

Client(s) Insurance Planner



for:

Courtney Whitaker and Scott Chaumeau

COMPLETED BY:

Samantha Whitaker
Registered Financial Advisor
EliteInsure Ltd.
Company #: 5898228
FSP #: 12345

DATE COMPLETED:

31 January 17

CLIENT INFORMATION

Basic Information

TITLE	PREFERRED NAME
Miss.	
FIRST NAME	DATE OF BIRTH
Courtney	01/10/1986
SECOND NAME	AGE (YEARS)
	30
SURNAME	GENDER
Whitaker	Female

Contact Information

HOME PHONE	WORK PHONE
021123456	
MOBILE PHONE	EMAIL ADDRESS

Address Information

STREET ADDRESS	SUBURB
14 Exmouth Street	Eden Terrace
CITY	POSTAL CODE
Auckland	1021

Current Employment

OCCUPATION	JOB TITLE
Newspaper Editor	Editor
GROSS SALARY	EMPLOYER
	Fairfax
START DATE	LENGTH IN YRS.
12/10/12	5
EMPLOYMENT STATUS	PAID LEAVE OWING
Full Time	

ADMINISTRATIVE DUTIES

100 %

TRAVEL DUTIES

0 %

MANUAL DUTIES

0 %

Previous Employment

OCCUPATION

Editor

JOB TITLE

Editor

GROSS SALARY

EMPLOYER

Media works

EMPLOYMENT STATUS

Full Time

PAID LEAVE OWING

0

START DATE

01/04/2007

END DATE

01/10/2012

LENGTH IN YRS.

5

Residency

NZ RESIDENCY STATUS - NZ CITIZEN OR 2 YEARS WORK VISA TOTAL WITH 1 YEAR REMAINING OR MORE

No

DESCRIBE WORK OR STUDY VISA DETAIL

BUSINESS IRD/ACC NO.

12-123-123

Smoker Information

ARE YOU A SMOKER?

no

PARTNER INFORMATION

Basic Information

TITLE

Mr.

PREFERRED NAME

FIRST NAME

Scott

DATE OF BIRTH

01/03/1987

SECOND NAME

AGE (YEARS)

29

SURNAME

Chaumeau

GENDER

Male

Contact Information

HOME PHONE

123456789

WORK PHONE

MOBILE PHONE

EMAIL ADDRESS

Address Information

STREET ADDRESS

14 Exmouth Street

SUBURB

Eden Terrace

CITY

Auckland

POSTAL CODE

Current Employment

OCCUPATION

Restaurant Manager

JOB TITLE

Manager

GROSS SALARY

EMPLOYER

Lateur De Fromage

START DATE

01/03/2014

LENGTH IN YRS.

3

EMPLOYMENT STATUS

Full Time

PAID LEAVE OWING

ADMINISTRATIVE DUTIES

%

TRAVEL DUTIES

%

MANUAL DUTIES

%

Previous Employment

OCCUPATION

Restaurant Manager

JOB TITLE

Manager

GROSS SALARY

EMPLOYER

White Rabbit

EMPLOYMENT STATUS

Full Time

PAID LEAVE OWING

START DATE

01/02/2013

END DATE

01/02/2014

LENGTH IN YRS.

1

Residency

NZ RESIDENCY STATUS - NZ CITIZEN OR 2 YEARS WORK VISA TOTAL WITH 1 YEAR REMAINING OR MORE

No

DESCRIBE WORK OR STUDY VISA DETAIL

BUSINESS IRD/ACC NO.

123726590419

Smoker Information

ARE YOU A SMOKER?

no

CHILDREN/DEPENDENTS

No children registered.

PROFESSIONAL ADVISERS

Accountant

ACCOUNTANT NAME	COMPANY NAME	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	SUBURB	CITY
<input type="text"/>	<input type="text"/>	<input type="text"/>
WORK PHONE	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	

Solicitor

ACCOUNTANT NAME	COMPANY NAME	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	SUBURB	CITY
<input type="text"/>	<input type="text"/>	<input type="text"/>
WORK PHONE	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	

NOTES

YOUR INCOME AND EXPENSES

Your Annual Income before tax	\$ 0.00
Your Partner's Annual Income before tax	\$ 0.00
Your Annual of supplemental benefits from the government	\$ 0.00
Your Annual Household Income after tax	\$ 0.00
Your annual approximate costs of Dependant's Education and/or Child Care	\$ 0.00
Your annual General Expenses (food, insurance, clothing, etc)	\$ 0.00
Your annual costs of Rent or Mortgage and other loans	\$ 0.00
Any other expenses not considered	\$ 0.00

Your Total Annual Household Expenses	\$ 0.00
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Your Annual Disposable Household Income	\$ 0.00
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Your Monthly Disposable Household Income	\$ 0.00
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YOUR ASSETS AND LIABILITIES

Assets	Net Value
Property	\$ 0.00
Cash	\$ 0.00
Other	\$ 0.00
Total Assets	\$ 0.00

Liabilities	Net Value
Mortgage	\$ 0.00
Credit Card	\$ 0.00
Personal Loan	\$ 0.00
Other	\$ 0.00
Total Liabilities	\$ 0.00
Total Net Worth	\$ 0.00

GOALS AND OBJECTIVES

No goals and/or objectives specified.

ESTATE PLANNING

Courtney's Estate Planning

DO YOU HAVE A WILL?		LOCATION OF WILL	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>	
IS THE WILL CURRENT?		DATE OF WILL	EXECUTOR OF WILL
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
DO YOU HAVE A FUNERAL PLAN IN PLACE?		DO YOU HAVE A FAMILY TRUST IN PLACE?	PURPOSE OF TRUST?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>
ARE YOU THE TRUSTEE OF A FAMILY TRUST?		BENEFICIARIES OF TRUST	TRUSTEES OF THE FAMILY OF TRUST
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>

☐ Courtney's Enduring Power of Attorney

NAME	RELATIONSHIP	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Scott's Estate Planning

DO YOU HAVE A WILL?		LOCATION OF WILL	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>	
IS THE WILL CURRENT?		DATE OF WILL	EXECUTOR OF WILL
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
DO YOU HAVE A FUNERAL PLAN IN PLACE?		DO YOU HAVE A FAMILY TRUST IN PLACE?	PURPOSE OF TRUST?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>
ARE YOU THE TRUSTEE OF A FAMILY TRUST?		BENEFICIARIES OF TRUST	TRUSTEES OF THE FAMILY OF TRUST
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>

☐ Scott's Enduring Power of Attorney

NAME	RELATIONSHIP	TYPE
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HEALTH STATUS

Courtney's Health Status

DESCRIBE CURRENT HEALTH:

Good

ARE YOU CONSIDERING RECEIVING MEDICAL ADVICE FOR ANY CURRENT HEALTH CONDITION?

☐ YES☒ NO

IS THERE ANYTHING IN YOUR MEDICAL HISTORY THAT COULD AFFECT AN APPLICATION FOR YOUR INSURANCE?

☒ YES☐ NO

IF YES, KINDLY LIST THEM BELOW:

Endometriosis

WHEN PREVIOUSLY SEEKING INSURANCE, HAVE ANY PERSONAL HEALTH, LIFESTYLE OR OCCUPATION ISSUES AFFECTED THE INSURANCE PREMIUM OR POLICY TERMS?

☐ YES☒ NO

DO YOU PARTICIPATE IN ANY HAZARDOUS ACTIVITIES?

☐ YES☒ NO

IF YES, HAZARDOUS ACTIVITIES YOU'RE PARTICIPATING IN:

Scott's Health Status

DESCRIBE CURRENT HEALTH:

Excellent

ARE YOU CONSIDERING RECEIVING MEDICAL ADVICE FOR ANY CURRENT HEALTH CONDITION?

☐ YES☒ NO

IS THERE ANYTHING IN YOUR MEDICAL HISTORY THAT COULD AFFECT AN APPLICATION FOR YOUR INSURANCE?

☐ YES☒ NO

IF YES, KINDLY LIST THEM BELOW:

WHEN PREVIOUSLY SEEKING INSURANCE, HAVE ANY PERSONAL HEALTH, LIFESTYLE OR OCCUPATION ISSUES AFFECTED THE INSURANCE PREMIUM OR POLICY TERMS?

☐ YES☒ NO

DO YOU PARTICIPATE IN ANY HAZARDOUS ACTIVITIES?

☐ YES☒ NO

IF YES, HAZARDOUS ACTIVITIES YOU'RE PARTICIPATING IN:

NOTES

EXISTING INSURANCES

LifeAssured	Provider	Policy Type	Policy Str.	Benefit Type	Benefit Prd.	Wait Prd.
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COURTNEY'S PLAN B AND OBJECTIVES

Health

- ☒ Covering medical costs
- ☒ Covering specialists costs
- ☐ Cover for children
- ☒ So you can elect to have medical treatment when you want and need rather than having to wait under the public system.
- ☐ Discussed, but not required.
- ☐ Other

EXCESS:

CHILDREN EXCESS:

TEST AND SPECIALISTS:

Income Protection

- ☐ Maintaining financial lifestyle/financial security
- ☐ Maintaining Kiwisaver contributions
- ☒ Cover for redundancy
- ☐ Maintaining debt/mortgage repayments
- ☐ Discussed, but not required.
- ☐ Other

MONTHLY INCOME REPLACEMENT:

BENEFIT PERIOD

COVER TYPE REQUIRED

WAITING PERIOD

Mortgage Protection

- ☐ Maintaining financial lifestyle/financial security
- ☐ Maintaining Kiwisaver contributions
- ☐ Cover for redundancy
- ☐ Maintaining debt/mortgage repayments
- ☐ Discussed, but not required.
- ☐ Other

MONTHLY REPLACEMENTS:

BENEFIT PERIOD

WAITING PERIOD

Trauma

- ☐ Repaying all debt
- ☒ Maintaining debt/mortgage repayments
- ☒ Ability to achieve goals
- ☒ Maintaining financial lifestyle
- ☐ Cover for children
- ☐ Discussed, but not required.
- ☐ Other

DEBTS:

INCOME SUPPORT:

SAVINGS BOOSTER:

CASH RESERVE:

TOTAL:

TRAUMA PLAN TYPE:

TPD

- ☒ Repaying all debt
- ☒ Maintaining debt/mortgage repayments
- ☒ Ability to achieve goals
- ☒ Maintaining financial lifestyle
- ☐ Maintaining Kiwisaver
- ☐ Discussed, but not required.
- ☐ Other

DEBTS:

PENSION COMPLETION:

CASH RESERVE:

TOTAL:

Life

- ☒ Repaying all debt
- ☒ Maintaining debt/mortgage repayments
- ☒ Providing an income for surviving partner or children
- ☐ Providing an education fund for children
- ☒ Payment of funeral costs
- ☐ Discussed, but not required.
- ☐ Other

DEBTS:

FINAL EXPENSES:

EDUCATION FUND:

ESTATE RESOLUTION:

INCOME FUND:

TOTAL:

Survivor's Income/Ongoing Life

MONTHLY:

TERM

NOTES

SCOTT'S PLAN B AND OBJECTIVES

Health

- ☐ Covering medical costs
- ☐ Covering specialists costs
- ☐ Cover for children
- ☐ So you can elect to have medical treatment when you want, rather than having to wait for treatment when the public health system will allow you to be treated.
- ☐ Discussed, but not required.
- ☐ Other

EXCESS:

CHILDREN EXCESS:

TEST AND SPECIALISTS:

Income Protection

- ☐ Maintaining financial lifestyle/financial security
- ☐ Maintaining Kiwisaver contributions
- ☐ Cover for redundancy
- ☐ Maintaining debt/mortgage repayments
- ☐ Discussed, but not required.
- ☐ Other

MONTHLY INCOME REPLACEMENT:

BENEFIT PERIOD

COVER TYPE REQUIRED

WAITING PERIOD

Mortgage Protection

- ☐ Maintaining financial lifestyle/financial security
- ☐ Maintaining Kiwisaver contributions
- ☐ Cover for redundancy
- ☐ Maintaining debt/mortgage repayments
- ☐ Discussed, but not required.
- ☐ Other

MONTHLY REPLACEMENTS:

BENEFIT PERIOD

WAITING PERIOD

Trauma

- ☐ Repaying all debt
- ☐ Maintaining debt/mortgage repayments
- ☐ Ability to achieve goals
- ☐ Maintaining financial lifestyle
- ☐ Cover for children
- ☐ Discussed, but not required.
- ☐ Other

DEBTS:

INCOME SUPPORT:

SAVINGS BOOSTER:

CASH RESERVE:

TOTAL:

TRAUMA PLAN TYPE:

TPD

- ☐ Repaying all debt
- ☐ Maintaining debt/mortgage repayments
- ☐ Ability to achieve goals
- ☐ Maintaining financial lifestyle
- ☐ Maintaining Kiwisaver
- ☐ Discussed, but not required.
- ☐ Other

DEBTS:

PENSION COMPLETION:

CASH RESERVE:

TOTAL:

Life

- ☐ Repaying all debt
- ☐ Maintaining debt/mortgage repayments
- ☐ Providing an income for surviving partner or children
- ☐ Providing an education fund for children
- ☐ Payment of funeral costs
- ☐ Discussed, but not required.
- ☐ Other

DEBTS:

FINAL EXPENSES:

EDUCATION FUND:

ESTATE RESOLUTION:

INCOME FUND:

TOTAL:

Survivor's Income/Ongoing Life

MONTHLY:

TERM

NOTES

ABOUT US AND SCOPE OF SERVICES

Passionate and dedicated to serving clients' needs and desires to protect intergenerational wealth, we have become known for a solutions based approach that fits the budget. Listening to clients priorities in life allows for a plan to be created that not only takes care of their personal and professional lives, but cover for their families and businesses - all under the one umbrella. Extensive experience in the field allows for sound advice on structuring the right level of cover at the right time to be explored for the following:

- Life Cover
- Income Protection
- Mortgage Protection
- Trauma Cover
- Key Person Protection
- Health Cover
- Shareholder Protection
- Total Permanent Disablement Cover

Having an advocate in your corner when it comes to claim time is what we're here to help with at EliteInsure Ltd. We are specialists at ensuring our clients are paid what their entitled to with the least hassle come claim time. We invite you to see the difference at EliteInsure Ltd.

Insurance Plan for Courtney

- Personal
- Self Employed / Business
- Others

Describe insurance plan for Courtney:

Insurance Plan for Scott

- Personal
- Self Employed / Business
- Others

Describe insurance plan for Scott:

ENGAGEMENT

Scope of Engagement

Unless if we specify/describe any limitations to the advice process, we have appointed Samantha Whitaker of EliteInsure Ltd. of to provide us with a **Financial Risk Review**. This is to include a thorough review of our personal and/or financial situation as this relates to Life Risks and related insurance. This shall include non-obligation indicative quotes/estimates from various insurers. Any Recommendations will be subject to acceptance of terms offered & completion of application forms. All details are confidential & shall be kept for seven years unless otherwise stated in order to facilitate on-going services to you.

Any financial regulator, external compliance personnel, deemed professionals including medical practitioners, re-insurers & prospective purchasers of EliteInsure Ltd. may view your personal/business information. Our services are free as we are reimbursed by the insurer in the form of commission (initial & ongoing) should you take out insurance through us. No conflicts of interest exist (unless notified) as we are not tied Agents.

Accuracy of Information

The information set out in this form & attached to this declaration including the fact find is true and correct to the best of our knowledge;

Accurately and fully represents our Private/Business financial situation, needs and objectives;

We understand that the advice will be based primarily on the information supplied in this form;

We acknowledge that if any information has been withheld, is inaccurate or misrepresented in any way, any advice

provided for our benefit may prove to be inappropriate and unsuitable.

The Privacy Act Declarations

We consent to our Accountant and Estate Solicitor, &/or ACC disclosing to Samantha Whitaker, all information requested that is reasonably required in the execution of this Scope of Engagement – no liability for fees invoiced/incurred to the client by any such professional shall be EliteInsure Ltd. responsibility regardless of how the engagement came about;

We hereby authorise Samantha Whitaker to make our file available to any legal or compliance authority, or such product provider, and/or claims investigators who may need access to such information for the purpose of processing and administering any business we may seek to transact as a result of the specified Scope of Engagement;

We understand that the data collected is stored (electronically) at the offices of EliteInsure Ltd. and that a copy and any alterations are available on request;

A scan, copy (electronic/paper) or fax of this Agreement is deemed to be as good as the original.

Acknowledgements

We acknowledge that we received, read & understood Samantha Whitaker Disclosure Statement, 31 Jan 2017

We acknowledge that we have had the basis of adviser remuneration and brokerage explained to us;

We acknowledge that the services being provided are restricted to the scope of engagement and subject to specific limitations indicated as per above;

We acknowledge the advantages of undertaking a full suitability (needs) analysis and the need to provide relevant personal and financial information, and by not doing so we risk receiving advice or product recommendations that may not be appropriate to our needs;

We can terminate this Agreement at any time by providing thirty (30) days written notice.

CLIENT NAME

PARTNER NAME

Courtney Whitaker

Scott Chaumeau

Please provide Signature and/or e-mailed receipt
acknowledgement date:

Please provide Signature and/or e-mailed receipt
acknowledgement date:

SIGNATURE

SIGNATURE

DATE

DATE

31/01/2017

31/01/2017