Corporate /C.G.T.
- Business Succession Planning
- Protection from Creditors
- Guarantor Protection
- Debt Reduction
- Debt Management
- Business Expense Control
- Staff Training
- Business Planning
- Superannuation and Asset Creation
- Corporate Estate Planning
- Partnership/Shareholder Protection
- Financial Planning
- Salary Planning
- Profit Improvement Programmes
- Marketing/Advertising Strategies
- Systems and Organisation Review
- Client Referral Programme

Other Items of Priority

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