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POST RELATIONSHIP BINDING FINANCIAL AGREEMENT QUESTIONNAIRE

	Date: / /	
1.	Your personal details	
	Your name:	
	Previous/other name(s):	
	Current address:	
	Mobile:	
	Email:	
	Date of Birth:	
	Place of Birth:	
	Your occupation:	
	Name and address of your employer:	
	Your income (per annum):	
	Your qualifications:	
2.	Personal details of your spouse/partner	
	Spouse/partner's name:	
	Previous/other name(s):	
	Current address:	.
	Mobile:	
	Email:	
	Date of Birth:	
	Place of Birth:	
	Spouse/partner's occupation:	
	Name and address of your spouse/partner's employer:	
		• • •
	Spouse/partner's income (per annum):	
	Spouse/partner's qualifications:	
3.	Details of marriage/relationship status	
	Date of Cohabitation:	

Date of Marriage:	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •								
Has either party been previously married:											
Do either party have children from previous marriage(s):											
Do you have children from this relationship:											
Date of Separation:			•••••								
Date of Divorce:											
Child/children of the marriage/relationship ((if applicable)										
Child 1 Full name:	(M /	'F) Date of Bir	rth: / /								
Address/current living arrangements:											
Child's School and Grade:		• • • • • • • • • • • • • • • • • • • •	•••••								
Child 2 Full name:	(M /	'F) Date of Bir	rth: / /								
Address/current living arrangements:											
Child's School and Grade:		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •								
Child 3 Full name:	(M /	F) Date of Bir	rth: / /								
Address/current living arrangements:											
Child's School and Grade:		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •								
Child 4 Full name:	(M /	F) Date of Bir	rth: / /								
Address/current living arrangements:	•••••										
Child's School and Grade:											
Health											
Are you in good health?		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •								
If not, provide details:		••••	•••••								
Is your partner/spouse in good health?											
If not, provide details:											
Are the children in good health?	children in good health?										
If not, provide details:											
Schedule Of Property											
Description (Please provide the information	Estimated present value	Owner	Valuation								
requested below. Enter "N/A" if not	/ value attributed by		required?								
applicable)	valuer										
Real estate [detail of address of each property an			V /N								
	\$		Yes / No								
	\$		Yes / No								

	\$	Yes / No
	dh	N/ /NI
	\$	Yes / No
Bank, building society or credit union accounts	s [detail of institution, account number, accou	nt name for each
account, balance in account]		
	\$	Yes / No
Motor vehicles [detail of year, make, model and	d registration number of each vehicle	
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
Furniture, chattels and whitegoods [Provide d	l letailed inventory of furniture including anti	ques, heirlooms,
whitegoods, electricals, silverware and other con		
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
Jewellery		
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
Artwork [name of artist and painting of each p	iece of work]	1
<u> </u>	\$	Yes / No

	\$	Yes / No
	\$	Yes / No
Wine/liquor cellar [inventory of any win	ne or liquor of value	<u> </u>
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
Stamp, coin and/or other collection of v	aluables [catalogue of collection]	
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
Shares (including options) in publicly list investments [details of number of share type of share for each shareholding etc]		
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
Life policies [details of insurance compacturent surrender value of policy]	ny, policy number, type of policy an	nd beneficiary for each life policy,
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
Boats [detail of type of boat and present	mooring]	
	\$	Yes / No
	\$	Yes / No

	\$	Yes / No
Companies [number of shares, type of shares	 es, name of company, ABN nu	mber and office held in company,
if any eg director]		
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
	ΨP	1637110
Trusts [name of trust, nature of trust, tr	rustee, interest held in trust,	eg beneficiary (indicate class of
beneficiary)/principal etc and any powers (e	g power of appointment)]	
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
Partnerships and Joint Ventures [Name of p	partnership, share (eg%) and int	rerest held (in capital and income)]
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
Sole Proprietorship [Name of and details o	f business]	
	\$	Yes / No
		X (X
	\$	Yes / No
	\$	Yes / No
Loans Owed to Either Party [Name of Deb	otor or Entity]	1
	\$	Yes / No
	\$	Yes / No
	\$	Yes / No
	-	
Inheritances [Details of name of estate and	interest in estate (anticipated/r	realised)]

	\$		Yes / No						
	\$		Yes / No						
	\$		Yes / No						
Compensation [Details of any compensation entitlement (anticipated/realised) (eg for personal injury, type									
of payment received (eg lump sum) and amount]								
	\$		Yes / No						
	\$		Yes / No						
	\$		Yes / No						
Other Property [Details of	overseas assets/Manag	ed Investme	nt Scheme						
Interests/livestock/machinery/recreational items	of value]								
	\$								
	\$								
	\$								
TOTAL ASSETS	\$								

Description (Please provide the information	Estimated present value /	Owner	Valuation							
requested below. Enter "N/A" if not	valuer		required?							
applicable)										
Credit Cards [Details of credit provider and account number – credit card limit and current balance]										
	\$									
	\$									
	\$									
Taxation liability	I									
	\$									
	\$									

	\$								
Loans Owed to Either Party [Details of creditor or entity]									
	\$								
	\$								
	, A4.								
	\$								
Mortgages and other secured personal loans [D	Lateils of institution type of	loan (ac housin	g loan) account						
number and security, eg over home]	retails of mistitution, type of	Toan (eg nousin	g ioaii), account						
number and security, eg over nome,	\$								
	4								
	\$								
	\$								
Overdraft Facilities [Detail of institution and account number]									
	\$								
	\$								
	\$								
I II D 1 104 C E E etc		CC :1:4 1	, 1]						
Leases, Hire Purchase and Other Credit Faciliti		e of facility and a	ccount number]						
	\$								
	\$								
	Ч								
	\$								
Other liabilities (including Contingent Liabilities)	i <mark>es eg Guarantees)</mark> [Details]								
	\$								
	\$								
	\$								
TOTAL LIABILITIES	\$								

NET	PROPERTY	EXCLUDING	\$	
SUPER	ANNUATION			

Description (Please provide the information	Estimated present value /	Valuation		
requested below. Enter "N/A" if not	valuer	required?		
applicable)				
Superannuation [Details of superannuation fund	d name, name of trustee, int	erest held in fund	d]	
	\$			
	\$			
	\$			
Private Schemes [Name of institution, superanno	uation fund name, members	hip or account nu	imber] – present	
surrender value]				
	\$			
	\$			
	\$			
Other Entitlements				
	\$			
	\$			
TOTAL SUPERANNUATION				
NET PROPERTY INCLUDING				
SUPERANNUATION				

Additional notes	

7.

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