



## 2. Current weekly expenses (in relation to you, your spouse and dependants)

Item	Amount per week		Amount per week
1. Rent/Board	<input type="text"/>	12. Municipal and water rates	<input type="text"/>
2. Home loan repayments	<input type="text"/>	13. House insurance	<input type="text"/>
3. Other Housing loan repayments	<input type="text"/>	14. Education	<input type="text"/>
4. Personal loan repayments	<input type="text"/>	15. Medical	<input type="text"/>
5. Credit card repayments	<input type="text"/>	16. Dental	<input type="text"/>
6. Food	<input type="text"/>	17. Life insurance premium	<input type="text"/>
7. Electricity	<input type="text"/>	18. Health insurance premium	<input type="text"/>
8. Gas	<input type="text"/>	Any other expenditure	
9. Telephone	<input type="text"/>	19. _____	<input type="text"/>
10. Car		20. _____	<input type="text"/>
Fuel	<input type="text"/>	21. _____	<input type="text"/>
Registration	<input type="text"/>	22. _____	<input type="text"/>
Insurance	<input type="text"/>	Total expenditure	<input type="text"/>
Loan/lease/rental	<input type="text"/>		\$
11. Clothing	<input type="text"/>		

## 3. Current weekly income (in relation to you, your spouse and dependants)

1. Your current income after tax per week	<input type="text"/>
2. Your spouse's current income after tax per week	<input type="text"/>
3. Any other income you receive (eg shares, debenture, real estate)	<input type="text"/>
4. Total balance of all bank accounts (financial institutions)	<input type="text"/>
Total income	<input type="text"/>

## 4. Declaration

I declare that the information provided above is true and correct.

Member's signature

Date

Please forward form to: Connelly Temple Super Savings Plan  
GPO Box 1576 Sydney NSW 2001

For further information, please call Asteron Client Services on 1300 361 755.