



FINANCIAL WELLBEING CHALLENGE

MY NECESSARY EXPENSES

ITEM	FREQUENCY	AMOUNT	YEARLY TOTAL	TYPE
RENT / MORTGAGE	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
ELECTRICITY (AVERAGE)	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
WATER (AVERAGE)	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
GAS (AVERAGE)	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
CAR - PETROL	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
CAR - INSURANCE	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
CAR - REGISTRATION	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
PUBLIC TRANSPORT / PARKING / TOLLS	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
PHONE	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
INTERNET	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
HEALTH INSURANCE	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
HOME & CONTENTS INSURANCE	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
GROCERIES	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
EDUCATION	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
OTHER	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
YEARLY EXPENSES All yearly costs combined				
MONTHLY TOTAL Yearly expenses divided by 12				

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