



FirstChoice - Adviser's Report

STRICTLY PRIVATE AND CONFIDENTIAL

Full name of life to be insured

Date of birth of life to be insured

Account number

A – Insurance need

1 Please confirm the need for insurance cover

Note: If more than one insurance need is being addressed by the application, indicate each separate need and the amount of cover required for each.

2 How was the amount of insurance cover required for each need calculated or determined?

B – Background

1 Please provide a brief background description of the following:

a The persons involved in the application

b Length of time you have known the insured person and policy owner(s)

2 Has the insured person or policy owner(s) or a company with which any of the insured persons or policy owner(s), been associated with, ever been bankrupt or placed into receivership?

Yes No

If 'Yes':

Please provide full details:

- 3 For Business Insurance**, please advise the following:
- a** The Business structure (e.g. partnership, sole trader, company, trusts, etc.) including a business structure diagram, see sample diagram below
 - b** The nature of the business
 - c** The number of employees
 - d** Your opinion of the business standing and operation
 - e** Details of skills and qualities that the insured brings to the business

Eg. of business structure diagram



C – Additional information you wish to provide

D – Adviser confirmation

I confirm that the information provided in this report is complete and accurate to the best of my knowledge as supplied by my client.

Full name of adviser

Signature of adviser

X

Date

/ /

Please send completed form to: Colonial First State, Reply Paid 27, Sydney NSW 2001.