

## QSA Annual Change of Circumstances Review



**Contact Information** Client Name(s): \_\_\_\_\_

Please complete with current details.

**Address:** \_\_\_\_\_

**Telephone (H)** \_\_\_\_\_ **Telephone (M)** \_\_\_\_\_

**Telephone (M)** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Do you use Facebook?** Yes No

Please provide any other updated details (*e.g. Work numbers etc*)

\_\_\_\_\_  
\_\_\_\_\_

### **Health**

Has your health status changed since our last review? Yes No

If yes, please provide new details (*include change in smoking status, if applicable*)

\_\_\_\_\_  
\_\_\_\_\_

### **Dependants**

Name Of Dependants: \_\_\_\_\_

Age of Dependants: \_\_\_\_\_

Has there been a change in dependant details since our last Review? Yes No

If yes, please provide new details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Employment**

Has there been a change in your employment details since our last review? Yes No

If yes, please provide new details (*Change of employer, pay rise, hours worked*)

\_\_\_\_\_  
\_\_\_\_\_

### **Do you have either of the following:**

**Will -** Yes No **Power of Attorney -** Yes No

If you answered no to either question, would you like us to refer you to a solicitor? Yes No

## Lifestyle and Investment Snapshot

**Have you altered your Lifestyle objectives? How have they changed?**

*Eg; Early retirement, owning your own business.*

Short (up to 2years)

Medium (2–10years)

Long (10years +)  
(*Eg: Superannuation*)

**Are there any specific areas of your financial management that you would like to discuss at your upcoming review?**

*Eg, Plan in place to achieve lifestyle objectives, RBL's, Taxation, DSS, and Estate Planning etc*
