



Welcome to our Consult Form. Please give as much detail as possible so we can add some serious value in our time together!

(Please email back to jessica@seedfinancial.com.au when you're done!)

Goals –

We'd love to know what your immediate goals are – what are you hoping to achieve from our time together?

What are your medium term goals – within the next 2 years ? If you're unsure, that's okay!

Do you have any impending changes coming up? For eg, new babies, reducing work hours, getting married or other significant life changes?

What do you think is the main hurdle that could get in the way of you achieving your goals?

FACT FIND

A. PERSONAL DETAILS - APPLICANT 1

Mr Ms Mrs Miss Dr Other

Surname

First Name Middle Name

Date of Birth (DOB) Citizenship

Drivers Licence Number Drivers Licence Expiry Date

Marital Status

Number of Dependants Ages of Dependants

What is your No. 1 concern about your finances right now?

A. PERSONAL DETAILS - APPLICANT 2

Mr Ms Mrs Miss Dr Other

Surname

First Name Middle Name

Date of Birth (DOB) Citizenship

Drivers Licence Number Drivers Licence Expiry Date

Marital Status

Number of Dependants Ages of Dependants

What is your No. 1 concern about your finances right now?

B. ADDRESS DETAILS - APPLICANT 1

Current Residential Address

Current Residential Address Status
 Own Mortgaged Renting Boarding Other

Start Date at Current Address Mobile

Email Address

Previous Residential Address (if less than 3 years at current)

Start Date at Previous Address

B. ADDRESS DETAILS - APPLICANT 2

Current Residential Address (write 'COPY' if details are the same as Applicant 1)

Current Residential Address Status
 Own Mortgaged Renting Boarding Other

Start Date at Current Address Mobile

Email Address

Previous Residential Address (if less than 3 years at current)

Start Date at Previous Address

C. EMPLOYMENT DETAILS - APPLICANT 1

Current Employment
 Employee Self-employed Full Time Part Time Casual

Start Date of Current Employment Occupation

Previous Employment (if in current for less than 3 years)
 Employee Self-employed Full Time Part Time Casual

Start Date of Previous Employment Occupation

Employer Business Name or ABN

C. EMPLOYMENT DETAILS - APPLICANT 2

Current Employment
 Employee Self-employed Full Time Part Time Casual

Start Date of Current Employment Occupation

Previous Employment (if in current for less than 3 years)
 Employee Self-employed Full Time Part Time Casual

Start Date of Previous Employment Occupation

Employer Business Name or ABN

D. GROSS MONTHLY INCOME - APPLICANT 1

Employment (pre-tax)	\$	<input type="text"/>	Investment/Shares	\$	<input type="text"/>
Total Rent Received	\$	<input type="text"/>	DSS/Other	\$	<input type="text"/>

D. GROSS MONTHLY INCOME - APPLICANT 2

Employment (pre-tax)	\$	<input type="text"/>	Investment/Shares	\$	<input type="text"/>
Total Rent Received	\$	<input type="text"/>	DSS/Other	\$	<input type="text"/>

E. MONTHLY EXPENSES - APPLICANT 1&2

Utilities & Rates	\$	<input type="text"/>	Food & Groceries	\$	<input type="text"/>	Medical & Health	\$	<input type="text"/>	Child Care	\$	<input type="text"/>	House Purchase & Maintenance	\$	<input type="text"/>
Rental Expense	\$	<input type="text"/>	Recreation & Entertainment	\$	<input type="text"/>	Transport	\$	<input type="text"/>	Child Maintenance	\$	<input type="text"/>	Insurance (home, personal and car)	\$	<input type="text"/>
Telephone, Internet & PayTV	\$	<input type="text"/>	Clothing & Personal Care	\$	<input type="text"/>	Education	\$	<input type="text"/>	Sport & Hobbies	\$	<input type="text"/>	Other	\$	<input type="text"/>

F1. REAL ESTATE ASSETS - APPLICANT 1&2

Home	Address	Est. Value \$	Ownership	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Investment 1	Address	Est. Value \$	Monthly Rent \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 2	Address	Est. Value \$	Monthly Rent \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 3	Address	Est. Value \$	Monthly Rent \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 4	Address	Est. Value \$	Monthly Rent \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G1. REAL ESTATE LIABILITIES - APPLICANT 1&2

Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

F2. OTHER ASSETS - APPLICANT 1&2

Vehicle 1	Make/Model/Year	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle 2	Make/Model/Year	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	Account/Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	Account/Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	Account/Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	Account/Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Contents	Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superfund/SMSF	Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superfund/SMSF	Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Shares	Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G2. OTHER LIABILITIES - APPLICANT 1&2

Vehicle Loan Lender	Repayment \$	Balance \$	Rate %	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Vehicle Loan Lender	Repayment \$	Balance \$	Rate %	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Credit Card Lender	Limit \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Credit Card Lender	Limit \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Credit Card Lender	Limit \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Credit Card Lender	Limit \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Personal Loan Lender	Repayment \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SMSFLoan Lender	Repayment \$	Balance \$	Rate %	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SMSFLoan Lender	Repayment \$	Balance \$	Rate %	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
HECS/HELP Debt	Repayment \$	Balance \$	Ownership	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	