

Client Information Form – General Advice



Appointment details

Appointment date		Adviser name
ASIC rep number		
FSG presented	Yes No	Client 1 name
FSG Version number		
FSG Version date		Client 2 name
Signed copy held by Adviser?	Yes No	

General Advice Only

As an Authorised Representative of **OASIS Insurance Pty Ltd, AFSL 293770**, I can offer you General Advice only on any of the products below. We are unable to take into account any of your financial or personal information. You will need to decide the level of cover you require. And whether the product is suitable for your objectives, financial situation or needs. If you require any further information before making a decision, please refer to the relevant Product Disclosure Statement (PDS)

Client 1 name

Client 1 signature

Date signed

Client 2 name

Client 2 signature

Date signed

Please select from the following list of services

Life Insurance

This policy provides a lump sum payable to selected beneficiaries in the event of your Death or diagnosis of a terminal illness. This benefit may be used to assist with the repayment of debt, fund legacies and additional capital for ongoing income needs of your beneficiaries.

Client 1 Yes No

Client 2 Yes No

Income Protection

This policy provides a benefit to replace a portion of your pre disability income that is lost if you suffer an illness or injury that prevents you from working beyond your waiting period, up to the end of your specified benefit period. The insurance premium may also be a personal income tax deduction in certain circumstances.

Client 1 Yes No

Client 2 Yes No

Business Expense

This tax-deductible policy generally suits small business and provides a monthly benefit to cover your fixed business overhead expenses if you're injured or ill and cannot work. Examples of these expenses can include Rent, Staff salaries, Equipment, Bills, Loans, Leases and other running costs that you would have to pay if you were ill or injured and could no longer work

Client 1 Yes No

Client 2 Yes No

Total & Permanent Disability

TPD is designed to help take the pressure off you financially if you suffer an illness or injury that leaves you totally and permanently disabled. The lump sum benefit paid is often used to pay down debts, pay for medical expenses or fund permanent lifestyle changes. For example, moving to a home that is more accessible for your condition. The definition of what a 'total and permanent disability' is will vary depending on the particular product and insurance policy. Most companies allow you to choose whether you want coverage against:

- being unlikely to be able to work again in your 'own occupation' following an illness or injury or,
- being unlikely to be able to work again in 'any occupation' following an illness or injury

Home Duties and Non-working conditions.

Please refer to the attached PDS for further explanations.

Client 1 Yes No

Client 2 Yes No

Trauma/Critical Illness

Trauma insurance provides a lump sum payment to help you financially while you take time out to recover from a serious illness. It is designed to pay out on diagnosis (or occurrence) of one of a lists of specified serious medical conditions and procedures. Each insurance company maintains their own list, but they generally include serious medical conditions such as cancer, heart attack or stroke

Client 1 Yes No

Client 2 Yes No

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Client 1 details

Title Mr Mrs Ms Miss Dr **Gender** Male Female
Marital status Married Single Divorced Defacto Are you a resident? Yes No

Given names Last name Date of birth

Address Unit No Street No Street name Street type

Suburb/City State/Territory Postcode

Occupation Employer

Recreational activities Work number Other number

Mobile Email

Have you received medical advice or treatment for any condition that may affect your insurance policy? Yes No
Have you ever been declared bankrupt or insolvent? Yes No Do you smoke? Yes No

Client 2 details

Title Mr Mrs Ms Miss Dr **Gender** Male Female
Marital status Married Single Divorced Defacto Are you a resident? Yes No

Given names Last name Date of birth

Address Unit No Street No Street name Street type

Suburb/City State/Territory Postcode

Occupation Employer

Recreational activities Work number Other number

Mobile Email

Have you received medical advice or treatment for any condition that may affect your insurance policy? Yes No
Have you ever been declared bankrupt or insolvent? Yes No Do you smoke? Yes No

Dependents

Name			
Gender			
Date of birth			
Carer			
Relationship			

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Annual Income

Employed	Client 1	Client 2
Salary		
Superannuation (Up to 10% of Salary)		
Total (a)		
Regular Commission		
Regular Overtime		
Insurance Premiums (Income protection Only)		
Total of add backs (b)		
Total (a + b)		
Self Employed Only	Client 1	Client 2
Gross Income		
Minus Total Expenses		
(Taxable Income) Total		
Plus Add backs		
Donations		
Motor Vehicle (% as per selected insurance provider calculations)		
Insurance Premiums (Income protection only.)		
Super Contributions (Only if contributions made, up to 10%)		
Depreciation from P&L (% as per insurance provider calculations)		
Total of add backs (b)		
Total (a + b)		
<p>Confirmation of income: I/we hereby affirm that the above information that I/we supplied stating my/our income levels are true & correct to the best of my/our knowledge. I/we understand that if I do not supply the correct income details I/we may be disadvantaged at time of claim & this information has not in fact been taken into account by my adviser.</p>		

Client 1 name	Signature	Date signed
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client 2 name	Signature	Date signed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Existing Insurance

Do you have any existing insurance policies? Client 1 Yes No Client 2 Yes No If yes provide details below.				
Client 1 Cover Type	Life Company	Benefit amount	Premiums p.a.	Frequency
Client 2 Cover Type	Life Company	Benefit amount	Premiums p.a.	Frequency
Do you have any previous illnesses or injuries? Client 1 Yes No Client 2 Yes No If yes provide details below.				
Client 1	<input type="text"/>			
Client 2	<input type="text"/>			