



Client Fact Find

Kenneth Weerasiri
Financial Planner
Authorised Representative No. 319910

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Corporate Authorised Representative No. 402403
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Part A – Must be completed and signed in all cases.

Important Notice To Clients

The Corporations Act 2001 requires that an adviser making financial recommendations must have reasonable grounds for making those recommendations. This means that an adviser must conduct an appropriate investigation as to the financial objectives, situation and particular needs of the client. The information requested in this form will allow the adviser to provide recommendations to the client and will be used solely for that purpose. We accept no liability for any advice given on the basis of inaccurate or incomplete information.

Client (1) Name:

Client (2) Name:

Adviser Name: KENNETH WEERASIRI

First Interview Date:

Completed:

In Person

By Phone

Next Interview Date:

Date FSG & Adviser Profile Provided:

FSG Distributed by:

Mail

Email

By hand

Referred by:

REASONS FOR SEEKING ADVICE (SCOPE)

PLEASE NOTE THE ADDITIONAL SECTIONS BELOW TO BE COMPLETED		Advice Required	Additional mandatory sections to be completed
WEALTH CREATION	Investment and savings (non-superannuation).	<input type="checkbox"/> Y <input type="checkbox"/> N	Part B-Wealth Creation
	Ongoing investment portfolio management.	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Tax effective wealth creation.	<input type="checkbox"/> Y <input type="checkbox"/> N	
WEALTH PROTECTION	Personal insurance (excluding general insurance & private health insurance).	<input type="checkbox"/> Y <input type="checkbox"/> N	Part B-Wealth Protection
SUPERANNATION AND RETIREMENT PLANNING	Save and plan for your retirement goals.	<input type="checkbox"/> Y <input type="checkbox"/> N	Part B-Super and Retirement Part B-Wealth Creation
	Commence a retirement income stream and maximise government social security benefits.	<input type="checkbox"/> Y <input type="checkbox"/> N	

MY GOALS & OBJECTIVES

Goals: <i>Example, holiday, start a family, buy a car, retire earlier, downsize/upgrade family home.</i>	Estimated Date of Expense	Estimated Cost (in today's \$)	Client 1	Client 2
	/ /	\$	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	\$	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	\$	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	\$	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	\$	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	\$	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	\$	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	\$	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	\$	<input type="checkbox"/>	<input type="checkbox"/>

MY PERSONAL DETAILS

	Client 1	Client 2
Title:	Mr / Mrs / Ms / Other: _____	Mr / Mrs / Ms / Other: _____
Surname:		
Given Names:		
Preferred Name:		
Date of Birth:	/ /	/ /
Place of Birth:		
Nationality:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
	<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Separated
	<input type="checkbox"/> Engaged <input type="checkbox"/> De Facto	<input type="checkbox"/> Engaged <input type="checkbox"/> De Facto
	<input type="checkbox"/> Widowed <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> Widowed <input type="checkbox"/> Other: (specify)
Tax Resident Status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Resident Status:	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Foreigner <input type="checkbox"/> Working Visa	<input type="checkbox"/> Foreigner <input type="checkbox"/> Working Visa

Name of any Children/Dependants	Relationship	Date of Birth	Sex (M/F)	Financially Dependant	Dependant Until Age
		/ /		<input type="checkbox"/> Y <input type="checkbox"/> N	
		/ /		<input type="checkbox"/> Y <input type="checkbox"/> N	
		/ /		<input type="checkbox"/> Y <input type="checkbox"/> N	
		/ /		<input type="checkbox"/> Y <input type="checkbox"/> N	

MY INTERESTS

eg: Favourite sport, hobbies and interests

Client 1:
Client 2:

MY CONTACT DETAILS

Residential Address:	Street :	
	Suburb:	
	State:	Postcode:
Postal Address:	Street :	
	Suburb:	
	State:	Postcode:
Business Address:	Street :	Street :
	Suburb:	Suburb:
	State:	Postcode:
	State:	Postcode:
	State:	Postcode:
	State:	Postcode:

Home Phone:		
Personal Mobile:		
Personal Email:		
Business Phone:		
Business Mobile:		
Business Email:		
Other:		
Preferred Contact Method/Time:		

Next of Kin Name:		
Next of Kin Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other
Phone:		

MY EMPLOYMENT

	Client 1	Client 2
Occupation:		
Job Title:		
Employment Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired
	<input type="checkbox"/> Substantially Self employed	<input type="checkbox"/> Substantially Self employed
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Position:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	<input type="checkbox"/> Casual <input type="checkbox"/> Contractor	<input type="checkbox"/> Casual <input type="checkbox"/> Contractor
	No. of Hours per week if Casual/PT _____	No. of Hours per week if Casual/PT _____
If Self Employed:	<input type="checkbox"/> Incorporated <input type="checkbox"/> Sole Trader	<input type="checkbox"/> Incorporated <input type="checkbox"/> Sole Trader
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
If you are not self-employed, when did you last work for 10 hours or more in one week?		
Employer Details:	Name:	Name:
	Phone:	Phone:
Qualifications:		
Date commenced current employment / self employment:	/ /	/ /
Does your current employer allow Salary Sacrifice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to change employment in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received an Employer Termination Payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please complete Part C - ETP Worksheet</i>		

MY INCOME

	Client 1	Client 2
Salary / Wages:		
(*Please circle) Weekly / Fortnightly / Monthly / Yearly *	\$	\$
Bonus / Profit Share / Commission:	\$	\$
Reportable Fringe Benefits:	\$	\$
Other Taxable Income (including investment income):	\$	\$
Tax-free Income:	\$	\$
Overseas Income:	\$	\$
Other Income:	\$	\$
Is the above income expected to change over the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:		
If self employed, ABN Holder:		
Taxable personal exertion income:		
Last Financial Year: (/)	\$	\$
Previous Financial year: (/)	\$	\$

	Client 1	Client 2
Do you currently receive any Centrelink or Dept. Veteran Affairs (DVA) benefits?	<input type="checkbox"/> Centrelink <input type="checkbox"/> DVA <input type="checkbox"/> Nil	<input type="checkbox"/> Centrelink <input type="checkbox"/> DVA <input type="checkbox"/> Nil
Pension/Allowance Type:	<input type="checkbox"/> Age <input type="checkbox"/> FTB <input type="checkbox"/> Disability <input type="checkbox"/> Veterans <input type="checkbox"/> Sole Parent <input type="checkbox"/> Other (specify) <input type="checkbox"/> Newstart _____	<input type="checkbox"/> Age <input type="checkbox"/> FTB <input type="checkbox"/> Disability <input type="checkbox"/> Veterans <input type="checkbox"/> Sole Parent <input type="checkbox"/> Other (specify) <input type="checkbox"/> Newstart _____
Fortnightly Pension/Allowance:	\$	\$
Value & date of any gifted assets in the last five years?	\$ _____ Date: _____	\$ _____ Date: _____
	\$ _____ Date: _____	\$ _____ Date: _____
	\$ _____ Date: _____	\$ _____ Date: _____
Client Reference Number (CRN):		

MY EXPENSES

You may use the full Expense Calculator- Part C Worksheet to further assist you in calculating your actual expenses in order to complete the tables below.

Type	Amount \$	Frequency Weekly/Monthly/Quarterly/ Annually	Total \$ (Amount x Frequency)
Housing			
Personal			
Transport			
Entertainment			
Dependants			
Loans			
Insurance			
Total			\$ p.a.

	Client 1		Client 2	
	<input type="checkbox"/> Weekly (net)	<input type="checkbox"/> Annual (net)	<input type="checkbox"/> Weekly (net)	<input type="checkbox"/> Annual (net)
	<input type="checkbox"/> Monthly (net)	<input type="checkbox"/> Joint	<input type="checkbox"/> Monthly (net)	<input type="checkbox"/> Joint
Non Tax Deductible Expenses (Living Expenses):				
Tax Deductible Expenses:				
Are the above expenses expected to change over the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details:				

One-off additional income/expense amounts

Description	Income or Expense	Amount	Date
			/ /
			/ /
			/ /

MY ASSETS & LIABILITIES

LIFESTYLE ASSETS AND LIABILITIES (non- tax deductible)

Example, family home/mortgage/contents, motor vehicle/loan, personal loan, credit card.

Asset	Owner	Market/Insured Value \$	Original Loan Amount/Credit Limit \$	Current Loan Balance (\$) /Term (Months)	Repayment Amount \$ per period	Type of Loan & Interest Rate (Interest Only/P&I) % Rate
Family Home/Mortgage:						
Motor Vehicle :						
Other:						
Other:						
Other:						
Other:						
Other:						

INVESTMENT ASSETS & LIABILITIES (excluding Superannuation – please refer to table below)

Note: For managed funds, you may supply details by attaching statements. We invite you to complete the 'Authority to Request and Receive Financial Information' worksheet. This will allow us to contact your product providers and collect necessary data regarding your investment products.

Asset/Property	Owner	Market/Insured Value \$	Original Loan Amount/Credit Limit \$	Current Loan Balance (\$) /Term (Months)	Repayment Amount \$ per period	Type of Loan & Interest Rate (Interest Only/P&I) % Rate

SUPERANNUATION ASSETS

Superannuation	Owner	Value \$	Insurance Inside Super Fund Y/N

STRUCTURES

Do you have any companies/trusts or partnerships?

Yes

No

If yes, please complete the Part C - 'Structures' worksheet.

MY CURRENT PROFESSIONAL ADVISERS

Type	Name/Company	Phone/Email
Solicitor		
Accountant		
Stockbroker		
Insurance Adviser		
Investment Adviser		

Do the above advisers have an 'Authority to share information' on file? *If no, please complete the Part C - 'Authority to disclose' worksheet*

CLIENT ACKNOWLEDGEMENT

PRIVACY NOTICE

The Aon Group of companies have always valued the privacy of personal information. When we collect, use, disclose or handle personal information, we will be bound by the Privacy Act 1988. We collect personal information to offer, provide, manage and administer the many financial services and products our group of companies are involved in. These include financial planning, superannuation, investment advisory services, insurance broking and claims management, risk management consulting, other forms of insurance services (including underwriting of insurance products and reinsurance), employee benefits, and premium financing. We also collect it to be able to develop, establish and administer alliances and arrangements with other organisations in relation to the promotion, administration and use of our respective products and services.

We disclose personal information to third parties who we believe are necessary to assist us in providing the relevant services and products to our clients. For instance, we disclose personal information to the relevant product provider and their representatives, our agents and contractors and related companies. We limit, however, the use and disclosure of any personal information provided by us to such third parties to the specific purpose for which it was supplied. When you give us personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

If you collect, use, disclose or handle personal information on our behalf, or receive it from us, you and your representatives must meet the relevant requirements of the National Privacy Principles set out in the Privacy Act 1988 (Cth) and you must only use such information for the specific agreed purpose(s). If you would like a copy of our Privacy Policy, or wish to seek access to or correct the personal information we collected or disclosed about you, please telephone or email your Aon contact or access our [website www.aon.com.au](http://www.aon.com.au).

FINANCIAL SERVICES GUIDE AND ADVISER PROFILE				<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We acknowledge that I/we have received, read and fully understood the Aon Hewitt Financial Advice Limited Financial Services Guide Version 9, dated 1 May 2011.				
TAX FILE NUMBER AUTHORISATION				<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We give permission for my/our Tax File Number(s), as provided to be held by my adviser, an Authorised Representative of Aon Hewitt Financial Advice Limited, to be forwarded to financial institutions as requested or as necessary.				
Client (1) TFN		Client (2) TFN		
CLIENT STATEMENT				<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ I/We hereby declare that the information set out in this form is true and correct to the best of my/our knowledge. ▪ I/We are not aware of any other information and have not disclosed to the person to whom this form is given any other information, which would be relevant to the making of a recommendation, by an Authorised Representative. ▪ I/We give permission for this information to be used for the preparation of my/our Statement of Advice and I/we understand that the recommendations will be solely based on the information supplied in this form and obtained under the completed 'Authority to Obtain Information' form. 				
<ul style="list-style-type: none"> ▪ Acknowledge that I/we have not supplied all personal information 				

<ul style="list-style-type: none"> ▪ Acknowledge that my/our Adviser has provided me/us with the following warning as I/we have not supplied all information that might be relevant to the advice being provided: <ul style="list-style-type: none"> ○ As your Adviser I have not been able to assess your financial needs and objectives as you have declined to provide full details of your personal financial position. ○ Due to the defined scope of the advice, you need to consider the effect of this advice on your objectives, financial situation, and needs before implementing where the information you have provided is incorrect or incomplete and the recommendations have been made, based on this information given. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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RELEASE OF INFORMATION - THIRD PARTIES
I/We give permission for our personal information being forwarded to the following individuals and/or companies: Yes No

Name of Individual/Company	Capacity of Individual/Company	Personal Information to be Released (Please select)	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

CLIENT LIMITED ADVICE STATEMENT

Legislation requires that the Authorised Representative must “know the client” before making any recommendations. However, there is provision that in certain circumstances an Authorised Representative may supply limited advice.

If you are seeking limited advice of a particular nature, you must make this known at the time of the interview and you should recognise that the recommendations will only relate to that limited advice being sought.

I/We require only limited advice in relation to:

REQUEST FOR PREPARATION OF STATEMENT OF ADVICE

I/ We wish to proceed with a Statement of Advice prepared by Kenneth Weerasiri (Authorised Representative) and based on our discussions. We agree to pay a fee of \$_____ (GST inclusive) for the preparation of a Statement of Advice.

Please note that an identity check may be required to ensure adherence to Anti Money Laundering and Counter Terrorist Funding Legislation. Your financial adviser will request that you complete this where necessary. The worksheet is providing in Part C – Worksheets.

Signed: _____ **Signed:** _____

Client (1) Name: _____ **Client (2) Name:** _____

Date: _____ / _____ / _____ **Date:** _____ / _____ / _____

Signed: _____ **Date:** _____ / _____ / _____

Adviser Name: _____

MY EXPENSES

		Amount (\$)	Frequency	Total (pa)
NON-DEDUCTIBLE EXPENDITURE				
Housing	Rent			
	Water Rates			
	Council Rates			
	Telephone / Internet			
	Electricity / Gas			
	Insurance (Home, Contents)			
	Appliances			
	Maintenance			
	Other			
Personal	Groceries / Household			
	Clothing / Shoes			
	Medical / Dental			
	Mobile Phone			
	Education			
	Donations			
	Other			
Transport	Registration / Insurance			
	Maintenance / Repairs			
	Public Transport / Taxis			
	Petrol			
	Parking			
	Other			
Entertainment	Holidays			
	Restaurants / Outings			
	Sports / Memberships			
	CDs/ Books / Magazine			
	Gifts			
	Other			
Dependants	Child Care			
	School Fees			
	Other			
	Other			
Loans	Mortgage			
	Credit Card(s)			
	Car Loan(s)			
	Personal Loan(s)			
	Other			
Insurance	Life Insurance			
	Medical Insurance			
	Other			
	Other			
TOTAL				
TAX-DEDUCTIBLE EXPENDITURE				
Additional Expenditure	Investment Loan(s)			
	Insurance (e.g. Income Protection)			
	Memberships			
	Professional Texts			
	Subscriptions			
	Other			
TOTAL				

CLIENT FACT FIND – Part B - Wealth Protection

MY PERSONAL INSURANCE

What type of cover do I need?

Type of Cover	Client 1	Client 2
Income Protection - Protecting your ability to earn an income and provide for yourself and / or your family.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Trauma cover - Lump-sum cover for heart attack, stroke, cancer and many other listed traumatic health conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Total and Permanent Disability (TPD) cover - Lump-Sum on inability to ever work again.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Term Life - A lump-Sum upon passing away or terminally ill.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Income Protection	Client 1	Client 2
Do you want to maintain your current standard of living in the event of serious illness or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you want to protect the maximum allowable amount of your income against loss of employment through illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you want to be able to continue your loan repayments for your geared investments which are reliant on your income?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you want to implement a policy as soon as possible as your employer/business associate requires a policy to be in place under your contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
How many days of sick leave have you accrued?		
How many days of annual leave do you have accrued?		
How long do you think could you go without your regular income?		
How long do you want your monthly benefit to be paid for?		

Term Life, TPD, Trauma Please answer the questions below by placing one of the following options in each of the fields for Death, Trauma, and TPD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Client 1			Client 2		
	Death	TPD	Trauma	Death	TPD	Trauma
Do you want to provide a debt free home for your family and dependants?						
Do you want to pay out any other debt?						
Do you want to provide for funeral and estate expenses?						
Do you want to be able to provide for any out of pocket medical and home modification expenses?						
Do you want to provide for your children's education and welfare?						
Do you want to replace your lost family income?						
Do you wish to provide additional funds for your estate?						
Are you prepared to sell any of your assets?						
Will the surviving spouse work in the event of the death of the other?						

My Current Insurance Policies

Note: For your current insurance policies you may attach a policy statement. We invite you to complete the 'Authority to Request and receive financial Information' worksheet. This will allow us to contact your product providers and collect the necessary data regarding your insurance policies.

Term Life / TPD / Trauma / Endowment / Whole of Life

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company:					
Policy Number:					
Policy Type:					
Policy Owner:					
Life Insured:					
Superannuation Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of Cover (\$):					
Premium: <i>(amount and frequency)</i>					
Retain Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Income Protection

	Policy 1	Policy 2	Policy 3	Policy 4
Company:				
Policy Number:				
Policy Owner:				
Superannuation Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Benefit (\$):				
Benefit Period:				
Waiting Period:				
Premium: Premium: <i>(amount and frequency)</i>				
Retain Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

General Insurance

When will your general insurance be next reviewed / renewed?

Would you like a referral to a general insurance broker to obtain an alternative / new quote or to have your general insurance position reviewed?

<input type="checkbox"/> Yes <input type="checkbox"/> No

Private Health Insurance

Private Health Insurance held?

Provider:

Level of Cover:

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ancillary Cover Only <input type="checkbox"/> Hospital Cover Only <input type="checkbox"/> Combined Hospital and Ancillary	<input type="checkbox"/> Ancillary Cover Only <input type="checkbox"/> Hospital Cover Only <input type="checkbox"/> Combined Hospital and Ancillary

Please note that we are not authorised to provide advice on general and private health insurance.

If you completed details of your expenses in Part A of this booklet, you do not need to complete the table below. Please continue to page 2. If you have not disclosed your expenses, please indicate below:

I have chosen not to provide my expenditure details however confirm I can afford insurance premiums for the requested cover within a range of

Non-Disclosure of Expenditure

\$ _____ and \$ _____ per month

\$ _____ and \$ _____ per month

Insurance Worksheet – (Adviser Use Only)

Death	Client 1	Client 2
Immediate Needs		
Mortgage Discharge/Home Provision (e.g. rent)		
Total Outstanding Debts and Taxes		
Business Liabilities to be paid out on death or TPD (e.g. Personal Guarantees)		
Education funding (allow approx. \$5,000 per child) x (number of years remaining)		
Emergency Income (3-4 months of normal income)		
Final Expenses (e.g. Funeral, Executor, Probate)		
Sub-Total (A)		
Income Needs Amount of lump sum required to produce an income required to maintain lifestyle of Client 2 and children.		
Sub Total (B)		
Estate Assets (Realisable)		
Investment Assets (e.g. Shares, Managed Funds)		
Superannuation Assets		
Life Insurance (existing level of cover)		
Business Assets (secured by funded arrangements)		
Sub Total (C)		
Summary		
Immediate Needs (A)		
Income Needs (B)		
Total Estate Required (A + B) (D)		
Less Estate Assets (C)		
Estate Shortfall / Surplus (D – C) (E)		

Notes

TPD	Client 1	Client 2
Immediate Needs		
Mortgage Discharge/Home Provision (e.g. rent)		
Total Outstanding Debts and Taxes		
Business Liabilities to be paid out on death or TPD (e.g. Personal Guarantees)		
Education funding (allow approx. \$5,000 per child) x (number of years remaining)		
Emergency Income (3-4 months of normal income)		
Final Expenses (e.g. Funeral, Executor, Probate)		
Sub-Total (A)		
Income Needs Amount of lump sum required to produce an income required to		
Sub Total (B)		
Estate Assets (Realisable)		
Investment Assets (e.g. Shares, Managed Funds)		
Superannuation Assets		
Life Insurance (existing level of cover)		
Business Assets (secured by funded arrangements)		
Sub Total (C)		
Summary		
Immediate Needs (A)		
Income Needs (B)		
Total Estate Required (A + B) (D)		
Less Estate Assets (C)		
Estate Shortfall / Surplus (D – C) (E)		

Trauma	Client 1	Client 2
Medical Costs (to cover out-of-pocket health care costs)		
Funds for Extinguishment of Debt		
Lump Sum Capital (for nannies, home modifications)		
Lump Sum to provide additional income (to fill the 25% gap from income protection)		
Total Funds Required		
Less Cash Available for Realisable Assets		
Shortfall / Surplus		

Income Protection and Business Expenses Cover

Client 1

Client 2

Gross Annual Income (before tax) OR		
Gross Salary Package OR (A)		
Pre Tax Operating Profit		
Less Business Expenses (if applicable) (B)		
Net Annual Income (before tax) (A – B) (C)		
Maximum Allowable Annual Benefit (75% of net annual income) (C x 0.75) (D)		
Monthly insurable benefit (D / 12) (E)		
Less Existing Insurance (if applicable) (F)		
Insured Monthly Benefit Shortfall (before tax) (E – F) (G)		
Business Expenses Protection (B)		

INSURANCE QUESTIONNAIRE

	Client 1	Client 2
Smoker:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, have you ever been a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, date you quit:		
Education Qualifications		
Employment Duties:		
Health Status? This is your personal assessment of your current health status	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Height (approx)?		
Weight (approx)?		
Have you ever been declined for insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had insurance cover modified? (e.g. exclusions clause added)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had premiums with an additional premium loading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been hospitalised or treated for an injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:		
Are you currently taking any prescription medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:		

Do you participate in hazardous sports or hobbies?

Yes No

Yes No

If yes, provide details:

Is there a family history of illness or disease?

Yes No

Yes No

If yes, provide details:

Have you recently traveled outside Australia?

Yes No

Yes No

If yes, specify locations:



AA Financial Services & Insurance Pty Ltd

Corporate Authorised Representative Number: 402403

Kenneth Weerasiri

Authorised Representative Number :319910

Aon Hewitt Financial Advice Limited
Australian Financial Services Licence No. 239183
ABN: 13 091 225 642
Level 33, 201 Kent Street Sydney NSW 2000

Telephone: 0430 862 312
Fax: 03 9748 7989
Email: aafp@three.com.au
Address: 24 Crossway Av, Tarneit
VIC 3029

Authority to request and receive financial information

Re: Policy/Account _____; _____; _____; _____

To whom it may concern

I/we the undersigned, have requested **Kenneth Weerasiri** of **AA Financial Services & Insurance Pty Ltd** an Authorised Representative of Aon Hewitt Financial Advice Limited to review my/our financial affairs.

Accordingly I/we request any information they may require concerning any aspects of my/our insurance, superannuation, investment or any other financial products to be released to **Kenneth Weerasiri** and staff of AA Financial Services & Insurance Pty Ltd.

Please also accept a facsimile or photocopy of this authority as valid as the original will remain on file at the above offices.

Sincerely

Signature(s)

Date:

Client Details:

Name

Name

Date of Birth

Date of Birth

Address

Address

Phone Number

Phone Number

Email

Email

*Have a Will -

*Have Power of Attorney in place -