core WEALTH ADVISORS

Financial Health Check

Your Name: _____

Mobile: _____

Email: _____

	Yes	No
Your day-to-day finances		
1. Do you have a personal budget?	☐	☐
Building wealth		
2. Are you happy with the amount of tax you pay?	☐	☐
3. Would you like to pay your loans off faster?	☐	☐
4. Do you have an interest rate below 4% on your home loan?	☐	☐
Planning your retirement		
5. Are you aware of how much you need to retire with?	☐	☐
Protecting your family and lifestyle		
6. If you or your partner became unemployed, would you be able to cope financially?	☐	☐
7. Are you claiming a tax deduction for your insurance premium?	☐	☐
Estate planning		
8. Do you have a Will?	☐	☐
COVID-19 specific		
9. Have you lost your job or had your hours reduced?	☐	☐
10. Are you self employed?	☐	☐

11. What is the main goal/concern that you would like to discuss?

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