

Personal Protection Questionnaire

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Prepared for

Adviser Name



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This is an important and confidential document. The information you have provided within this document forms the basis of any advice given by your Securitor Financial Adviser. Please note, it may be necessary to ask additional questions to identify your needs, objectives and financial situation.

Personal Details

All clients need to complete this section.

	Client 1	Client 2
Are you fluent in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require the assistance of an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title (eg Mr, Mrs)		
Surname		
Given name		
Preferred name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status		
Date of Birth (DD/MM/YYYY)	/ /	/ /
Retirement age		
Relationship between clients 1 & 2		
Residential address	State Postcode	State Postcode
Postal address (write 'as above' if same as residential address)	State Postcode	State Postcode
Home telephone		
Business telephone		
Mobile		
Email address		
Facsimile		
Preferred contact method		
Occupation		
Breakdown of occupation duties (administration, manual, travel etc)		
Employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Retired <input type="checkbox"/> Part time <input type="checkbox"/> Homemaker <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full time <input type="checkbox"/> Retired <input type="checkbox"/> Part time <input type="checkbox"/> Homemaker <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed
Employer name		
Employer address	State Postcode	State Postcode
Employer phone number		
Date commenced with employer	/ /	/ /
If self-employed, what is the business structure?	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership split %	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership split %

	Client 1	Client 2
Smoking status		
Accrued sick leave days		
Accrued annual leave days		
Accrued long service leave days		

Do you know of, or have you been made aware of, any issues which may be relevant to the assessment of a life insurance application? For example: known medical conditions; occupational hazards; planned overseas travel; engagement in hazardous pursuits; and/or immediate family medical history concerns.

Yes No Not disclosed

If yes, please provide details below or alternatively complete the 'Life Insurance Pre-Assessment Request' and attach as an addendum to this document.

Dependants

Please complete this section or tick the relevant box Not applicable Not disclosed

Name	Date of Birth	Relationship	When Would You Expect Dependency to Cease?
	/ /		
	/ /		
	/ /		
	/ /		

Family Trust Details

Please complete this section or tick the relevant box Not applicable Not disclosed

Name of Family Trust		
Australian Company Number (ACN)		
Trustees	Trustee 1:	Trustee 2:
	Trustee 3:	Trustee 4:
Beneficiaries	Beneficiary 1:	Beneficiary 2:
	Beneficiary 3:	Beneficiary 4:

Estate Planning

Please complete this section or tick the relevant box Not applicable Not disclosed

	Client 1	Client 2
Power of Attorney (POA)		
Do you have a current POA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state type:	<input type="checkbox"/> Enduring <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> Normal	<input type="checkbox"/> Enduring <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> Normal
Who is (are) the Attorney(s)?		
Will		
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the date of your Will?	/ /	/ /
Is your Will current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is (are) the executor(s)?		
Testamentary Trusts		
Do you have any Testamentary Trusts in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is (are) the Trustee(s)?		
Enduring Power of Guardianship		
Do you have an Enduring Power of Guardianship in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is (are) the appointed Guardian(s)?		
Advanced Care Directive		
Do you have an Advanced Care Directive in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequacy and Equity		
Will sufficient funds be available to your dependants between your death and the distribution of your Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you considered Capital Gains Tax on any assets you bequeath directly to beneficiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Superannuation and Income Stream Assets or <input type="checkbox"/> See 'Superannuation and Income Streams' Details		
Have you made nominations on death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding
If yes, please provide nomination details?		

Goals

All clients need to complete this section.

I require advice in relation to personal insurance only.

Yes No ► **DO NOT PROCEED** – a full Financial Planning Questionnaire or Business and Trust Financial Planning Questionnaire should be completed to ensure all necessary information is collected in order to provide appropriate advice.

What You Want to Achieve	Client 1	Client 2
You would like to protect your income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event of your death you would like to provide financial protection to your family/estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event of permanent disablement you would like to provide financial protection for you and your family	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event of serious illness you would like to provide financial protection for you and your family	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review existing levels of cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reduce existing insurance premiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe any other insurance objectives you want to achieve:

Income/Expenditure Analysis

All clients need to complete this section.

Alternate income and expenses data collection used and attached.

Income

Select Frequency: Weekly Fortnightly Monthly Yearly

Source of Income (Before Tax)	Client 1 (\$)	Client 2 (\$)	Joint (\$)
Salary and wages (exclude Super Guarantee contributions)			
Other			
Total combined income (before tax)			
Less: Estimated tax and/or other deductions (eg salary sacrifice, salary packaging)			
Net combined income			

Expenses

Select Frequency: Weekly Fortnightly Monthly Yearly

	Client 1 (\$)	Client 2 (\$)	Joint (\$)
Living expenses			
Rent/home mortgage			
Other			
Subtotal expenses			
Total combined expenses			
Surplus/deficit (total net combined income less total combined expenses)			

Assets and Liabilities

All clients need to complete this section.

Alternate assets and liabilities data collection used and attached.

Lifestyle, Investment and Superannuation Assets

	Client 1 Amount (\$)	Client 2 Amount (\$)	Joint Amount (\$)	Realised in the Event of Death/ TPD/Trauma
Principal residence				<input type="checkbox"/> Yes <input type="checkbox"/> No
Home contents				<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor vehicle				<input type="checkbox"/> Yes <input type="checkbox"/> No
Caravan, boat, etc.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Holiday house				<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment property				<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash and fixed interest				<input type="checkbox"/> Yes <input type="checkbox"/> No
Managed funds				<input type="checkbox"/> Yes <input type="checkbox"/> No
Direct shares				<input type="checkbox"/> Yes <input type="checkbox"/> No
Superannuation 1				<input type="checkbox"/> Yes <input type="checkbox"/> No
Superannuation 2				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
Total				

Liabilities

	Lender	Client 1 Balance (\$)	Client 2 Balance (\$)	Joint Balance (\$)
Mortgage				
Credit cards				
Investment loan				
Personal loan				
Other				
Other				
Total				

Current Protection Insurance Details

Please complete this section or tick the relevant box Not applicable Not disclosed

Please attach an addendum to the back of this document if you are unable to fit all existing policies below

Client 1

Protection Need	Policy Number	Insurer	Policy Owner	Insured Benefits	Amount of Cover	Total Premium	Premium Frequency	
Lifestyle protection				<input type="checkbox"/> Death <input type="checkbox"/> TPD (own) <input type="checkbox"/> TPD (any) <input type="checkbox"/> Trauma	\$ \$ \$ \$	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly	
Personal super				<input type="checkbox"/> Death <input type="checkbox"/> TPD	\$ \$	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly	
Protection Need	Policy Number	Insurer	Policy Owner	Benefit Period	Waiting Period	Monthly Benefit	Premium	Premium Frequency
Income protection						\$	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly

Do you have loadings or exclusions on your existing benefits? Yes No Not disclosed

If yes, please provide details:

Employer Sponsored Super

Fund	Insured Benefits	Sum Insured	Benefit Period	Waiting Period	Nominated Beneficiaries
Lifestyle protection	<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Salary continuance	\$ \$ \$			

Notes:

Client 2

Protection Need	Policy Number	Insurer	Policy Owner	Insured Benefits		Amount of Cover	Total Premium	Premium Frequency
Lifestyle protection				<input type="checkbox"/> Death		\$	\$	<input type="checkbox"/> Monthly
				<input type="checkbox"/> TPD (own)		\$		<input type="checkbox"/> Half yearly
				<input type="checkbox"/> TPD (any)		\$		<input type="checkbox"/> Yearly
				<input type="checkbox"/> Trauma		\$		
Personal super				<input type="checkbox"/> Death		\$	\$	<input type="checkbox"/> Monthly
				<input type="checkbox"/> TPD		\$		<input type="checkbox"/> Half yearly
								<input type="checkbox"/> Yearly
Protection Need	Policy Number	Insurer	Policy Owner	Benefit Period	Waiting Period	Monthly Benefit	Premium	Premium Frequency
Income protection						\$	\$	<input type="checkbox"/> Monthly
								<input type="checkbox"/> Half yearly
								<input type="checkbox"/> Yearly

Do you have loadings or exclusions on your existing benefits? Yes No Not disclosed

If yes, please provide details:

Employer Sponsored Super

Fund	Insured Benefits	Sum Insured	Benefit Period	Waiting Period	Nominated Beneficiaries
Lifestyle protection	<input type="checkbox"/> Death	\$			
	<input type="checkbox"/> TPD	\$			
	<input type="checkbox"/> Salary continuance	\$			

Notes:

Income Protection Needs

Please complete this section or tick the relevant box Not applicable Not disclosed

Alternate needs analysis used and attached

The purpose of income protection is to replace income lost through your inability to work due to injury or sickness.

Do you rely on paid employment to cover your expenses?

Yes No

Upon whose income are you/your family dependant on to maintain your lifestyle needs eg to cover the mortgage and day-to-day living expenses?

Client 1 (solely) Client 2 (solely) Both

How would your family's lifestyle needs be maintained if you or your partner were temporarily unable to earn an income, for example, through sickness/illness?

Income Protection Analysis	Client 1	Client 2
% of annual income (before tax)*	\$	\$
Plus: % super contributions	\$	\$
Maximum level of cover available (per annum)	\$	\$
Less: Existing cover to be retained with:	\$	\$
Level of cover required (per annum)	\$	\$
Level of cover recommended (per annum)	\$	\$
Level of cover recommended (per month)	\$	\$
How long could you go without your regular income?	<input type="checkbox"/> 14 days <input type="checkbox"/> 12 months <input type="checkbox"/> 1 month <input type="checkbox"/> 2 years <input type="checkbox"/> 3 months	<input type="checkbox"/> 14 days <input type="checkbox"/> 12 months <input type="checkbox"/> 1 month <input type="checkbox"/> 2 years <input type="checkbox"/> 3 months
How long should the monthly benefit be paid for?	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> To age 65	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> To age 65

* Where the life insured:

- Directly or indirectly owns part or all of a business or practice – the business or practice income generated by the life insured's personal exertion after deduction of their share of business or practice expenses in generating that income. Self-employed individuals may be required to produce supporting P&L statements, tax returns and/or group statements
- Is an employee – the total remuneration paid by the employer including salary, superannuation, commissions, fees, regular bonuses, regular overtime and fringe benefits

Trauma Cover Needs

Please complete this section or tick the relevant box Not applicable Not disclosed

Alternate needs analysis used and attached

The purpose of trauma cover is to ease financial stress during the recovery period following diagnosis and/or treatment of a critical illness.

In addition to replacing your current income, would you need additional funds to ease financial stress and maintain your lifestyle following the diagnosis of a critical illness? For example, to cover any medical costs that may be incurred during the recovery period and possibly to discharge any debts.

Yes No

Critical Illness Analysis	Client 1	Client 2
Eliminate debt	\$	\$
Mortgage	\$	\$
Other outstanding debts	\$	\$
Personal guarantees	\$	\$
Medical/rehabilitation costs	\$	\$
Emergency funds	\$	\$
Other	\$	\$
(A) Subtotal	\$	\$
Less Existing Resources		
Existing trauma cover with:	\$	\$
Financial assets realised in the event of trauma	\$	\$
Lifestyle assets realised in the event of trauma	\$	\$
(B) Subtotal	\$	\$
Summary of Needs		
(A) Total level of cover required before resources	\$	\$
(B) Less total existing resources	\$	\$
(C) Level of cover required (A - B)	\$	\$
(D) Level of cover recommended	\$	\$

Life Cover Needs

Please complete this section or tick the relevant box Not applicable Not disclosed

Alternate needs analysis used and attached

The purpose of life cover is to provide a sufficient lump sum amount to your family in the event of your death to help maintain their lifestyle.

How would your family's lifestyle needs be maintained in the event of you/your partner's premature death?

Would your partner continue to work or return to work in the event of your death?

Client 1 Yes No Client 2 Yes No

Life Capital Needs Analysis	Client 1	Client 2
Final expenses	\$	\$
Re-adjustment	\$	\$
Eliminate debt	\$	\$
Mortgage	\$	\$
Outstanding debts	\$	\$
Personal guarantees	\$	\$
Capital Gains Tax	\$	\$
Children's education	\$	\$
Specific bequests	\$	\$
Other	\$	\$
(A) Subtotal	\$	\$
Life Income Needs Analysis	Client 1	Client 2
Annual before tax income needed, after the above needs have been met?	\$	\$
Assumed long term earning rate on lump sum investment	\$	\$
(B) Subtotal	\$	\$
Less Existing Resources	Client 1	Client 2
Existing life cover with:	\$	\$
Superannuation (insured benefit)	\$	\$
Financial assets realised in the event of death	\$	\$
Lifestyle assets realised in the event of death	\$	\$
(D) Subtotal	\$	\$
Summary of Needs	Client 1	Client 2
(C) Level of cover required before resources (A+B)	\$	\$
(D) Less total existing resources	\$	\$
(E) Level of cover required (C - D)	\$	\$
(F) Level of cover recommended	\$	\$

Total and Permanent Disability (TPD) Cover Needs

Please complete this section or tick the relevant box Not applicable Not disclosed

Alternate needs analysis used and attached

The purpose of TPD cover is to provide a sufficient lump sum amount should you become totally and permanently disabled to help pay medical costs and maintain your lifestyle.

How would your family's lifestyle needs be maintained in the event of you/your partner's permanent disablement?

Would your partner continue to work or return to work in the event of your death?

Client 1 Yes No Client 2 Yes No

TPD Capital Needs Analysis	Client 1	Client 2
Eliminate debt	\$	\$
Mortgage	\$	\$
Outstanding debts	\$	\$
Personal guarantees	\$	\$
Medical/rehabilitation costs	\$	\$
Capital Gains Tax	\$	\$
Children's education	\$	\$
Specific bequests	\$	\$
Other	\$	\$
(A) Subtotal	\$	\$
TPD Income Needs Analysis	Client 1	Client 2
Annual before tax income needed, after the above needs have been met?	\$	\$
Assumed long term earning rate on lump sum investment	\$	\$
(B) Subtotal	\$	\$
Less Existing Resources	Client 1	Client 2
Existing TPD cover with:	\$	\$
Superannuation (insured benefit)	\$	\$
Financial assets realised in the event of TPD	\$	\$
Lifestyle assets realised in the event of TPD	\$	\$
(D) Subtotal	\$	\$
Summary of Needs	Client 1	Client 2
(C) Level of cover required before resources (A+B)	\$	\$
(D) Less total existing resources	\$	\$
(E) Level of cover required (C - D)	\$	\$
(F) Level of cover recommended	\$	\$

Client Acknowledgment And Engagement Authority

Subject matter

At our meeting, we discussed the goals you are seeking to achieve and the strategy for reaching these goals. As part of the process we discussed your needs, objectives and financial situation and agreed on the following:

Scope of advice

After identifying the subject matter above we agreed to cover the following areas of advice, as relevant to your circumstances, within an appropriate advice document:

The following matters will not be included as part of the advice document preparation at this time:

Where the advice is limited, please state reasons for the limitation:

I/We request that you provide insurance advice based on the information disclosed and acknowledge that you will rely on the information contained in this document.

I/We acknowledge that if I/we provided any incomplete or inaccurate information that I/we will carefully consider the appropriateness of the advice according to our personal objective, before acting on any advice provided.

I/We acknowledge that you will charge a plan preparation fee of \$ _____(GST inclusive) for the written advice.

I/We have received a copy of the Securitor Financial Services Guide and have read and understood it, including the section titled 'Privacy Statement'. I/We agree to Securitor collecting, using and disclosing my/our personal information in accordance with the Privacy Policy.

I/We will only provide information about other individuals, such as dependants, spouse/partner, guarantors, if those individuals have agreed that I can share that information with you and I will inform them that I/we have provided information about them and make them aware of the information provided in the Privacy Policy.

Personal health information that you provide in this document is subject to Securitor's privacy policy. You can access the policy from the Securitor website at www.securitor.com.au. If you do not want to disclose your personal details, you have the right not to do so but without that information, Securitor and your financial adviser may not be able to provide you with an appropriate level of service.

If you decline to provide the required information but you proceed to apply for insurance with a particular insurer, that insurer will conduct its own investigations regarding the information it requires to consider your application and you may be required to provide additional information to the insurer, including, for example, a Personal Statement regarding your medical history and other personal information.

Signature of Client 1

Date

Signature of Client 2

Date

Signature of Financial Adviser

Date

The following documents have been supplied:

- Insurance policy details/Superannuation statements
- Tax returns**
- PAYG summaries**
- 'Option to Quote Tax File Number' obtained from your Financial Adviser**

Client Authorisation for Additional Information from Other Institutions or Advisers

Securitor Financial Group Ltd ABN 48 009 189 495
Australian Financial Services Licence no. 240687

To whom it may concern:

Client 1

Client 2

I/We

whose dates of birth are
of (client address)

request that all information relating to my insurances, superannuation or other financial information be released to my financial adviser (or his/her representatives) on request.

Yours faithfully,

Signature of Client 1

Date

Signature of Client 2

Date

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Financial Adviser contact details

Name

Address

Telephone

Facsimile

Authorised Representative Number

ABN

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Date

Signature of Client 2

Date

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Account/Policy#

Financial Adviser contact details

Name

Address

Telephone

Facsimile

Authorised Representative Number

ABN

**Contact Carrington Financial Services for
further information on 08 8272 6444 or visit
www.carringtonfs.net**

