

Client Needs Analysis and Fact Find

Completed by:

Jaz Dosanjh

Adviser

For

Kieth Mark Bandiola

Client

on

2016/06/17

Date

CLIENT INFORMATION

| Basic Information | | | | | | |
|---------------------------|------------------------|-------------------|------------------------------|---------|----------------------|--|
| TITLE: Mr. | FIRST NAMI Kieth Ma | | SECOND NAME: | | SURNAME: Bandiola | |
| PREFERRED NAME: | | | DATE OF BIRTH: 1993-09-19 | | GENDER: Male | |
| | | Contact Inf | formation | | | |
| HOME PHONE: | | | WORK PHONE: | | | |
| MOBILE PHONE: | | | EMAIL ADDRESS: | | | |
| | | Address In | formation | | | |
| | | Address III | TOTTILACION | | | |
| STREET ADDRESS: | | | SUBURB: | | | |
| CITY: | | | POSTCODE: | | | |
| | | Current Em | polovment | | | |
| | | | | | | |
| OCCUPATION: | JOB TITLE: | | | | | |
| GROSS SALARY: | EMPLOYER: | | | | STATUS: | |
| LENGTH (IN YEARS): | PAID LEAVE | - OWING: | | | START DATE: | |
| ELNOTTI (IN TEARS). | TAID LLAVE | - Owning. | | | STAIN DATE. | |
| ADMINISTRATIVE DUTIES(%): | TRAVEL DU | TIES(%): | | | MANUAL DUTIES(%): | |
| | | Previous En | onlovment | | | |
| | | Trevious En | прюуттент | | | |
| OCCUPATION: | | JOB TITLE: | | | | |
| GROSS SALARY: | | EMPLOYER: | | STATUS: | | |
| LENGTH (IN YEARS): | | PAID LEAVE OWING: | | | | |
| LLIVOTTI (IIV TEMIS). | | TAID LEAVE OWING: | | | | |
| START DATE: | | END DATE: | | | | |

Tax Information

| TAX RESIDENT STATUS: | IF NOT, WHAT COUNTRY ARE YOU RESIDENT: |
|----------------------|--|
| IRD NUMBER: | PRESCRIBED INVESTOR RATE: |
| | |

PARTNER INFORMATION

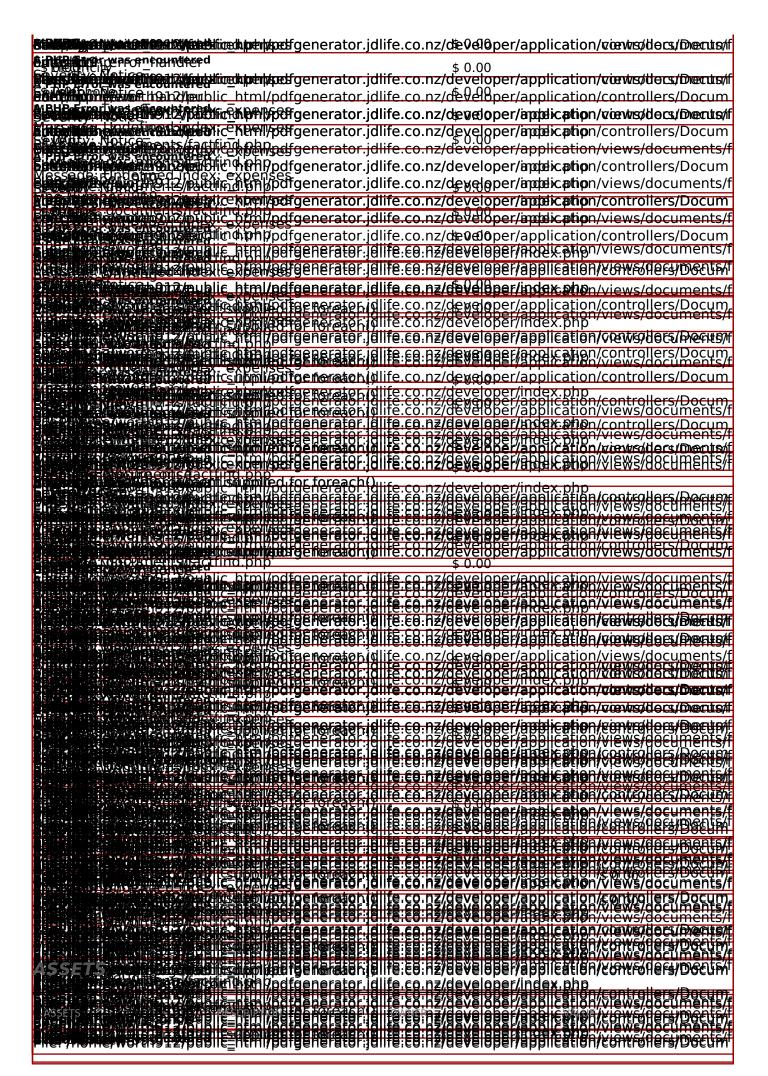
| Basic Information | | | | | | |
|---------------------------|-------------------|----------------|---------|-------------------|--|--|
| TITLE: Mr. | FIRST NAME: | SECOND NAME: | | SURNAME: | | |
| PREFERRED NAME: | | DATE OF BIRTH: | | GENDER: Male | | |
| | | | | | | |
| | Contact In | formation | | | | |
| HOME PHONE: | | WORK PHONE: | | | | |
| MOBILE PHONE: | | EMAIL ADDRESS: | | | | |
| | | | | | | |
| | Address In | formation | | | | |
| STREET ADDRESS: | | SUBURB: | | | | |
| CITY: | | POSTCODE: | | | | |
| | | | | | | |
| | Current En | nployment | | | | |
| OCCUPATION: | JOB TITLE: | | | | | |
| GROSS SALARY: | EMPLOYER: | | | STATUS: | | |
| | | | | | | |
| LENGTH (IN YEARS): | PAID LEAVE OWING: | | | START DATE: | | |
| ADMINISTRATIVE DUTIES(%): | TRAVEL DUTIES(%): | | | MANUAL DUTIES(%): | | |
| | | | | | | |
| | Previous Er | mployment | | | | |
| OCCUPATION: | JOB TITLE: | | | | | |
| GROSS SALARY: | EMPLOYER: | : | STATUS: | | | |

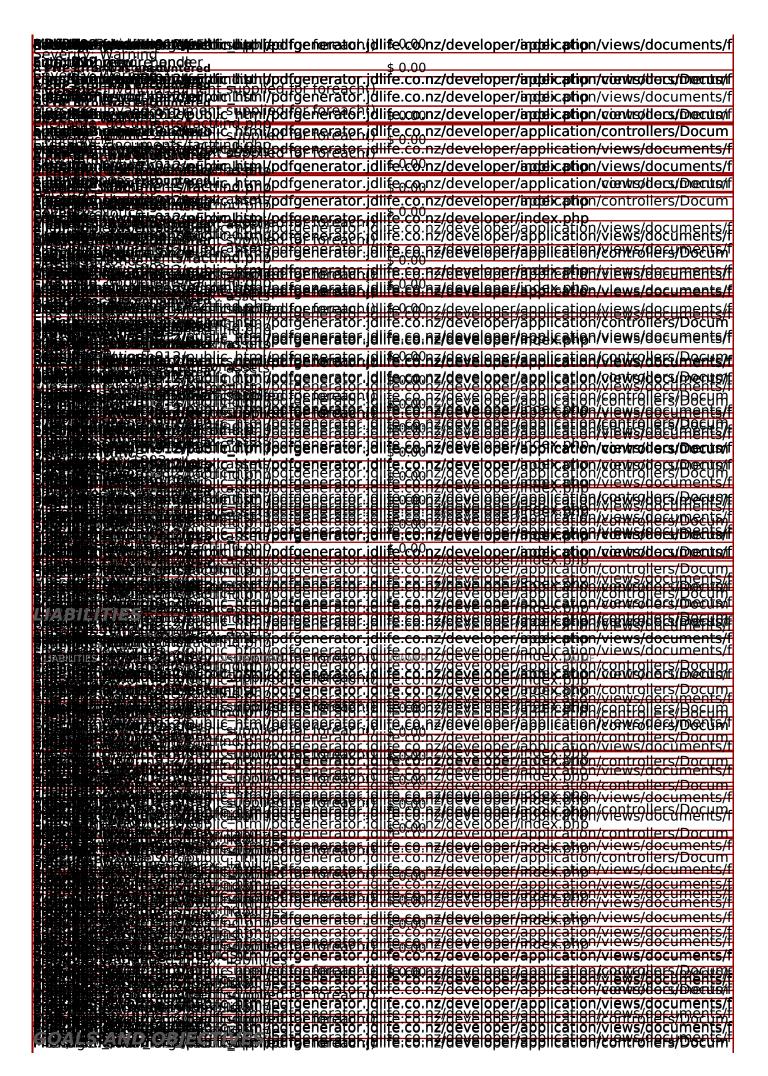
| LENGTH (IN YEARS): | PAID LEAVE OWII | NG: | | |
|-------------------------|-----------------|----------------------|-------|--|
| START DATE: | END DATE: | | | |
| | | | | |
| | Tax | Information | | |
| TAX RESIDENT STATUS: | IF NOT, WHAT CO | OUNTRY ARE YOU RESID | DENT: | |
| IRD NUMBER: | PRESCRIBED INV | ESTOR RATE: | | |
| CHII DDEN/DEDENDEN' | TC | | | |
| No children registered. | | | | |
| - | | | | |
| PROFESSIONAL ADVIS | ERS | | | |
| | Ac | ccountant | | |
| ACCOUNTANT NAME: | | COMPANY NAME: | : | |
| STREET ADDRESS: | SUBURB: | | CITY: | |
| WORK PHONE: | | EMAIL: | | |
| | Ç | Solicitor | | |
| SOLICITOR NAME: | | COMPANY NAME: | : | |
| STREET ADDRESS: | SUBURB: | | CITY: | |
| WORK PHONE: | | EMAIL: | | |
| | | Notes: | | |
| FOR BASIC INFORMATION | | | | |
| | | | | |
| INCOME | | | | |

| | CLIENT | PARTNER |
|----------------------|---------|---------|
| Wages/Salary | \$ 0.00 | \$ 0.00 |
| Bonuses | \$ 0.00 | \$ 0.00 |
| Commissions | \$ 0.00 | \$ 0.00 |
| Investment Interest | \$ 0.00 | \$ 0.00 |
| Investment Dividends | \$ 0.00 | \$ 0.00 |
| Rental Income | \$ 0.00 | \$ 0.00 |
| Pension Income | \$ 0.00 | \$ 0.00 |
| Trade Income | \$ 0.00 | \$ 0.00 |
| Royalties | \$ 0.00 | \$ 0.00 |
| Business Income | \$ 0.00 | \$ 0.00 |
| Other Income | \$ 0.00 | \$ 0.00 |
| Total Gross Income | \$ 0.00 | \$ 0.00 |
| Combined | \$ 0.00 | |
| NET MONTHLY INCOME | | |
| Client/Applicant 1 | | \$ 0.00 |
| Partner/Applicant 2 | | \$ 0.00 |
| Rental Income | | \$ 0.00 |
| Other Income | | \$ 0.00 |
| Total | | \$ 0.00 |
| | | |

EXPENSES

| EXPENSES | AMOUNT | FREQUENCY | OWNER | ANNUAL |
|---|--|-----------------------------|-------------------------------|---|
| Tax | | | | |
| \$ 101.000me Tax | | | \$ 0.00 | |
| \$ Ot00 r Tax | | | \$ 0.00 | |
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| APHPError was e S &10160110 0349140 tice | | | \$ 0.00 | |
| SENEMENT PAYER | ncountered | | \$ 0.00 | |
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         ACCOUNTANT NAME:
                                                                                                                                                                                                                                                                                                                                                             COMPANY NAME:
          Abrosia Lament Tongtong
                                                                                                                                                                                                                                                                                                                                                               Calamay Salami
```

STREET ADDRESS: SUBURB: CITY:

Irigan Honey Money Street Iriganmichihan Irigan City

WORK PHONE: EMAIL:

0923456789 booki@gmail.com

INSURER BENEFIT TYPE BENEFIT A/SA: WP/BP: PREMIUM OWNER

AMOUNT

Myllse Life 100,000 Α BP Yes Myllse

Buttocks Buttocks

Partner

ACCOUNTANT NAME: COMPANY NAME: Abrosia Lament Tongtong Calamay Salami

STREET ADDRESS: SUBURB: CITY:

Irigan Honey Money Street Iriganmichihan Irigan City

WORK PHONE: EMAIL:

0923456789 booki@gmail.com

INSURER BENEFIT TYPE BENEFIT A/SA: WP/BP: PREMIUM OWNER

AMOUNT

BP

Myllse Life 100,000 Myllse Α Yes **Buttocks Buttocks**

RISK PLANNING - DETAILED ANALYSIS

| Liabilities to Clear | |
|----------------------|--|
|----------------------|--|

| DESCRIPTION | OWNER | AMOUNT | % REPAID ON DEATH | % REPAID ON TPD | % REPAID ON TRAUMA |
|-------------|-----------------|---------|----------------------|-----------------|--------------------|
| Describe me | Myllse Buttocks | 100.000 | 10% | 10% | 10% |

nigger hahahahah ahaha hahaha

haha

Describe me Myllse Buttocks 100,000 10% 10% 10%

nigger hahahahah ahaha hahaha

haha

Future Expenditure Required

10%

AMOUNT % REPAID ON % REPAID ON **DESCRIPTION** OWNER % REPAID ON TPD **TRAUMA**

DEATH

100,000

Myllse Buttocks

Describe me nigger hahahahah ahaha hahaha

haha

10%

10%

| Describe me | Myllse Buttocks | 100,000 | 10% | 10% | 10% |
|---------------------|-----------------|---------|-----|-----|-----|
| nigger hahahahah | | | | | |
| ahaha hahaha | | | | | |

Future Education Expenses

| CLIENT | PARTNER |
|--------|---------|

% REPAID ON DEATH: 10% TPD: 10% TRAUMA: 10% DEATH: 10% TPD: 10% TRAUMA: 10%

CHILDREN INFO

haha

| NAME: Harold Sacote | Jr. | DATE OF BIR | RTH: 01/21/19 | |
|---------------------|------------|-------------|----------------------|------------|
| LEVEL: | START AGE: | END AGE: | COST AGE: | INFLATION: |
| PRESCHOOL | 21 | 16 | 2,100 | 16 |
| PRIMARY | 21 | 16 | 2,100 | 16 |
| SECONDARY | 21 | 16 | 2,100 | 16 |
| TERTIARY | 21 | 16 | 2,100 | 16 |

Other Provisions

| DESCRIPTION | OWNER | AMOUNT | % REPAID ON DEATH | % REPAID ON TPD | % REPAID ON TRAUMA |
|--|-----------------|---------|----------------------|-----------------|-----------------------|
| Describe me nigger hahahahah ahaha hahaha haha | Myllse Buttocks | 100,000 | 10% | 10% | 10% |
| Describe me nigger hahahahah ahaha hahaha haha | Myllse Buttocks | 100,000 | 10% | 10% | 10% |

Assets

| DESCRIPTION | OWNER | AMOUNT | % REPAID ON DEATH | % REPAID ON TPD | % REPAID ON TRAUMA |
|--|-----------------|---------|----------------------|-----------------|-----------------------|
| Describe me nigger hahahahah ahaha hahaha haha | Myllse Buttocks | 100,000 | 10% | 10% | 10% |
| Describe me nigger hahahahah ahaha hahaha | Myllse Buttocks | 100,000 | 10% | 10% | 10% |

| \sim | | | _ ' | | | | | | _ |
|--------|----|---|--------|----|---|----|--------|---|--------|
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| \sim | | 9 | \sim | | 9 | | \sim | | \sim |

| DESCRIPTION | OWNER | AMOUNT | % REPAID ON DEATH | % REPAID ON TPD | % REPAID ON TRAUMA |
|--|-----------------|---------|----------------------|-----------------|-----------------------|
| Describe me nigger hahahahah ahaha hahaha haha | Myllse Buttocks | 100,000 | 10% | 10% | 10% |
| Describe me nigger hahahahah ahaha hahaha haha | Myllse Buttocks | 100,000 | 10% | 10% | 10% |

RISK PLANNING - NEEDS TABLE

| Client Needs Table | | | | | | |
|----------------------------------|-----------|-----------|-----------|--|--|--|
| CAPITAL NEEDS | LIFE | TPD | TRAUMA | | | |
| Liabilities to Clear | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Future Expenditure Required | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Future Education Expense | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Medical Costs/Recovery Income | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Provision for Tax | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Other Provisions | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Other | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Total Capital Required | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| CAPITAL PROVISIONS | | | | | | |
| Disposable Assets | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Continuing Income | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Total Capital Available | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| INSURANCE NEEDS | | | | | | |
| Total Cover Required | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Existing Cover | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Surplus/Shortfall | 1,234,567 | 1,234,567 | 1,234,567 | | | |
| Partner Needs Table | | | | | | |
| CAPITAL NEEDS | LIFE | TPD | TRAUMA | | | |

| Liabilities to Clear | 1,234,567 | 1,234,567 | 1,234,567 |
|----------------------------------|-----------|-----------|-----------|
| Future Expenditure Required | 1,234,567 | 1,234,567 | 1,234,567 |
| Future Education Expense | 1,234,567 | 1,234,567 | 1,234,567 |
| Medical Costs/Recovery Income | 1,234,567 | 1,234,567 | 1,234,567 |
| Provision for Tax | 1,234,567 | 1,234,567 | 1,234,567 |
| Other Provisions | 1,234,567 | 1,234,567 | 1,234,567 |
| Other | 1,234,567 | 1,234,567 | 1,234,567 |
| Total Capital Required | 1,234,567 | 1,234,567 | 1,234,567 |
| CAPITAL PROVISIONS | | | |
| Disposable Assets | 1,234,567 | 1,234,567 | 1,234,567 |
| Continuing Income | 1,234,567 | 1,234,567 | 1,234,567 |
| Total Capital Available | 1,234,567 | 1,234,567 | 1,234,567 |
| INSURANCE NEEDS | | | |
| Total Cover Required | 1,234,567 | 1,234,567 | 1,234,567 |
| Existing Cover | 1,234,567 | 1,234,567 | 1,234,567 |
| Surplus/Shortfall | 1,234,567 | 1,234,567 | 1,234,567 |
| | | | |

SCOPE OF SERVICES

Client

SCOPE OF ADVICE: IS THIS ADVICE LIMITED: IF YES, WHY?:

Abrosia Lament Tongtong Yes Irigan Honey Money Street

TOPICS DISCUSSED AND NOT INCLUDED IN MY STATEMENT OF ADVICE:

Iriganmichihan

Partner

SCOPE OF ADVICE: IS THIS ADVICE LIMITED: IF YES, WHY?:

Abrosia Lament Tongtong Yes Irigan Honey Money Street

TOPICS DISCUSSED AND NOT INCLUDED IN MY STATEMENT OF ADVICE:

Iriganmichihan

PRIVACY DECLATION

The information you have provided in this document is personal and we undertake to keep it confidential. It is sought to ensure we have sufficient information to conduct an appropriate investigation into your current financial situation, your goals, objectives and particular needs in order for us to make recommendations on a reasonable basis. We will retain this information so we can be of ongoing assistance to you. Under the Privacy Act-1993 you have the right to access, or to request correction, of any personal information held by us about you.

SCOPE OF SERVICE AND PRIVACY ACKNOWLEDGEMENT

| CLIENT NAME: Irigan Honey Money Street | PARTNER NAME: Irigan Honey Money Street | | |
|---|--|--|--|
| CLIENT SIGNATURE: | PARTNER SIGNATURE: | | |
| DATE: 2009/12/12 | DATE: 2009/12/12 | | |