

FINANCIAL HEALTH INDEX

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LIFESTYLE GOALS AND OBJECTIVES

- Q1.** Have you clearly defined your lifestyle goals?
- Q2.** Do you review these goals regularly?
- Q3.** Do you have a definition of success you are working towards?
- Q4.** Do you have financial advisers?

SCORE	PRESENT	Y E A R S					
		20__	20__	20__	20__	20__	20__
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CASH FLOW

- Q1.** Do you have a budget?
- Q2.** Do you review your budget regularly?
- Q3.** Does your annual net cash flow meet your expectations?

5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEBT STRATEGIES

- Q1.** Do you have non-tax deductible debt? eg. mortgage on principle place of residence, credit card.
- Q2.** Do you know when you will be debt free?
- Q3.** Do you have any tax deductible debt? eg. investment loan for shares

-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSET PROTECTION

- Q1.** Do you have life insurance?
- Q2.** Do you have disability insurance?
- Q3.** Do you have income protection insurance?
- Q4.** Do you have critical illness insurance?
- Q5.** Do you have the minimum level required for the above insurance?

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5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ESTATE PLANNING

- Q1.** Do you have a valid up to date Will?
- Q2.** Do you have a Power of Attorney?
- Q3.** Will income from the estate be tax effective for your dependants?

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SUPERANNUATION

- Q1.** Do you have more than two superannuation funds?
- Q2.** Are you aware of how much super you will have at retirement?
- Q3.** Are you contributing additional amounts to super for you or your spouse?
- Q4.** Do you fund insurance for death and disability via your super?
- Q5.** Do you pay a contribution fee?
- Q6.** Have your personal super funds been reviewed in the last 12 months?

SCORE	PRESENT	Y E A R S					
		20__	20__	20__	20__	20__	20__
-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INVESTMENTS

- Q1.** Apart from your home and super do you have other investments?
- Q2.** Are your investments in line with your risk profile?
- Q3.** Do you rebalance your investments regularly in line with your risk profile?
- Q4.** Have you formally reviewed performance in the last 12 months?
- Q5.** Are your investments aligned to your lifestyle goals?
- Q6.** Are you diversified across all asset classes?
- Q7.** Are your investment returns in line with your expectations?

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10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total

Total Possible Score

Index = Total divided by 150 x 100 = %

TOTAL

MAX 150 150 150 150 150 150

INDEX

How did you go? Not so well? Now for the good news: your score is totally irrelevant. What really matters is identifying the things you need to address to remove financial distraction, along with providing a numerical measure to guide you as you improve your situation.

