

AUDIT REPORT

Date: 31st March 2021 Lead Source: BDM **Adviser: Aiden Mayert** Policy Holder: testbnm **Caller Name: Admin Account** Caller Email Address: admin@mail.com 1. I understand you recently took out a policy with (fidelity, partners, aia) from one of our advisers Is that correct? - No 2. Was the adviser by him / herself? - Yes 3. How would you describe the adviser's standard of service on a scale of 1-10? (10 is the highest) - 7 4. As you are aware, non disclosure can lead to non payment of claim. To make sure the correct underwriting takes place, we have noted your current pre-existing medical conditions are ___ and ___. Is there anything else apart from this not stated? - Yes - Refer to Notes 5. We have received authority for all future payments to be direct debited from your bank account? Is this correct? - No - Refer to Notes 6. Did you take this policy to replace any other policy? - Yes 7. We have your occupation recorded as ______ - is that correct? - No - Refer to Notes 8. What is your understanding of the benefits of the policy? - Tes 9. It specified in the authority to proceed that a copy of the disclosure statement was given to you and your insurance planner and or plan/copy of your LAT was e mailed to e mail address John@eliteinsure..co.nz . Did you received them? - Yes 10. Do you have any further comments? - Asdf

11. If replacement(were the risks of replacing this insurance policy explained to you?

12. Remedial Action Taken Or Proposed:
- Yes
Notes:
- Sfd

- N/A