

APPLICATION FOR PRO BONO ASSISTANCE



PRO BONO
FINANCIAL ADVICE NETWORK

1. PERSONAL DETAILS

Title: Mr. Mrs. Ms. Miss Other:

First name: Family name:

Address:

Suburb: State: Postcode:

Email address: Date of birth: / /

Telephone (home): Telephone (work): Mobile:

Marital status: Single Married De facto Divorced Other (eg. separated):

Number of dependents:

2. SEEKING ADVICE ABOUT:

- Insurance Claims
- Centrelink Entitlements
- Information about the National Disability Insurance Scheme NDIS
- Advice about existing Investments
- Retirement planning and funding
- Superannuation strategies
- How to access superannuation benefits
- Wills and powers of attorney
- Debt management & Financial advice
- Aged care and housing
- Other

Please provide some information regarding your health and mobility that could help us assist you better:

How did you find out about The Pro Bono Financial Advice Network?

Have you ever received financial advice? Yes No

Any further information you would like to provide regarding what you are seeking advice about:



3. YOUR FINANCIAL CIRCUMSTANCES

Are you currently employed?

Yes No

Job title/role:

If yes, what capacity are you working?

Casual / Full-Time Permanent / Full-Time Seasonal
 Casual / Part-Time Permanent / Part-Time Other (please provide details below)

If not, when did you last work in paid employment?

Are you receiving any government or welfare benefits?

Yes (provide details below) No

What was your taxable income in the last 12 months?

4. YOUR FINANCIALLY ASSOCIATED PERSON (IF APPLICABLE)

Note: A financially associated person is someone who usually provides you with financial support or could reasonably be expected to assist you financially eg. spouse, a relative.

Are they currently employed?

Yes No

Job title/role:

If yes, what capacity are they working?

Casual / Full-Time Permanent / Full-Time Seasonal
 Casual / Part-Time Permanent / Part-Time Other (please provide details below)

If not, when did they last work in paid employment?

Are they receiving any government or welfare benefits?

Yes (provide details below) No

What was their taxable income in the last 12 months?

What is their current weekly income after tax?

5. YOUR ASSETS & LIABILITIES

Please ensure all items are filled in (if you don't own an asset e.g. a house put "nil").

Asset/Liability	Total value	Your share (%)	Moneyowing	Monthly payments	Date payments will cease
House	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Property	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Rent	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Bank/Building Society	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Stocks & Shares	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Car	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Assets	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Utilities (gas, electricity, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Liabilities (school fees, sporting fees, health insurance, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

ACKNOWLEDGMENT

I ACKNOWLEDGE that:

1. All the personal and other information you provide to us will be confidential. By engaging us, you consent to the collection, use, disclosure and retention of your personal information in line with the Privacy Policy Statement. You can contact us if you would like to access or update any personal information we hold about you.
2. The Pro Bono Financial Advice Network takes a minimum of 10 working days to process my/our Application after all documentation has been received.
3. Only completed applications will be assessed for suitability.
4. I/We have no right of action against the Pro Bono Financial Advice Network in any event arising from this application or any assistance obtained from a financial adviser referred by the Scheme.

Date: / /

6. LODGEMENT OF APPLICATION FORM

Submit form by email:

probonoadvice@afa.asn.au

OR send the completed and signed application form and all documentation to:

AFA/PRO BONO

PO Box Q279

Queen Victoria Building

Sydney NSW 1230 Australia

Signed:

