

MANAGING RISK - PERSONAL INSURANCES

CLIENT NAME _____

The questions following are designed to ascertain the level of comfort for you and your family in the unfortunate event of an accident, sickness, serious trauma or death. It will assist us in reviewing the adequacy of your current Personal Risk Management Structure.

Please indicate your most suitable answer by ticking one or more boxes.

1. In the event of your total loss of income due to a sickness or accident, how long could your family continue to meet their day to day living expenses and maintain their current lifestyle?

- | | | | |
|--|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 14 days | <input type="checkbox"/> 14 days | <input type="checkbox"/> 30 days | <input type="checkbox"/> 60 days |
| <input type="checkbox"/> 90 days | <input type="checkbox"/> 1 year | <input type="checkbox"/> 2 years | <input type="checkbox"/> indefinitely |

2. In the event of your total loss of income due to a sickness or accident, how long would you want your family continue to meet their day to day living expenses and maintain their current lifestyle?

- | | | | |
|--|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 14 days | <input type="checkbox"/> 14 days | <input type="checkbox"/> 30 days | <input type="checkbox"/> 60 days |
| <input type="checkbox"/> 90 days | <input type="checkbox"/> 1 year | <input type="checkbox"/> 2 years | <input type="checkbox"/> indefinitely |

3. In the event of your partner's total loss of income due to a sickness or accident, how long could you continue to meet day to day living expenses and maintain current lifestyle?

- | | | | |
|--|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 14 days | <input type="checkbox"/> 14 days | <input type="checkbox"/> 30 days | <input type="checkbox"/> 60 days |
| <input type="checkbox"/> 90 days | <input type="checkbox"/> 1 year | <input type="checkbox"/> 2 years | <input type="checkbox"/> indefinitely |

4. In the event of your partner's total loss of income due to a sickness or accident, how long would you want to continue to meet day to day living expenses and maintain current lifestyle?

- | | | | |
|--|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 14 days | <input type="checkbox"/> 14 days | <input type="checkbox"/> 30 days | <input type="checkbox"/> 60 days |
| <input type="checkbox"/> 90 days | <input type="checkbox"/> 1 year | <input type="checkbox"/> 2 years | <input type="checkbox"/> indefinitely |

5. In the event of your death, could your family continue to live without financial burden?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

6. In the event of your partner's death, could you and/or your family continue to live without financial burden?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

7. In the event of your death, what are the financial burdens that you would like to eliminate for your surviving family?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Home Mortgage | <input type="checkbox"/> Personal Loans | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Funeral Costs |
| <input type="checkbox"/> Legal Fees | <input type="checkbox"/> Child's Education | <input type="checkbox"/> Medical Costs | <input type="checkbox"/> Emergency Fund |
| <input type="checkbox"/> Investment Mortgage | <input type="checkbox"/> Margin Loans | <input type="checkbox"/> Child care | <input type="checkbox"/> Income Replacement |
| <input type="checkbox"/> Other | | | |

8. In the event of your partner's death, what are the financial burdens that you would like to eliminate?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Home Mortgage | <input type="checkbox"/> Personal Loans | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Funeral Costs |
| <input type="checkbox"/> Legal Fees | <input type="checkbox"/> Child's education | <input type="checkbox"/> Medical Costs | <input type="checkbox"/> Emergency Fund |
| <input type="checkbox"/> Investment mortgage | <input type="checkbox"/> Margin Loans | <input type="checkbox"/> Child care | <input type="checkbox"/> Income Replacement |
| <input type="checkbox"/> Other | | | |

9. In the event of your death, how long would you want your surviving family to maintain current lifestyle, or continue to receive the equivalent of your income to enable them to maintain current household purchasing capacity?

- | | | | |
|--|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> In perpetuity | <input type="checkbox"/> 20 years | <input type="checkbox"/> 15 years | <input type="checkbox"/> 10 years |
| <input type="checkbox"/> 5 years | <input type="checkbox"/> 1 year | <input type="checkbox"/> 6 months | <input type="checkbox"/> No future income |
| <input type="checkbox"/> Other | | | |
-

10. In the event of your partners death, how long would you want to maintain current lifestyle, or continue to receive the equivalent of your partner's income to enable you to maintain current household purchasing capacity?

- | | | | |
|--|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> In perpetuity | <input type="checkbox"/> 20 years | <input type="checkbox"/> 15 years | <input type="checkbox"/> 10 years |
| <input type="checkbox"/> 5 years | <input type="checkbox"/> 1 year | <input type="checkbox"/> 6 months | <input type="checkbox"/> No future income |
| <input type="checkbox"/> Other | | | |
-

11. In the event of your death, what would like to ensure your surviving family has money for in the future?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Home purchase | <input type="checkbox"/> Future investment | <input type="checkbox"/> Child's education | <input type="checkbox"/> Your education |
| <input type="checkbox"/> Future income | <input type="checkbox"/> Travel | <input type="checkbox"/> Dependent care | <input type="checkbox"/> Retirement care |
| <input type="checkbox"/> Charity donation | <input type="checkbox"/> Support family | <input type="checkbox"/> Business start-up | <input type="checkbox"/> Child's trust |
| <input type="checkbox"/> Other | | | |
-

12. In the event of your partner's death, what would like money for in the future?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Home purchase | <input type="checkbox"/> Future investment | <input type="checkbox"/> Child's education | <input type="checkbox"/> Your education |
| <input type="checkbox"/> Future income | <input type="checkbox"/> Travel | <input type="checkbox"/> Dependent care | <input type="checkbox"/> Retirement care |
| <input type="checkbox"/> Charity donation | <input type="checkbox"/> Support family | <input type="checkbox"/> Business start-up | <input type="checkbox"/> Child's trust |
| <input type="checkbox"/> Other | | | |
-

13. In the event that you were incapacitated and possibly unable to work ever again (Totally & Permanently Disabled) but still alive, what would you want money for to assist you and your family in the future?

- | | |
|---|--|
| <input type="checkbox"/> Extinguishment of your home mortgage | <input type="checkbox"/> Paying out all personal debts |
| <input type="checkbox"/> Provision for immediate medical expenses | <input type="checkbox"/> Provision for possible ongoing care |
| <input type="checkbox"/> Provision for children(s) education | <input type="checkbox"/> Provision for travel/holiday |
| <input type="checkbox"/> Replace income for self for 6 mths | <input type="checkbox"/> Extinguishment of investment debt |
| <input type="checkbox"/> Replace income for self for 1-2 yrs | <input type="checkbox"/> Replace income for self for 5+ yrs |
| <input type="checkbox"/> Other | |
-

14. In the event that your partner was incapacitated and possibly unable to work ever again (Totally & Permanently Disabled) but still alive, what would you want money for to assist you and your family in the future?

- | | |
|---|---|
| <input type="checkbox"/> Extinguishment of your home mortgage | <input type="checkbox"/> Paying out all personal debts |
| <input type="checkbox"/> Provision for immediate medical expenses | <input type="checkbox"/> Provision for possible ongoing care |
| <input type="checkbox"/> Provision for children(s) education | <input type="checkbox"/> Provision for travel/holiday |
| <input type="checkbox"/> Replace income for spouse for 6 mths | <input type="checkbox"/> Extinguishment of investment debt |
| <input type="checkbox"/> Replace income for spouse for 1-2 yrs | <input type="checkbox"/> Replace income for spouse for 5+ yrs |
| <input type="checkbox"/> Other | |
-

15. In the event that you suffered a major trauma (ie heart attack, stroke, cancer etc) and survived, what would you want money for to assist you and your family in a comfortable recovery?

- | | |
|---|--|
| <input type="checkbox"/> Extinguishment of your home mortgage | <input type="checkbox"/> Paying out all personal debts |
| <input type="checkbox"/> Provision for immediate medical expenses | <input type="checkbox"/> Provision for possible ongoing care |
| <input type="checkbox"/> Provision for children(s) education | <input type="checkbox"/> Provision for travel/holiday |
| <input type="checkbox"/> Replace income for self for 6 mths | <input type="checkbox"/> Extinguishment of investment debt |
| <input type="checkbox"/> Replace income for self for 1-2 yrs | <input type="checkbox"/> Replace income for self for 5+ yrs |
| <input type="checkbox"/> Other _____ | |

16. In the event that your partner suffered a major trauma (ie heart attack, stroke, cancer etc) and survived, what would you want money for to assist you and your family in a comfortable recovery?

- | | |
|---|---|
| <input type="checkbox"/> Extinguishment of your home mortgage | <input type="checkbox"/> Paying out all personal debts |
| <input type="checkbox"/> Provision for immediate medical expenses | <input type="checkbox"/> Provision for possible ongoing care |
| <input type="checkbox"/> Provision for children(s) education | <input type="checkbox"/> Provision for travel/holiday |
| <input type="checkbox"/> Replace income for spouse for 6 mths | <input type="checkbox"/> Extinguishment of investment debt |
| <input type="checkbox"/> Replace income for spouse for 1-2 yrs | <input type="checkbox"/> Replace income for spouse for 5+ yrs |
| <input type="checkbox"/> Other _____ | |

17. Do you see any value or relevance in insuring your life and/or income?

- YES NO

WHY?

18. Do you see any value or relevance in insuring your partner's life and/or income?

- YES NO

WHY?

COMMENTS

Client [Signature] _____

Date: _____