

Review Process Checklist

Adviser: _____

Date: / /

Client name: (1) _____

(2) _____

Current Policies

- Where are your policies currently held?
- Are they still relevant and accurate?
- Have you put any cover in place since we last met?
- Any Loading or Exclusions?

| Please tick | Insurer | Rate for age | Level Premium (Premium Structure) |
|---------------------------------------|---------|--------------------------|-----------------------------------|
| <input type="checkbox"/> Health Cover | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Income Cover | _____ | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Trauma Cover | _____ | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> TPD | _____ | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Life Cover | _____ | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other: | _____ | | |

Existing Situation

Understanding your everyday life

- Special Events** Having Child / Starting Secondary School / Increasing Home loan / Receiving salary increase / other: _____
- Family Situation** Children / Marriage / Divorce / Moved house / other: _____
- Work Situation** Impact on change to needs? _____
 Future work or business plans? _____
- Your Lifestyle** Sports health & fitness pursuits / Travel Holiday goals / Religious needs / other: _____
- Your Money** Retirement saving needs / Investment property goals / Current savings _____
 Current saving or purchase goals _____

Your vision for your future:

Changes Required

- Does your ownership need changing? _____
- Do you need higher levels of cover? _____
- Do you need to lower them? _____
- Do you need to review Exclusion / Loading / smoking status? _____

Action to be taken

- Memorandums To be signed? _____
- Decelarations to be Completed? _____
- Applications to be completed? _____
- Alteration form to be completed? _____

Next Review

- 3 Months 6 Months 9 Months 1 Year 2 Year Other: _____

Others

- Do you have a current Power of Attorney? Yes No
- Do you have a Will? Yes No
- Currently health conditions _____

Notes