

Client(s) Insurance Planner



for:

Majeet Singh and Harpreet Kaur

COMPLETED BY:

Sumit Monga Registered Financial Advisor EliteInsure Ltd. Company #: 5898228

FSP #: 484106

DATE COMPLETED:

31 January 17

CLIENT INFORMATION

Basic Information TITLE PREFERRED NAME Mr. FIRST NAME DATE OF BIRTH Majeet SECOND NAME AGE (YEARS) 35 SURNAME GENDER Singh Male **Contact Information** HOME PHONE WORK PHONE MOBILE PHONE **EMAIL ADDRESS Address Information** STREET ADDRESS SUBURB 6 laurestone avenue papatoetoe 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	
%	%		%	
revious Employment				
OCCUPATION		JOB TITLE		
GROSS SALARY		EMPLOYER		
EMPLOYMENT STATUS		PAID LEAVE	DWING	
START DATE	END DATE		LENGTH IN YRS.	
esidency				
NZ RESIDENCY STATUS - NZ CITIZEN WITH 1 YEAR REMAINING OR MORE	OR 2 YEARS WORK VISA TO	OTAL DESCRIBE W	ORK OR STUDY VISA DETAIL	
BUSINESS IRD/ACC NO.				
moker Information				
ARE YOU A SMOKER?				

PARTNER INFORMATION

Basic Information TITLE PREFERRED NAME Mrs. FIRST NAME DATE OF BIRTH Harpreet SECOND NAME AGE (YEARS) 28 SURNAME GENDER Kaur 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	S	MANUAL DUTIES	
%	%		%	
revious Employment				
OCCUPATION		JOB TITLE		
GROSS SALARY		EMPLOYER		
EMPLOYMENT STATUS		PAID LEAVE	DWING	
START DATE	END DATE		LENGTH IN YRS.	
esidency				
NZ RESIDENCY STATUS - NZ CITIZEN WITH 1 YEAR REMAINING OR MORE	TOR 2 YEARS WORK VISA	TOTAL DESCRIBE W	JRK OR STUDY VISA DETAIL	
BUSINESS IRD/ACC NO.				
moker Information				
ARE YOU A SMOKER?				

CHILDREN/DEPENDENTS

No children registered.

NOTES

PROFESSIONAL ADVISERS

ACCOUNTANT NAME		COMPANY NAME	
STREET ADDRESS	SUBURB	CITY	
WORK PHONE		EMAIL ADDRESS	
olicitor			
		COMPANY NAME	
		COMPANY NAME	
ACCOUNTANT NAME	SUBURB	COMPANY NAME CITY	
ACCOUNTANT NAME	SUBURB		
Olicitor ACCOUNTANT NAME STREET ADDRESS WORK PHONE	SUBURB		

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

DO YOU HAVE A WILL?	LOCATION OF WILL	
YES NO		
IS THE WILL CURRENT?	DATE OF WILL	EXECUTOR OF WILL
YES NO		
DO YOU HAVE A FUNERAL PLAN IN PLACE?	DO YOU HAVE A FAMILY TRUST IN PLACE?	PURPOSE OF TRUST?
YES NO	YES NO	
ARE YOU THE TRUSTEE OF A FAMILY TRUST?	BENEFICIARIES OF TRUST	TRUSTEES OF THE FAMILY OF TRUST
YES NO		
□ .	•	
☐ Majeet's Enduring Powe	er of Attorney	
NAME	RELATIONSHIP	TYPE
arpreet's Estate Planning		
DO YOU HAVE A WILL?	LOCATION OF WILL	
YES NO		
IS THE WILL CURRENT?	DATE OF WILL	EXECUTOR OF WILL
YES NO		
DO YOU HAVE A FUNERAL PLAN IN PLACE?	DO YOU HAVE A FAMILY TRUST IN PLACE?	PURPOSE OF TRUST?
YES NO	YES NO	
ARE YOU THE TRUSTEE OF A FAMILY TRUST?	BENEFICIARIES OF TRUST	TRUSTEES OF THE FAMILY OF TRUST
YES NO		
\square Harpreet's Enduring Po	wer of Attorney	

HEALTH STATUS

Majeet'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? DO YOU PARTICIPATE IN ANY HAZARDOUS ACTIVITIES?	YES YES	□ NO
IF YES, HAZARDOUS ACTIVITIES YOU'RE PARTICIPATING IN:		
Harpreet's Health Status DESCRIBE CURRENT HEALTH:		
ARE YOU CONSIDERING RECEIVING MEDICAL ADVICE FOR ANY CURRENT HEALTH CONDITION?	YES	По
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? DO YOU PARTICIPATE IN ANY HAZARDOUS ACTIVITIES?	YES 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	Income Protection
Covering medical costs	Maintaining financial lifestyle/financial security
Covering specialists costs	☐ Maintaining Kiwisaver contributions
Cover for children	Cover for redundancy
So you can elect to have medical treatment when you want and need rather than having to wait under the public system.	Maintaining debt/mortgage repaymentsDiscussed, but not required.
Discussed, but not required.	Other
Other	
EXCESS:	MONTHLY INCOME REPLACEMENT:
CHILDREN EXCESS:	BENEFIT PERIOD
CINEDITER EXCESS.	
TEST AND SPECIALISTS:	COVER TYPE REQUIRED
	WAITING PERIOD
Mortgage Protection	Trauma
☐ Maintaining financial lifestyle/financial security	Repaying all debt
Maintaining Kiwisaver contributions	☐ Maintaining debt/mortgage repayments
Cover for redundancy	Ability to achieve goals
Maintaining debt/mortgage repayments	☐ Maintaining financial lifestyle
Discussed, but not required.	Cover for children
Other	Discussed, but not required.
	Other
MONTHLY REPLACEMENTS:	
	DEBTS:
	T .
BENEFIT PERIOD	
BENEFIT PERIOD	INCOME SUPPORT:
	INCOME SUPPORT:
BENEFIT PERIOD WAITING PERIOD	
	INCOME SUPPORT: SAVINGS BOOSTER:

	TOTAL:
	TRAUMA PLAN TYPE:
TPD	Life
Repaying all debt	Repaying all debt
Maintaining debt/mortgage repayments	Maintaining debt/mortgage repayments
Ability to achieve goals	Providing an income for surviving partner or children
Maintaining financial lifestyle	Providing an education fund for children
☐ Maintaining Kiwisaver	Payment of funeral costs
Discussed, but not required.	Discussed, but not required.
Other	Other
DEBTS:	DEBTS:
PENSION COMPLETION:	FINAL EXPENSES:
CASH RESERVE:	EDUCATION FUND:
]
TOTAL:	ESTATE RESOLUTION:
	INCOME FUND.
	INCOME FUND:
	TOTAL:
	Survivor's Income/Ongoing Life
	MONTHLY:
	TERM

CASH RESERVE:

HARPREET'S PLAN B AND OBJECTIVES

Health	Income Protection
Covering medical costs	Maintaining financial lifestyle/financial security
Covering specialists costs	Maintaining Kiwisaver contributions
Cover for children	Cover for redundancy
So you can elect to have medical treatment when you	☐ Maintaining debt/mortgage repayments
want, rather than having to wait for treatment when the public health system will allow you to be treated.	Discussed, but not required.
Discussed, but not required.	Other
Other	
EVOESS	MONTHLY INCOME REPLACEMENT:
EXCESS:	
CHILDREN EXCESS:	BENEFIT PERIOD
	COVER TYPE REQUIRED
TEST AND SPECIALISTS:	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.	Trauma Repaying all debt Maintaining debt/mortgage repayments Ability to achieve goals Maintaining financial lifestyle Cover for children
Other	Discussed, but not required.
	☐ Other
MONTHLY REPLACEMENTS:	☐ Other
MONTHLY REPLACEMENTS:	Other DEBTS:
MONTHLY REPLACEMENTS: BENEFIT PERIOD	
	DEBTS:
BENEFIT PERIOD	DEBTS:

	CASH RESERVE:
	TOTAL:
	TRAUMA PLAN TYPE:
TPD	Life
Repaying all debt	Repaying all debt
Maintaining debt/mortgage repayments	 Maintaining debt/mortgage repayments
Ability to achieve goals	Providing an income for surviving partner or children
Maintaining financial lifestyle	 Providing an education fund for children
☐ Maintaining Kiwisaver	Payment of funeral costs
Discussed, but not required.	Discussed, but not required.
Other	Other
DEBTS:	DEBTS:
PENSION COMPLETION:	FINAL EXPENSES:
CASH RESERVE:	EDUCATION FUND:
TOTAL:	ESTATE RESOLUTION:
	INCOME FUND:
	TOTAL:
	Survivor's Income/Ongoing Life
	MONTHLY:
	TERM

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 Majeet

- Personal
- Self Employed / Business
- Others

Insurance Plan for Harpreet

- Personal
- Self Employed / Business
- Others

Describe insurance plan for Majeet:

Describe insurance plan for Harpreet:

LIMITATIONS

Please specify and describe the limitations:

foreach ($\lim_{s\to s} \sec s = \$) { if ($s= \$ "Other"){ echo $\lim_{s\to s} \sin s = \$ "Other")} else { echo $s= \$ "; } }

- 1. Please note the following:
 - The advantages of having a suitability analysis are to:
 - a. Give me a full understanding of your personal circumstances, including your financial goals and risk tolerances, allowing me to tailor my advice to your specific needs;
 - b. Provide you with an analysis of your current and future financial situation;
 - c. Determine which financial products may be suitable for your current and future needs and goals
 - d. Advise you of any gaps in your risk or investment profile
 - The risks of not having a suitability analysis are that:
 - a. Any advice I give you is based on incomplete information and will therefore be of a more general nature.
 - b. A complete financial analysis will not be conducted
 - c. Financial products that I recommend may be unsuitable for your needs and goals either now or in the future

- d. You may commit to products which bear a greater risk than you would otherwise tolerate
- e. Possible gaps in your risk or investment profile may not be uncovered
- 2. This statement acknowledges the following:
 - You waive your right to a suitability analysis of my financial adviser services;

Or

- You have not provided me with all the information I have requested and that the suitability
 of my financial adviser services to your particular circumstances is based only upon the
 information that I have received.
- I have not directed or influenced you not to recieve a suitability analysis or limit what information you give me;
- You accept that you mush still disclose all relevant information on any application submitted on your behalf.

Please note that at any time during this process, you can elect to have me conduct a financial suitability analysis.

ENGAGEMENT

Scope of Engagement

Unless if we specify/describe any limitations to the advice process, we have appointed Sumit Y Monga of EliteInsure Ltd. of 1C/39 Mackelvie Street, Grey Lynn, 1021to 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 Sumit Y Monga, 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 Sumit Y Monga 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 Sumit Y Monga 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
Majeet Singh	Harpreet Kaur
Please provide Signature and/or e-mailed receipient	Please provide Signature and/or e-mailed receipient
acknowledgement date:	acknowledgement date:
SIGNATURE	SIGNATURE
DATE	DATE
31/01/2017	31/01/2017