

Name: _____ DOB: DD / MM / YY _____ Occupation: _____

Name: _____ DOB: DD / MM / YY _____ Occupation: _____

BENEFITS

PRIORITY

	Vital	I Want it	Unimportant	Not Required
Life Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Protection / Mortgage Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OBJECTIVES

Get a reasonable package of insurance cover for my budget and circumstances	<input type="checkbox"/>
Get the ideal / best cover possible for my circumstances	<input type="checkbox"/>
Review all my current cover and amounts	<input type="checkbox"/>
Save money on my current premiums	<input type="checkbox"/>
Consider adding to my insurance cover	<input type="checkbox"/>
Look at whether I need any of this insurance	<input type="checkbox"/>
Take care of my family if I cannot work	<input type="checkbox"/>
Clear all my debts if I die	<input type="checkbox"/>
Look after my children in any event	<input type="checkbox"/>
Ensure my family keep their home if I cannot work due to sickness, illness, or death	<input type="checkbox"/>
Other:	

EXISTING INSURANCE

Life insured	Policy Owner	Benefit	Sum Insured	Insurer	Keep or Review

NOTES:

INCOME AND EXPENSES	CLIENT A	CLIENT B
Earned Income (Gross)	\$	\$
Investment Income	\$	\$
Regular Saving (excluding KiwiSaver)	\$	\$

ASSETS AND LIABILITIES

KiwiSaver Balance	\$	\$
-------------------	----	----

Joint Assets and Liabilities

Savings / Cash at hand	\$	
Assets excluding your home	\$	
Home loan balance outstanding	\$	Payment (Annual) \$
Other debts balance	\$	Payment (Annual) \$

LIFE INSURANCE	CLIENT A	CLIENT B
Total Mortgage Owning	\$	\$
Total Other Debts	\$	\$
Funeral Cost (average cost \$15,00)	\$	\$
Family Expense (annual income x number of years until youngest child is 18 or minimum 2 years if no children)	\$	\$
Education Fund (\$5,000 per child for 3 years)	\$	\$
Total Life Cover Required	\$	\$

COMMENTS:

TRAUMA INSURANCE	CLIENT A	CLIENT B
Replacement Income (2 years average income)	\$	\$
Total Trauma Cover Required	\$	\$

COMMENTS:

TPD INSURANCE	CLIENT A	CLIENT B
Total Mortgage & Other Debts Owning	\$	\$
Family Expense (annual income x number of years until youngest child is 18 or minimum 2 years if no children)	\$	\$
Recovery Fund (3 years average salary)	\$	\$
Total TPD Cover Required	\$	\$

COMMENTS:

INCOME PROTECTION INSURANCE	CLIENT A	CLIENT B
Annual Income - Base Salary	\$	\$
Annual Rental Income Received	\$	\$
Mortgage Repayments (Monthly)	\$	\$
Total Income Protection Cover Required (Maximum of 75%)	\$	\$

COMMENTS: