



for:

Jolo Bato and Jane Bato

COMPLETED BY:
CLIENT INFORMATION

Kieth Mark Bandiola
Registered Financial Advisor
Gayness

FSP #: Mr.	PREFERRED NAME
FIRST NAME Jolo	DATE OF BIRTH 26/02/1987
SECOND NAME	AGE (YEARS) 29
SURNAME Bato	GENDER Male

Contact Information

HOME PHONE	WORK PHONE
MOBILE PHONE	EMAIL ADDRESS

Address Information

STREET ADDRESS	SUBURB
CITY	POSTAL CODE

Current Employment

OCCUPATION	JOB TITLE
GROSS SALARY	EMPLOYER
START DATE	LENGTH IN YRS.
EMPLOYMENT STATUS	PAID LEAVE OWING

ADMINISTRATIVE DUTIES

%

TRAVEL DUTIES

%

MANUAL DUTIES

%

Previous Employment

OCCUPATION

JOB TITLE

GROSS SALARY

EMPLOYER

EMPLOYMENT STATUS

PAID LEAVE OWING

START DATE

END DATE

LENGTH IN YRS.

Residency

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

DESCRIBE WORK OR STUDY VISA DETAIL

BUSINESS IRD/ACC NO.

Smoker Information

ARE YOU A SMOKER?

PARTNER INFORMATION

Basic Information

TITLE	PREFERRED NAME
Mrs.	
FIRST NAME	DATE OF BIRTH
Jane	01/04/1988
SECOND NAME	AGE (YEARS)
	28
SURNAME	GENDER
Bato	Female

Contact Information

HOME PHONE	WORK PHONE
MOBILE PHONE	EMAIL ADDRESS

Address Information

STREET ADDRESS	SUBURB
CITY	POSTAL CODE

Current Employment

OCCUPATION	JOB TITLE
GROSS SALARY	EMPLOYER
START DATE	LENGTH IN YRS.
EMPLOYMENT STATUS	PAID LEAVE OWING

ADMINISTRATIVE DUTIES

%

TRAVEL DUTIES

%

MANUAL DUTIES

%

Previous Employment

OCCUPATION

JOB TITLE

GROSS SALARY

EMPLOYER

EMPLOYMENT STATUS

PAID LEAVE OWING

START DATE

END DATE

LENGTH IN YRS.

Residency

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

DESCRIBE WORK OR STUDY VISA DETAIL

BUSINESS IRD/ACC NO.

Smoker Information

ARE YOU A SMOKER?

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

Your Annual Disposable Household Income \$ 0.00

Your Monthly Disposable Household Income \$ 0.00

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

Jolo'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"/>

☐ **Jolo's Enduring Power of Attorney**

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

Jane'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"/>

☐ **Jane's Enduring Power of Attorney**

NAME	RELATIONSHIP	TYPE
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HEALTH STATUS

Jolo's Health Status

DESCRIBE CURRENT HEALTH:

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:

Jane's Health Status

DESCRIBE CURRENT HEALTH:

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

It has been disclosed that you have no existing risk insurances in place.

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

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 GaynessWe 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 Gayness where we let you jump out of a plane and we be your parachute.

Insurance Plan for Jolo

- Personal
- Self Employed / Business
- Others

Describe insurance plan for Jolo:

Insurance Plan for Jane

- Personal
- Self Employed / Business
- Others

Describe insurance plan for Jane:

ENGAGEMENT

Scope of Engagement

Unless if we specify/describe any limitations to the advice process, we have appointed Kieth Mark Sevilla Bandiola of Gayness 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 Gayness 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 Kieth Mark Sevilla Bandiola, 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 Gayness responsibility regardless of how the engagement came about;

We hereby authorise Kieth Mark Sevilla Bandiola 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 Gayness 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 Kieth Mark Sevilla Bandiola Disclosure Statement, 29 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

Jolo Bato

Jane Bato

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

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

SIGNATURE

SIGNATURE

DATE

DATE

29/01/2017

29/01/2017