



GILL & CO 1999 LTD

Confidential **Consultation**

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# Process Agenda

WHAT AGENDA WE WILL BE FOLLOWING

## Step One

Who am I and What Our Brand Stands For  
What is Risk Management How to

☐

Understand Insurance

☐

### **Client Options**

Do not wish to Proceed ☐

Limited Advice ☐

Full Advice ☐

☐

Establish Terms of Scope of Service/Engagement

☐

## Step Two

Gather Client Facts and Information  
(Private and Confidential)

☐

## Step Three

Adviser Processes Information

☐

## Step Four

Present Findings

☐

Determine Priorities, Budget and Next Steps

☐

Complete Application

☐

## Step Five

Finalise Solution

☐

## Step Six

Present Policy Documents

☐

Establish Service Agreement

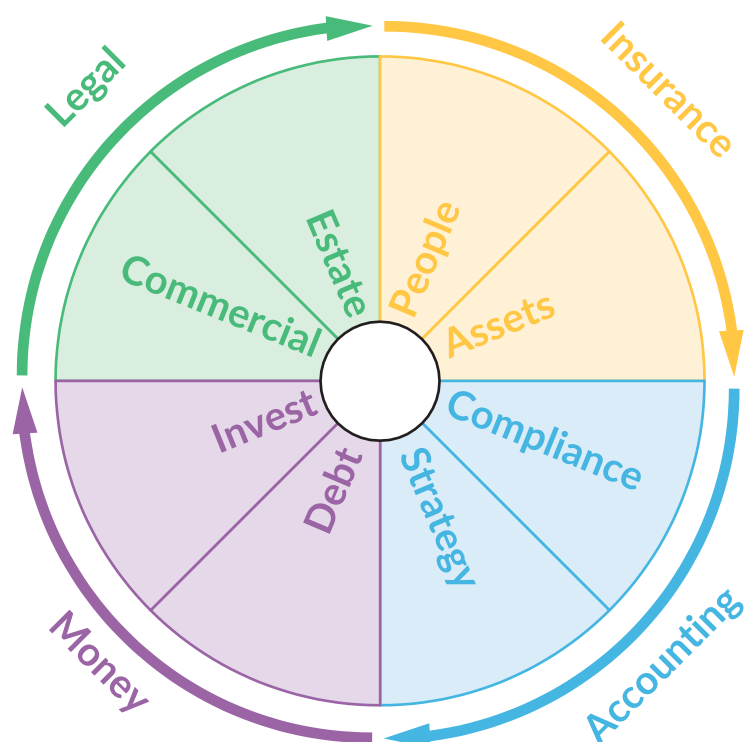
☐

Referrals

☐

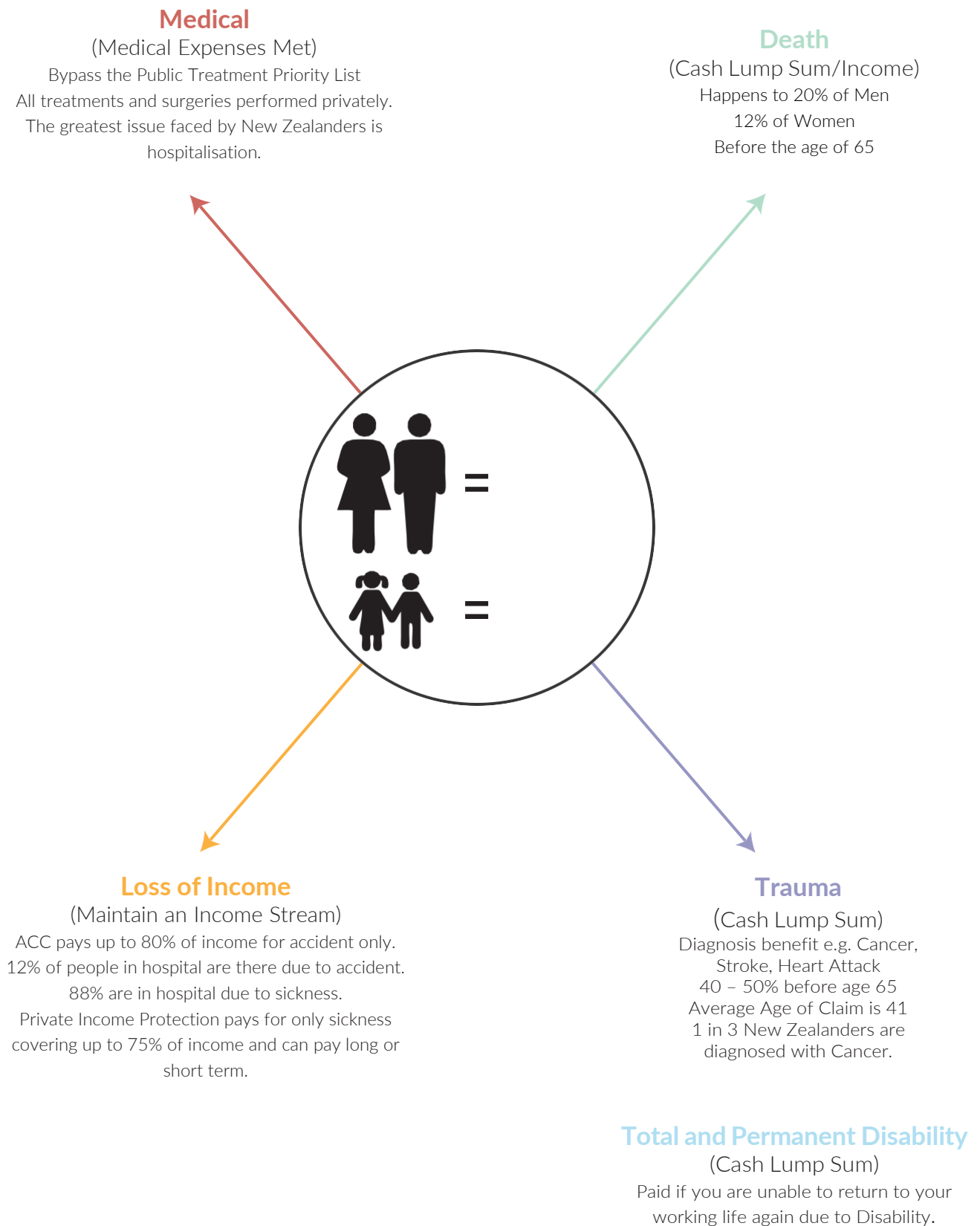
# Risk Management

HOW RISK MANAGEMENT FITS IN EVERYDAY LIFE



# Explanation Of Risk Insurance

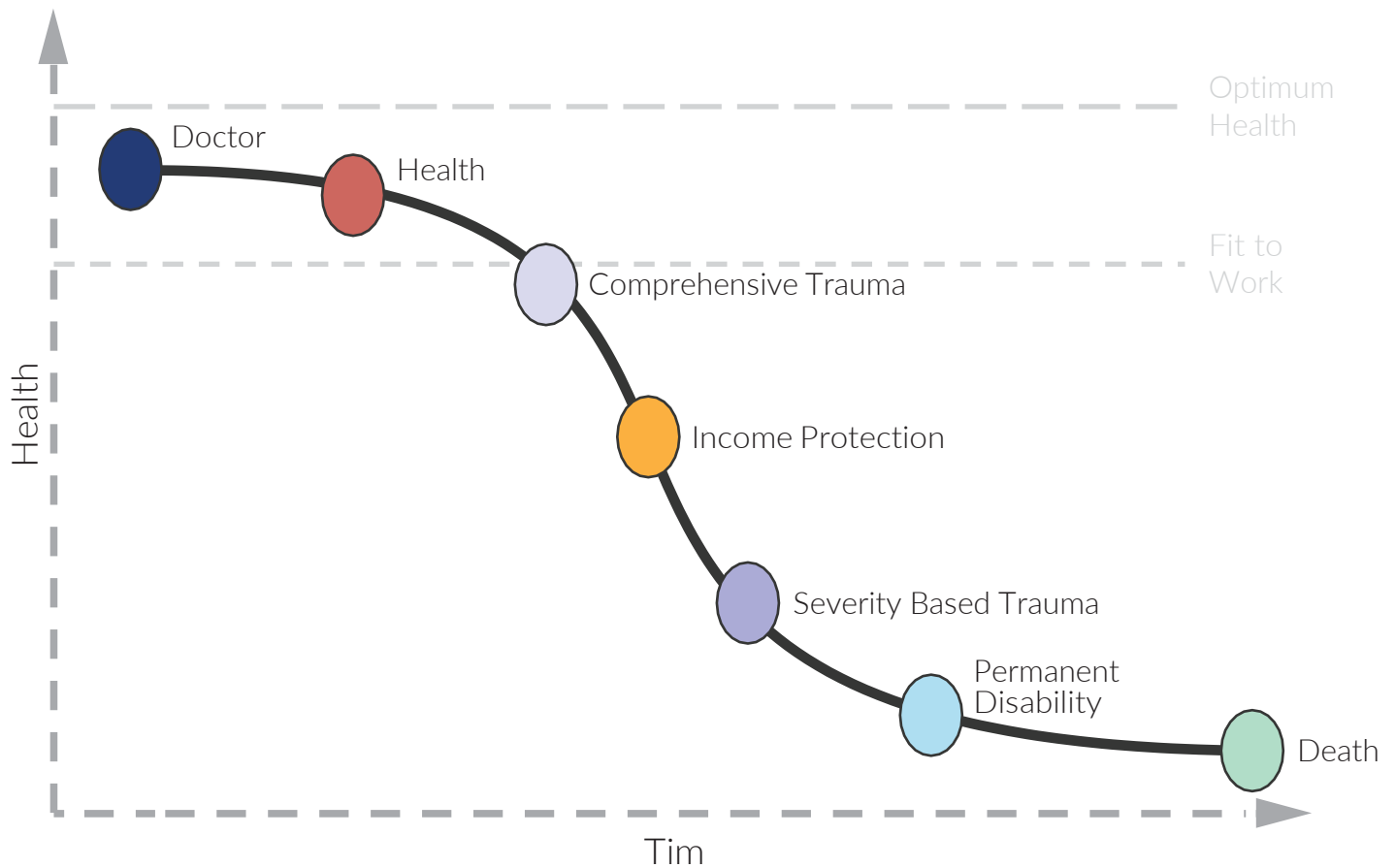
## UNDERSTANDING FOUR AREAS OF RISK INSURANCE



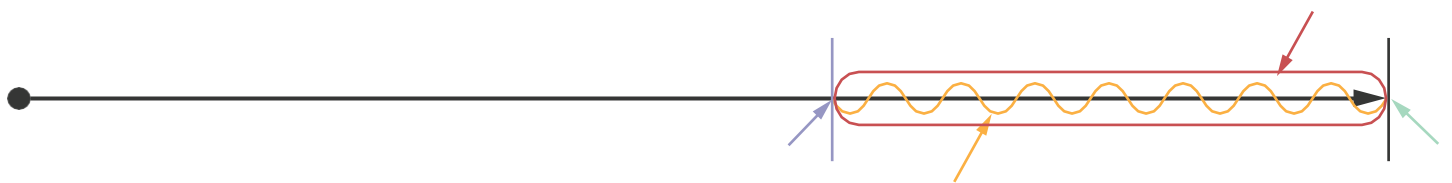
# Transfer Of Risk

UNDERSTANDING WHEN INSURANCE IS PAID OUT

## What Happens To Us



## Life Line



## Risk Tolerance

Accept Inevitable

Avoid Danger

Reduce Risk

Transfer Risk



## Where Do You Fit Along The Line



# Scope of Service and Engagement | Personal

For	
Address	
Adviser	
Company	
Address	

The following are the areas of financial advice that you are requesting from me, subject to any specific objectives or limitations of our engagement detailed below.

## **Personal Risk Insurance Advice**

- ☐ Untimely death (**Life Insurance**)
- ☐ Suffering a serious illness or disability (**Trauma Insurance**)
- ☐ Suffering a permanent disability (**Permanent Disability Insurance**)
- ☐ Loss of income through inability to work from sickness or disability (**Income / Mortgage Protection**)
- ☐ Requiring timely hospital procedures or specialist treatment (**Health Insurance**)
- ☐ ACC assistance / restructuring (for self-employed) (**ACC Cover Plus Extra**)

## **KiwiSaver**

- ☐ Non-personalised KiwiSaver health check / advice

## **Network Referrals**

- ☐ General Insurance (*Home, contents, car etc*)
- ☐ Mortgage Assistance (*Lending suitability, help securing home loans etc*)
- ☐ Legal Advice (*Wills, power of attorney, family trusts etc*)
- ☐ Accounting (*book-keeping, annual returns, tax etc*)
- ☐ Investment Planning (*personalised investment strategy, budget review etc*)

## **Other Information**

Other areas of advice, specific objectives, or terms of engagement

Other known limitations of this analysis and/or advice

## **Adviser Remuneration (How we will be paid for the above services)**

- |  |   |
|--|---|
| <input type="checkbox"/> Fees (please specify below) | <input type="checkbox"/> Commission (Details in Adviser Disclosure)       |
|  | <input type="checkbox"/> Referral payment (Details in Adviser Disclosure) |

Fees to be charged for the above advice:

## **Client Responsibilities and Obligations**

It is important and your responsibility to provide us with accurate information during the information gathering phase on our service. Without relevant and correct information about your personal, financial and/or business situation, we may not be able to give appropriate advice for your needs. If you are unsure as to why we require certain information about you, please don't hesitate to ask and we can explain further.

## **Privacy Act**

We adhere to the Privacy Act 2020 and its privacy principles around how we collect, handle and use personal information. We collect your personal information for its lawful purpose in order to provide you with Financial Advice as per your request. Besides our team, we may also share information with other parties (e.g. product or service providers, third parties such as our CRM system, compliance advisers or other professionals (e.g. Lawyers/ Accountants) when required to meet the scope of advice.

We keep your information safe by storing it securely and only allowing certain staff members access to it. We have secure mechanisms in place to ensure your data is kept private and backed up regularly.

You have the right to request a copy of the personal information we hold about you, and ask for it to be corrected if you think it is wrong.

A full copy of our privacy statement is available at all times via our website or on request. Please let us know if you wish to have a written copy.

## **Acknowledgements**

Compliance or regulatory bodies require evidence that I have explained specific requirements or obligations and provided certain information to you. By signing the below you acknowledge that these requirements have taken place.

## **Provision of Information**

I/We acknowledge the advantages of undertaking a full suitability (needs) analysis and the need to provide relevant personal and financial information and by not doing so I/we risk receiving advice or product recommendations that may or may not be appropriate to my/our needs.

## **Scope of Service**

I/We understand the services being provided are restricted to the Scope of Service or subject to specific limitations if indicated on the previous page.

## **Adviser Remuneration**

I/We acknowledge I/we have had the basis of adviser remuneration explained and I/we agree to the options on indicated on the previous page.

☐

**Adviser Disclosure Document** (I/ We acknowledge we have seen and read a copy of the disclosure document for the adviser listed).

I/We acknowledge and agree to all the above statements as set out in this document.

**Signature:**

**Signature:**

**Date:**

**Date:**

# Personal Details

YOUR PERSONAL INFORMATION

	Client 1	Client 2
Title		
Name		
Preferred Name		
Place of Birth		
Date of Birth		
Residency Status		
Marital Status		
Home Phone		
Business Phone		
Mobile Phone		
Email Address		
Street Address		
Postal Address		
Medical Concerns		
Family History		
Smoker <small>(last 12 months)</small>	<div>Y</div> <div>N</div>	<div>Y</div> <div>N</div>
Employment Status		
Job Title		
Annual Income		
Industry		

## Dependants

Relationship	Name	D.O.B	Gender	Smoker

## Professional Advisers

Profession	Name	Company	Mobile	Email



# Financial Details

## YOUR FINANCIAL INFORMATION

	Client 1		Client 2	
Legal				
Does a Will exist?	Y	N	Y	N
Is the Will current?	Y	N	Y	N
Do you have a Trust?	Y	N	Y	N

<b>Money - Invest</b>				
Do you have KiwiSaver?	Y	N	Y	N
Have you heard of Growth and Default Funds?	Y	N	Y	N
Do you understand them?	Y	N	Y	N
What fund are you in?				
Do you understand how MTCs work? <small>Government Contributions</small>	Y	N	Y	N
Do you know what your PIR is? <small>Prescribed Investor Rate</small>	Y	N	Y	N
Do you have any other investments?	Y	N	Y	N

<b>Money - Debt</b>				
Do you have a Mortgage?	Y		N	
Who did you go through?	Direct to Bank		Mortgage Broker	
Mortgage Payments?	_____ Weekly _____ Fortnightly _____ Monthly			
If you pay rent, how much	_____ Weekly _____ Fortnightly _____ Monthly			
Family Home	Mortgage Amount: \$ _____ Fixed: \$ _____ Until _____		Ownership: Personal Trust Floating: \$ _____ Until _____	
Investment Property	Mortgage Amount: \$ _____ Fixed: \$ _____ Until _____		Ownership: Personal Name LTC Floating: \$ _____ Until _____	
How would you rate	Your Bank Relationship: 1 2 3 4 5 6 7 8 9 10		Your Bank Service: 1 2 3 4 5 6 7 8 9 10	
Do you have further debt?	Y		N	
How much?	Type? <small>Credit Cards etc</small>			

### Notes

How long have you owned your home/property(s)

# Insurance Details

## DISCUSSING INSURANCE COVER NEEDS

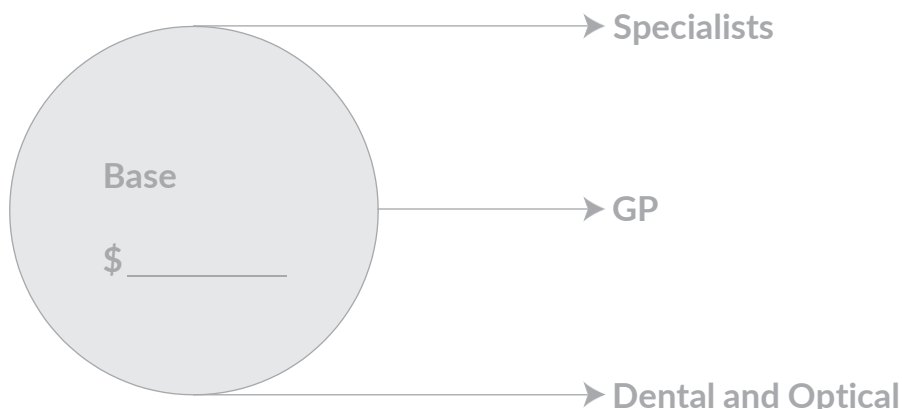
### Income Cover

Client 1				Client 2			
50%		75%		100%			
Income	\$ _____	Mortgage	\$ _____	Income	\$ _____	Mortgage	\$ _____
Indemnity <input type="checkbox"/>				Indemnity <input type="checkbox"/>			
Agreed Value <input type="checkbox"/>				Agreed Value <input type="checkbox"/>			
Mortgage Repayment <input type="checkbox"/>				Mortgage Repayment <input type="checkbox"/>			
Rationale				Rationale			

Wait Period (Weeks)								Wait Period (Weeks)							
2		4		8		13		26		52		104			
Rationale								Rationale							

Benefit Period					Benefit Period				
2yrs		5yrs		Age 65		Age 70			
Rationale					Rationale				

### Medical Cover



Client 1				Client 2			
Base Plan Excess	\$ _____	Y	N	Base Plan Excess	\$ _____	Y	N
Specialists		Y	N	Specialists		Y	N
G.P		Y	N	G.P		Y	N
Dental		Y	N	Dental		Y	N
Med Safe Non-Pharmac		Y	N	Med Safe Non-Pharmac		Y	

# Personal **Situation**

UNDERSTANDING YOUR EVERYDAY LIFE

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## Your **Family Situation**

*Sporting, cultural or education  
aspirations?  
Wider family responsibilities?*

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## Your **Home Situation**

*Mortgage structures?  
Future housing plans to proceed?*

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## Your **Work Situation**

*Impact on changes to needs?  
Future work plans?*

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## Your **Lifestyle**

*Sports health and fitness pursuits  
Travel/Holiday goals  
Religious or spiritual needs  
Other hobbies/interests*

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## Your **Money**

*Retirement savings needs  
Investment property goals  
Current savings/purchase goals*

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## Your **Vision For Your Future**

*Vision for you and your  
family in the next:  
1 Year?  
5 Years?  
10 Year?  
Beyond?*

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## **Outcome and Agreed Actions Arising from Changes**

# Existing Insurance

WHAT COVERS DO YOU CURRENTLY HAVE IN PLACE

	Client 1	Client 2
<b>Policy One</b>		
Type		
Amount of Cover		
Commencement Date		
Loadings/Exclusions		
Company		
Policy Number		
<b>Policy Two</b>		
Type		
Amount of Cover		
Commencement Date		
Loadings/Exclusions		
Company		
Policy Number		
<b>Policy Three</b>		
Type		
Amount of Cover		
Commencement Date		
Loadings/Exclusions		
Company		
Policy Number		
<b>Policy Four</b>		
Type		
Amount of Cover		
Commencement Date		
Loadings/Exclusions		
Company		
Policy Number		

## Comments

# Letter Of Authority

ASKING PERMISSION TO COLLECT INFORMATION FROM ANOTHER COMPANY

TO WHOM IT MAY CONCERN

I/W

Of

Date(s) of Birth

## LETTER OF AUTHORITY

I/We authorise the insurance companies, including ACC, to release any of my personal information, including previous applications, and to discuss any details of any claim, including medical or financial, with the exception of sensitive claims, details to \_\_\_\_\_

I give permission for \_\_\_\_\_ to contact my:

☐

Accountant

☐

Adviser

☐

Doctor/Medical Practitioner

☐

Insurance Company (Please specify known policies)

☐

Lawyer

☐

Trust Manager

☐

Other (Please specify) \_\_\_\_\_


Name

Name

Signature

Signature

Date

Date

# Meeting **Notes**

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FURTHER NOTES

