

Supplementary form – Existing Personal Insurance

Financial Planner	Date	/	/
Client name(s)			

Policy research

	Policy 1	Policy 2
Owner		
Insured		
Insurer		
Policy number		
Insured benefits	<input type="checkbox"/> Death \$ _____ <input type="checkbox"/> TPD \$ _____ <input type="checkbox"/> Trauma \$ _____ <input type="checkbox"/> Income Protection \$ _____ p.m. <input type="checkbox"/> Accidental death \$ _____ <input type="checkbox"/> Loan protection \$ _____ <input type="checkbox"/> Loan repayment cover \$ _____ p.m.	<input type="checkbox"/> Death \$ _____ <input type="checkbox"/> TPD \$ _____ <input type="checkbox"/> Trauma \$ _____ <input type="checkbox"/> Income Protection \$ _____ p.m. <input type="checkbox"/> Accidental death \$ _____ <input type="checkbox"/> Loan protection \$ _____ <input type="checkbox"/> Loan repayment cover \$ _____ p.m.
TPD – Definition	<input type="checkbox"/> Any <input type="checkbox"/> Own <input type="checkbox"/> Home duties	<input type="checkbox"/> Any <input type="checkbox"/> Own <input type="checkbox"/> Home duties
IP – Definition	<input type="checkbox"/> Agreed Value <input type="checkbox"/> Indemnity	<input type="checkbox"/> Agreed Value <input type="checkbox"/> Indemnity
IP – Waiting period	<input type="checkbox"/> 14 days <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 12 months <input type="checkbox"/> 2 years	<input type="checkbox"/> 14 days <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 12 months <input type="checkbox"/> 2 years
IP – Benefit period	<input type="checkbox"/> Age 60 <input type="checkbox"/> Age 65 <input type="checkbox"/> Age 70 <input type="checkbox"/> 2 years <input type="checkbox"/> 5 years	<input type="checkbox"/> Age 60 <input type="checkbox"/> Age 65 <input type="checkbox"/> Age 70 <input type="checkbox"/> 2 years <input type="checkbox"/> 5 years
Premium p.a.	\$	\$
Premium structure	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> Stepped <input type="checkbox"/> Level
Indexation linked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loadings		
Exclusions		

Policy features and benefits (if relevant to the clients’ needs, goals and objectives)

	Policy 1	Policy 2
Level premiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agreed value IP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Index linked	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit period to retirement age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Option to increase/decrease existing policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed level of cover (i.e. doesn’t reduce with age)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consequences of replacement (please detail where replacement recommended)

	Policy 1	Policy 2
Increased premium		
Health loadings		
Loss of loyalty discount		
Loss of benefit (i.e. suicide exclusion)		

Reasons for discounting the use of existing policies and replacement (as they relate directly back to the client’s goals and objectives as written in the DCV)

Policy 1	Policy 2