

RISK INSURANCE REVIEW

Client Name:	Date:
Client Age:	Employed / Self Employed?:

	Client 1	Client 2
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1. Income Protection	YES	NO	YES	NO
Do you have an alternative source of income in the event of extended disability?				
Do you own income protection?				
Is this insurance held through your superannuation?				

Details of insurance	Current monthly benefit	
	Current annual premium	
	Waiting Period	
	Other Details	

2. Life Insurance	YES	NO	YES	NO
Could your family continue to live without financial worries in the event of your death?				
Do you own Life Insurance?				
Is this insurance held through your superannuation?				
Do you wish to leave your spouse debt free in the event of your death?				

Details of insurance	Current sum insured	
	Current annual premium	
	Other Details	

3. Trauma	YES	NO	YES	NO
Would you need additional funds to meet expenses and allow for comfortable recovery in the event of a serious illness?				
Do you own Trauma Insurance?				

Details of insurance	Current monthly benefit	
	Current annual premium	
	Other Details	

4. Total & Permanent Disablement (TPD).	YES	NO	YES	NO
Do you own TPD Insurance?				
Is TPD cover attached to your life insurance?				
Is TPD definition 'own occupation'?				

Details of insurance	Current monthly benefit	
	Current annual premium	
	Other Details	

5. For Self Employed Individuals...		
Do you have Buy/Sell agreements in place?		
Do you have business expense insurance?		
Do you have key person insurance?		

