



E Q U I L I B R I A

FINANCE

Client Information and Needs Analysis

Our Approach

We recognise that each stage of life presents its own unique financial challenges, that everyone's values, aspirations, goals, objectives and financial profile and plans are different.

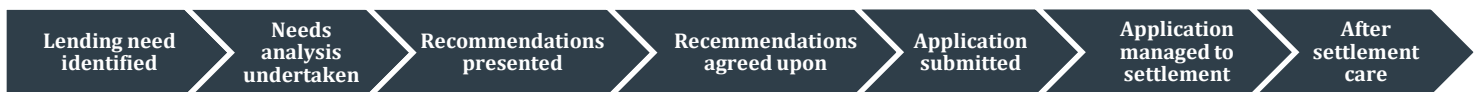
That is why the foundation of our lending solutions is understanding you. This enables us to put in place the right loan structure for you with competitive rates and appropriate features.

To facilitate this please complete this needs analysis about your specific objectives and circumstances.

Completing this needs analysis

1. Complete this form as an editable document or print it out and complete in handwriting.
2. Ensure you 'Save As' the first time you open this document - then save as you go.
3. Please return via email: support@equilibriafinance.com.au; or to GPO Box 560 Sydney NSW
4. If you are unsure of how to complete any sections, please contact us on 0438 983 256.

Process Map





EQUILIBRIA

FINANCE

DATE:	Credit Assistance provider: Anthony Landahl	Credit Representative: 494123
--------------	---	-------------------------------

LOAN OBJECTIVES AND PURPOSE		
<input type="checkbox"/> Purchase- Owner occupied	<input type="checkbox"/> Purchase- Investment property	<input type="checkbox"/> Refinance – Principal home
<input type="checkbox"/> Refinance – Investment property	<input type="checkbox"/> Construct/ renovate- Owner occupied	<input type="checkbox"/> Construct/ renovate- Investment property
<input type="checkbox"/> Purchase land	<input type="checkbox"/> Equipment/ motor vehicle finance	<input type="checkbox"/> Business lending
First Home Buyer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of credit sought \$:	If purchasing, how long are you looking to retain the property?
Other notes:		

Please provide details about the loan and features. If you are unsure just leave blank.				
Interest rate type	<input type="checkbox"/> Variable Rate	<input type="checkbox"/> Fixed Rate	<input type="checkbox"/> Split Loan	<input type="checkbox"/> Unsure
Repayment type	<input type="checkbox"/> Principal and Interest	<input type="checkbox"/> Interest Only	<input type="checkbox"/> Interest only in advance	<input type="checkbox"/> Unsure
Loan features – leave blank if unsure	<input type="checkbox"/> Extra repayments	<input type="checkbox"/> Split account	<input type="checkbox"/> Offset Account	<input type="checkbox"/> Loan redraw
	<input type="checkbox"/> Line of credit	<input type="checkbox"/> Top up	<input type="checkbox"/> Flexibility to switch	<input type="checkbox"/> Portability

If your refinancing or increasing a loan balance, what are the reasons			
Current loan balance	Current lender	Current rate	Current Fees/ annum
<input type="checkbox"/> Better rate/ reduce repayments	<input type="checkbox"/> Reduce total cost over loan term	<input type="checkbox"/> Equity release/ Top up	<input type="checkbox"/> Renovating/ building
<input type="checkbox"/> Service level of provider	<input type="checkbox"/> Convenience/ flexibility	<input type="checkbox"/> Consolidate debts	<input type="checkbox"/> Construction
Other notes			

If your purchasing, please provide details about available funds. If you are unsure just leave blank.			
Deposit savings	\$ amount	Gift	\$ amount
Other cash savings	\$ amount	First home owners grant	\$ amount
Sale of existing proceeds	\$ amount	Other	\$ amount
Other notes:			

Are you purchasing or replacing a motor vehicle soon? Yes No Would you like to us to arrange your car finance? Yes No



EQUILIBRIA

FINANCE

PERSONAL DETAILS	APPLICANT 1	APPLICANT 2
Title		
First and middle names		
Surname		
Previous name		
Marital status		
Contact number	Mobile: Other:	Mobile: Other:
Email address		
Date of birth		
Number of dependants		
Age of dependants		
Nationality		
Residency status		
Current Address	State: Postcode:	State: Postcode:
Time at address		
Residential status		
If under 2 years, please provide prior address	State: Postcode:	State: Postcode:
Postal address (if different to residential)	State: Postcode:	State: Postcode:
Nearest relative		
Relationship to you		
Relative contact	Mobile: Other:	Mobile: Other:
Where did you hear about us?		

ACCOUNTANT	Name: Number: Email:
SOLICITOR/ CONVENYCOR	Name: Number: Email:
Would you like us to introduce you to a solicitor or conveyancer? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	

IDENTIFICATION	Drivers licence #	Name on document	Date of issue	Place of Issue
APPLICANT 1				
APPLICANT 2				



EQUILIBRIA

FINANCE

CURRENT EMPLOYMENT	APPLICANT 1	APPLICANT 2
Type of employment		
Status		
Occupation/ Role		
Years at current employer		
Gross annual income - ex super		
Gross annual bonus - ex super		
Gross regular overtime - annual - ex super		
Gross commission - annual - ex super		
Other income/ entitlements - ex super		
Annual Superannuation	SGC Salary Sacrifice	SGC Salary Sacrifice
Employer name		
Employer address		
Employer contact (Mgr, HR, payroll)		
Employer contact number		
If under 2 years at current, please provide previous employers name		
Previous position/ role		
Years at previous employer		

SELF EMPLOYED, COMPANY AND/ OR TRUST BORROWERS – Please complete the self-employed appendix

Business name		ABN	
Structure	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Partnership		
Nature of business			
Number of years trading			
Trading Address			

CREDIT HISTORY

Have you ever had any financial judgements or legal proceedings against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you having difficulty meeting your financial commitments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any existing debts currently in arrears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above, please provide details:		



EQUILIBRIA

FINANCE

CURRENT ASSETS				
Asset	Value	Item	Notes	Ownership
Principal home		Rental income		
Other property 1		Rental income		
Other property 2		Rental income		
Vehicle 1		Make, model, year		
Vehicle 2		Make, model, year		
Bank Account 1		Institution		
Bank Account 2		Institution		
Superannuation		Institution		
Superannuation		Institution		
Contents – insured value		Details		
Investments – Shares, term deposits, managed funds		Investment income		
Other assets		Details		
Other assets		Details		

CURRENT LIABILITIES						
Liability	Lender/ Description	Limit (\$)	Balance (\$)	Monthly repayments	Interest rate (%)	Remaining term (yrs)
Principal home						
Other mortgage 1						
Other mortgage 2						
Personal loan						
Vehicle finance 1						
Vehicle finance 2						
Credit cards						
HELP debt						
Other liabilities						
Other liabilities						



EQUILIBRIA

FINANCE

CURRENT MONTHLY REPAYMENTS	\$/ Month	Notes
Rent	\$	Will this continue after settlement - Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing home loan	\$	Will this continue after settlement - Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing personal loan	\$	Will this continue after settlement - Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing car loan	\$	Will this continue after settlement - Yes <input type="checkbox"/> No <input type="checkbox"/>
Other loans	\$	Will this continue after settlement - Yes <input type="checkbox"/> No <input type="checkbox"/>

MONTHLY LIVING EXPENSES - BASIC	\$/ Month	Notes
Food/ Housekeeping	\$	
Insurance – building and contents	\$	
Utilities	\$	
Healthcare	\$	
Transport	\$	
Education/ school fees	\$	
Child Care Costs	\$	
Entertainment/ other	\$	

MONTHLY LIVING EXPENSE – FIXED OR RECURRING	\$/ Month	Notes
Private health insurance	\$	
Car Insurance	\$	
Life insurance (income protection, TPD, Life)	\$	
Other	\$	
Other	\$	

OTHER INFORMATION	
Do you expect any significant changes to your financial situation in the foreseeable future that would adversely impact your ability to meet your commitments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain the nature of the changes:	
Do you have sufficient insurance in place to cover your existing and proposed loans and your lifestyle (eg income protection, total permanent disablement etc)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
If your income reduces due to illness or injury, do you have the insurance to cover your loan repayments and living cost?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Would you like us to introduce you to someone to discuss your life insurance needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like us to introduce you to someone to discuss your home & contents insurance needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>