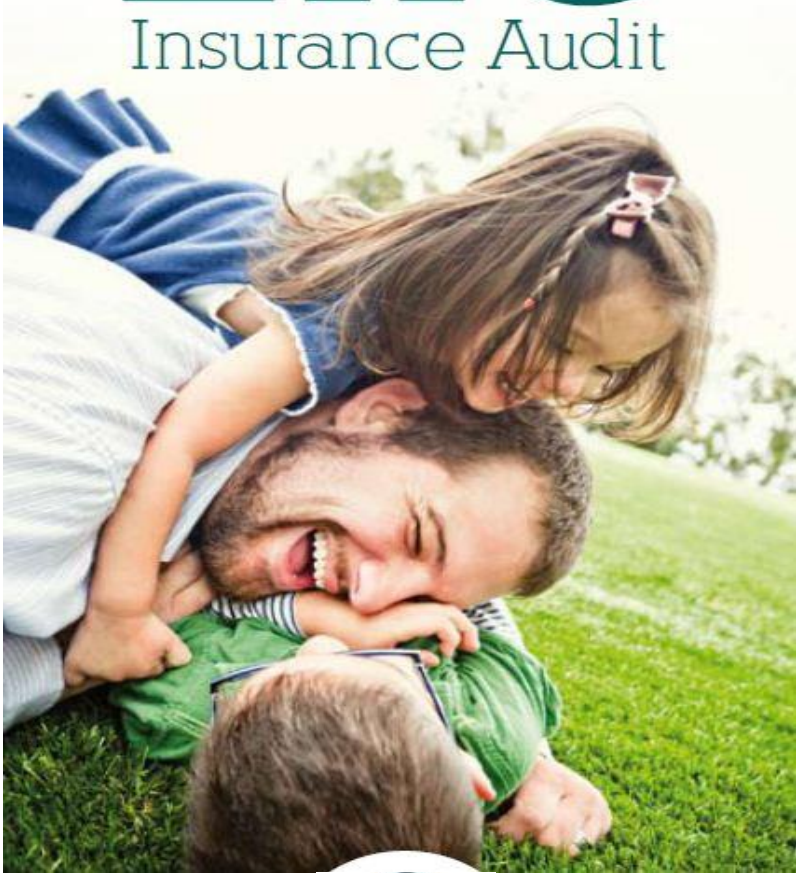


# Insurance Audit Fact Find

# Life Insurance Audit



(03) 365 4460  
office@ksl.co.nz  
ksl.co.nz



**TAILORED**  
INSURANCE  
SOLUTIONS

<b>Client Name(s):</b>	
<b>KSL Adviser Name:</b>	
<b>Date of Meeting:</b>	

## Scope of service agreement

KSL provide at no cost or obligation a Second Opinion Insurance Audit of your personal and business insurance arrangements which will include a review of life, trauma, total and permanent disablement, income protection and medical insurance.

KSL will also provide a pre-claims assessment and recommendations if appropriate.

The following are the areas of personal risk management advice that you are requesting from me as well as any other specific objectives or limitations of our engagement.

Unless an expressed limitation to this process is noted below, our discussions and my advice will be in relation to assisting you and/or your family's financial security in the event of:

- |                          |   |                                  |
|--------------------------|---|----------------------------------|
| <input type="checkbox"/> | Pre-claims assessment                                     |                                  |
| <input type="checkbox"/> | Untimely death  | (Life Insurance)                 |
| <input type="checkbox"/> | Suffering a serious illness or disability                 | (Trauma Insurance)               |
| <input type="checkbox"/> | Suffering a permanent disability                          | (Permanent Disability Insurance) |
| <input type="checkbox"/> | Losing regular income through sickness or disability      | (Income Protection Insurance)    |
| <input type="checkbox"/> | Requiring timely hospital or specialist treatment         | (Health Insurance)               |
| <input type="checkbox"/> | A combined personal risk audit including all of the above |                                  |

## Fees and charges

KSL provides our service at no cost. KSL is remunerated from commission received from the insurance companies where new or upgraded business is placed. KSL also receives commission on a renewal basis.

## Privacy

1. It is understood that any information gathered for this advice engagement is personal and I/We undertake to keep this information confidential and secure.
2. The Privacy Act 1993 gives you the right to request access to and correction of this information.
3. Information provided by you or any third party authorised by you will be used by me/us for the purpose of providing advice to you and may also be used by any:
  - (i) Product or service provider when implementing any of my/our recommendations or variations thereof
  - (ii) Legal or compliance advisers or assessors of me/us, or by any claims investigators who may need access to such information
  - (iii) Other professionals such as solicitors, accountants, finance brokers, financial planners when such services are required to complement this advice and as requested by you
4. The information will be held by me/us at the address stated on my/our Disclosure Statement.
5. All information supplied will be maintained under the Privacy Act 1993 provisions and will be for the purpose of updating the records of KSL and providing a Second Opinion Insurance Audit.

## Acknowledgements

The information I/we have provided in this Fact Find is accurate to the best of my/our knowledge.

I/we acknowledge that I/we have received the KSL Disclosure Statement and understand the information relating to the privacy Act 1993, the method in which KSL is remunerated, and have completed this form in favour of the Scope of Service as indicated above:

**Client Name:** .....

**Client Name:** .....

**Signature:** .....

**Signature:** .....

**Date:** .....

**Date:** .....

## Personal Details

Client 1

Client 2

Title	<input type="text"/>	<input type="text"/>
Family name	<input type="text"/>	<input type="text"/>
Given names	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Your age now	<input type="text"/>	<input type="text"/>
Female/Male	<input type="text"/>	<input type="text"/>
Smoker/Non-smoker	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>

## Children and other dependants

Date of birth

Dependent

Name	<input type="text"/>	<input type="text"/>	No / Yes until age <input type="text"/>
Name	<input type="text"/>	<input type="text"/>	No / Yes until age <input type="text"/>
Name	<input type="text"/>	<input type="text"/>	No / Yes until age <input type="text"/>
Name	<input type="text"/>	<input type="text"/>	No / Yes until age <input type="text"/>

## Contact details

Address	<input type="text"/>		
City/Suburb	<input type="text"/>	Post Code	<input type="text"/>
Mailing Address (if different)	<input type="text"/>		

Client 1

Client 2

Home	<input type="text"/>	<input type="text"/>
Work	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

## Preferred contact

Home  Work  Mobile  Email

## Receiving information from KSL

As a client of KSL, you are entitled to receive ongoing newsletters and material as part of our service to you. We can provide these in various formats. Please select what you prefer:

Print  Email  Please do not send me updates

## Employment Details

Client 1

Client 2

Company name	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employment Status (e.g. full-time, self employed)	<input type="text"/>	<input type="text"/>
If self employed (sole proprietor, partnership, company)	<input type="text"/>	<input type="text"/>
Type of business	<input type="text"/>	<input type="text"/>

## Salary Details

Client 1

Client 2

Total salary package	<input type="text"/>	<input type="text"/>
Turnover (if self employed)	<input type="text"/>	<input type="text"/>
Other income (e.g. bonuses, dividends, etc)	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Type of business	<input type="text"/>	<input type="text"/>
Date Joined	<input type="text"/>	<input type="text"/>

## Assets (what you own)

### Personal assets

Description	Owner	Market Value (\$)
Principal residence (home)		\$
Car(s)		\$
Other (boat, caravan, etc)		\$
		\$
<b>Total</b>		\$

### Cash / Term deposit / Fixed interest

Description	Bank / Institution	Owner	Interest Rate	Maturity Date	Current Value (\$)
					\$
					\$
					\$
					\$
<b>Total</b>					\$

### Superannuation

Type (pension, super, annuity etc)	Name of Provider/Fund	Account no.	Owner	Current value (\$)
				\$
				\$
				\$
<b>Total</b>				\$

## Liabilities (what you owe)

Description	Lender	Owner	Amount Owing (\$)
Mortgage (home)			\$
Holiday Home			\$
Investment Property			\$
Vehicle Loan			\$
Credit cards			\$
Hire Purchase			\$
Overdraft			\$
Business Debt			\$
Student Loan			\$
Personal Guarantees			\$
<b>Total</b>			\$

## Personal Insurances

Client Name: .....

Details	Benefits	Owner (e.g. you, partner, Trust, etc)	Sum Insured	Premium & Frequency	Conditions / loadings
<b>Life</b>	<input type="checkbox"/> Terminal Illness		\$	\$ <i>per</i>	
<b>TPD</b>	<input type="checkbox"/> Buyback <input type="checkbox"/> Any Occupation <input type="checkbox"/> Own Occupation		\$	\$ <i>per</i>	
<b>Trauma</b>	<input type="checkbox"/> Early Stage Cancer <input type="checkbox"/> Buy Back		\$	\$ <i>per</i>	
<b>Kids Trauma</b>			\$	\$ <i>per</i>	
<b>Income Protection</b>	<input type="checkbox"/> Waiting Period <input type="checkbox"/> Benefit period		\$	\$ <i>per</i>	
<b>Medical</b>	<input type="checkbox"/> Specialist & Testing Excess Amount \$		\$	\$ <i>per</i>	
<b>Business Insurance</b>	Notes:		\$	\$ <i>per</i>	

Client Name: .....

Details	Benefits	Owner (e.g. you, partner, Trust, etc)	Sum Insured	Premium & Frequency	Conditions / loadings
<b>Life</b>	<input type="checkbox"/> Terminal Illness		\$	\$ <i>per</i>	
<b>TPD</b>	<input type="checkbox"/> Buyback <input type="checkbox"/> Any Occupation <input type="checkbox"/> Own Occupation		\$	\$ <i>per</i>	
<b>Trauma</b>	<input type="checkbox"/> Early Stage Cancer <input type="checkbox"/> Buy Back		\$	\$ <i>per</i>	
<b>Income Protection</b>	<input type="checkbox"/> Waiting Period <input type="checkbox"/> Benefit period		\$	\$ <i>per</i>	
<b>Medical</b>	<input type="checkbox"/> Specialist & Testing Excess Amount \$		\$	\$ <i>per</i>	
<b>Business Insurance</b>	Notes:		\$	\$ <i>per</i>	

## Other Advisers

Description	Name	Address	Telephone
Accountant / Business Adviser			
Lawyer/Solicitor			
Other			

## Attitude to insurance /Risk tolerance

Client 1

Client 2

### In the event of an untimely death, accident or serious illness:

Would your family be able to live without financial hardship in the event that you or your partner should die?

Yes / No

Yes / No

Do you have an alternative source of income in the event of serious illness or disability?

Yes / No

Yes / No

Would you prefer to be debt free?

Yes / No

Yes / No

Do you have/or are you prepared to sell your assets (excluding your family home and contents) to meet the ongoing living costs of your family?

Yes / No

Yes / No

Do you wish to provide an ongoing income to your dependants in the event of death. Please state preferred amount (after tax) and for how long?

Yes / No  
amount \_\_\_\_/\_\_\_\_years

Yes / No  
amount \_\_\_\_/\_\_\_\_years

How long could you continue to live without earning an income?

30/60/90 days or other

30/60/90 days or other

If other please specify:

## Your Goals and objectives

Short term – 1 to 3 years (e.g. saving for car, wedding, children, etc)

---



---



---

Medium term – 3 to 5 years (e.g. a house, overseas trip, pay off debt, etc)

---



---



---

Long term – 5 year + (e.g. retirement funding, larger home, etc)

---



---



---

## Activities

Do you participate in or undertake any hazardous activities or pursuits (e.g. car racing, scuba diving, parachuting, private flying, etc)

---



---



---

