

Personal Details

Mr/Mrs/Ms/Miss/Dr _____ (circle)

Surname _____

First names _____

Preferred name _____

DOB _____ day/month/year

Country of birth _____

NZ Resident? Yes No Pending (circle)

Married / Separated / Defacto / Single / Widowed / Other (circle)

Number of dependent children _____

Child (name/DOB) _____

Child (name/DOB) _____

Child (name/DOB) _____

Child (name/DOB) _____

Are you currently: Renting / Boarding / Living in own home / Other

Current residential address _____

Time at that address _____

Postal address (as above) or _____

Previous addresses and time at those addresses

Home phone # _____

Work phone # _____

Mobile phone # _____

Email _____

Email _____

Income Sources: Salary/Wages/Contract/Self Employment (circle)

Role/Occupation _____

Employer _____

Length of service _____

Previous two occupations and length of service at each one

Mr/Mrs/Ms/Miss/Dr _____ (circle)

Surname _____

First names _____

Preferred name _____

DOB _____ day/month/year

Country of birth _____

NZ Resident? Yes No Pending (circle)

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Email _____

Email _____

Income Sources: Salary/Wages/Contract/Self Employment (circle)

Role/Occupation _____

Employer _____

Length of service _____

Previous two occupations and length of service at each one

Financial Information as at / /

Living Expenses

Expense	Amount	Frequency (circle)
Groceries		Week / Fortnight / Month / Year
Phone / Mobile / Internet		Week / Fortnight / Month / Year
Electricity / Gas		Week / Fortnight / Month / Year
Council, Regional and Water Rates		Week / Fortnight / Month / Year
Petrol		Week / Fortnight / Month / Year
Child care / Kindy / Child support		Week / Fortnight / Month / Year
Education / School Fees / Extra Tuition		Week / Fortnight / Month / Year
Club or Gym Memberships		Week / Fortnight / Month / Year
Savings (not Kiwisaver)		Week / Fortnight / Month / Year
Car Insurances		Week / Fortnight / Month / Year
Contents Insurance		Week / Fortnight / Month / Year
House Insurance		Week / Fortnight / Month / Year

Life Insurance

	Name of person insured	Name of person insured	Insurance Company	Premium Week / Fortnight Month / Year
Life Cover	\$	\$		
Income Protection	\$ /month	\$ /month		
Trauma Cover	\$	\$		
TPD Cover	\$	\$		
Medical Insurance	No / Yes / includes children	No / Yes / includes children		

Do you have any other regular expenses not included in the list above? If so, please give more detail below

Income

	Name	Name
Base salary or wages	Week / Fortnight / Month / Year Gross / Net	Week / Fortnight / Month / Year Gross / Net
Income from self-employment	Per annum	Per annum
ACC / WINZ / Family Tax Credits		
Kiwisaver contributions	2 / 4 / 8 percent	2 / 4 / 8 percent

Do you receive bonuses, commission or other incentive payments? Do you work overtime on a regular basis? If yes please provide more details below.

Does your remuneration package include other benefits such as company car, phone, insurances? If yes, please provide more detail below.

Assets

Asset	Address / Details	Value	Ownership
Family Home		\$	Trust / Company
Household Contents		\$	Trust / Company
Vehicle/s		\$	Trust / Company
Vehicle/s		\$	Trust / Company
Holiday Home		\$	Trust / Company
Cash or Term Deposits		\$	Trust / Company
Superannuation		\$	Trust / Company
Kiwisaver		\$	Trust / Company
Share Portfolio		\$	Trust / Company
Investment Property		\$	Trust / Company
Investment Property		\$	Trust / Company
Art, Antiques or Collectibles		\$	Trust / Company
Business		\$	Trust / Company
Other		\$	Trust / Company
Other		\$	Trust / Company

Are any of the items above owned by a Family Trust, Company or other ownership structure? If yes, please provide some detail as well as who the beneficiaries, trustees, directors and shareholders are:

Liabilities

Liability	Lender	Outstanding amount / Credit Limit	Repayment amount
Mortgage			Week / Fortnight / Month / Year
Mortgage			Week / Fortnight / Month / Year
Mortgage			Week / Fortnight / Month / Year
Overdraft			Week / Fortnight / Month / Year
Personal Loan			Week / Fortnight / Month / Year
Vehicle Loan			Week / Fortnight / Month / Year
Hire Purchase			Week / Fortnight / Month / Year
Hire Purchase			Week / Fortnight / Month / Year
Student Loan			Week / Fortnight / Month / Year
Family Loans			Week / Fortnight / Month / Year
Other			Week / Fortnight / Month / Year

Credit Cards

	Bank / Provider	Amount Owing	Card Limit
Visa / Amex / Mastercard (circle)			
Visa / Amex / Mastercard (circle)			
Visa / Amex / Mastercard (circle)			
Visa / Amex / Mastercard (circle)			
Store Card (eg Farmers, Warehouse)			

Estate Planning

This information is useful because it helps us better understand how your affairs are structured so we can make sure our advice is in tune with that.

Wills

	Name	Name
Do you have a Will?	Y / N	Y / N
Date your Will was executed?		
Has your Will been reviewed in the last 5 years?	Y / N	Y / N
Who have you named as Executor?		
Have you appointed Guardian's for your dependent children?	Y / N	Y / N
Are those Executors or Guardians still appropriate?	Y / N	Y / N
Has your relationship / marital status changed since your last Will was made?	Y / N	Y / N

Enduring Power of Attorney

Do you have an Enduring Power of Attorney?	Y / N	Y / N
Who have you appointed as your Attorney?		

Family Trust

Do you have a Family Trust?	Y / N	Y / N
Name of the Trust		
Who are the Trustees?		
Does your Will bequest the residue of your estate to your trust?	Y / N	Y / N
Are you expecting an inheritance of any kind?	Y / N	Y / N
Does this inheritance go directly into the Trust for immediate protection?		

Other Information

Lawyer's details

Name: _____

Firm: _____

Phone: _____

Accountant's details

Name: _____

Firm: _____

Phone: _____