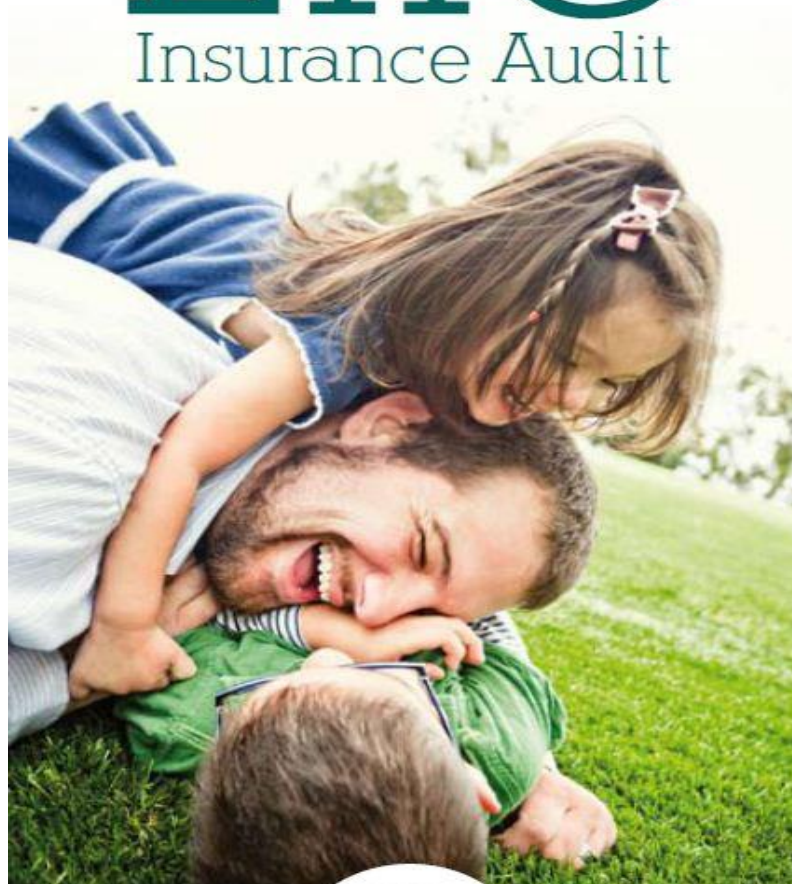


Insurance Audit Fact Find

Life

Insurance Audit



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



TAILORED
INSURANCE
SOLUTIONS

| | |
|--------------------------|----------------------|
| Client Name(s): | <input type="text"/> |
| KSL Adviser Name: | <input type="text"/> |
| Date of Meeting: | <input type="text"/> |

Scope of service agreement

As part of our service commitment to our clients we are offering on an annual basis at no cost or obligation an audit of your personal and business insurance arrangements. This involves the identification of the financial risks that you, your family, and your business face and the extent that these can be minimised through the appropriate use of income protection, trauma, disablement, life, and medical insurance.

As part of our review process we will provide you with a pre-claims assessment based on your existing insurance programme and identify areas that you may want to consider making changes to.

Unless you have expressly advised us otherwise, our advice will be in relation to you and/or your family's financial security in the event of:

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

Fees and charges

We provide our service at no direct cost to our clients. We receive commission from the insurance companies where new or upgraded business is placed. We also receive commission on annual policy renewals. Our advisers, Kevin Seque and Brian Seque, as independent contractors receive 64% of the commission KSL Insurance Limited receives from the insurance company on completion of the underwriting and issue of policies.

Privacy

1. It is understood that any information gathered for this advice engagement is personal and 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 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 our recommendations or variations thereof
 - (ii) Legal or compliance advisers or assessors of 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 us at the address stated on 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 Pre-Claims Insurance Audit Assessment.

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 Insurance Limited's 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

| | | | |
|---------------|-----|--------|------------|
| Full Name (a) | M/F | D.O.B. | Smoker Y/N |
| Full Name (b) | M/F | D.O.B. | Smoker Y/N |

Children and other dependants

Dependent

| | | | |
|-----------|-----|--------|--------------------------|
| Full Name | M/F | D.O.B. | No / Yes until age _____ |
| Full Name | M/F | D.O.B. | No / Yes until age _____ |
| Full Name | M/F | D.O.B. | No / Yes until age _____ |

Contact details

Address _____

City/Suburb _____ Post Code _____

Telephone / Mobile _____

Email _____

Employment Details

| | |
|--|-------------------------|
| Employer (a) | Salary package: |
| Occupation | Full / Part Time / Self |
| If self employed (sole proprietor, partnership, company) | Type of business |
| Employer (b) | Salary package: |
| Occupation | Full / Part Time / Self |
| If self employed (sole proprietor, partnership, company) | Type of business |

Professional Advisers

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

Attitude to insurance /Risk tolerance

Client (a)

Client (b)

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 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

In the event of a major crisis do you have/or are you prepared to sell assets (excluding your home) 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

Yes / No

amount ____/____years amount ____/____years

How long could you continue to financial survive 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)

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

Statement of Financial Position

| Description | Market Value | Mortgage / Loans |
|-----------------------------------|--------------|------------------|
| Principal residence (home) | \$ | \$ |
| Car(s) | \$ | \$ |
| Other Assets (boat, caravan, etc) | \$ | \$ |
| Investments | \$ | \$ |
| Kiwisaver | \$ | |
| Other Debt | | \$ |
| Student Loan | | \$ |
| Totals | \$ | \$ |
| Total | | \$ |

Personal Insurances

Client Name (a):

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

Client Name (b):

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

Activities & Lifestyle

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

Existing health conditions / Hereditary conditions / Medications



INSURANCE

TAILORED
INSURANCE
SOLUTIONS

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

LOCATION:
KSL Insurance Limited
Unit 13, First Floor
987 Ferry Road, Ferrymead
Christchurch 8023

POSTAL:
KSL Insurance Limited
PO Box 1344
Christchurch 8140

ksl.co.nz

**APPOINTMENT OF AGENT
AND
FULL DISCLOSURE AUTHORITY**

TO: KSL INSURANCE LIMITED

I/we the person/s named below HEREBY APPOINT:

KSL Insurance Limited and/or its associated companies (all hereinafter referred to as "KSL Insurance") to act on my/our behalf as my/our agent/s in relation to the disclosures set out in the Schedule hereto and all related matters.

KSL Insurance to undertake an Insurance Audit of our current Insurance and Financial arrangements and to obtain all information required to undertake such Audit.

TO: WHOM IT MAY CONCERN

I/we the person/s named below HEREBY AUTHORISE REQUEST AND INSTRUCT you to make available to KSL Insurance in terms of this authority any information and records relating to my/our business affairs (including in particular but not way of limitation information relating to me/us and to the matters listed in the Schedule hereto) which may be required by KSL Insurance and which is the subject of a written request addressed to you by KSL Insurance.

This authority is given in accordance with The Privacy Act 1993 and shall remain in full force and effect until revoked by either party in writing specifically addressed to the other at their last known address.

Dated this _____ day of _____ 20__

THE SCHEDULE

MATTERS THE SUBJECT OF THE ABOVE WRITTEN AUTHORITY:

Any information and records relating to my/our present and/or future insurance, policies and financial arrangements with the company to enable KSL Insurance Limited to undertake a full Insurance Audit of our existing insurance program.

Name(s):

DOB: / /.....

Address:
.....

Signature: