

YOUR GUIDE TO ANALYSING YOUR PERSONAL INSURANCE REQUIREMENTS

We have created this workbook to help document and record your personal insurances and to ensure you and your family are adequately covered.

INSURANCE WORKSHEET - INCOME REPLACEMENT METHOD

Your financial adviser will use the data collected in the following section to determine how much insurance cover you require.

Income Replacement, Protection and Trauma

If your income stopped because you became sick, injured or disabled for a prolonged period:

	CLIENT 1	CLIENT 2
Could you continue to meet your financial commitments and maintain your standard of living?		
Would you have enough money to meet your longer term goals?		

If you suffered a trauma such as a heart attack, cancer, stroke or an injury such as severe burns, loss of limbs or a major head injury:

	CLIENT 1	CLIENT 2
Would you have sufficient money to cover your medical expenses?		

Income Replacement

	CLIENT 1					CLIENT 2				
In the event of prolonged or serious illness or accident, how much of your income would you want to be replaced?	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
Income required (each year?)	\$					\$				
Would you like your debts paid off?	Yes		No			Yes		No		
Amount	\$					\$				
Would you like an additional lump sum to cover medical expenses?	Yes		No			Yes		No		
Amount	\$					\$				
TOTAL LUMP SUM REQUIRED	\$					\$				

What rate of return would you be happy to assume in order to produce this income?

4.5% 5% 5.5% 6% 6.5% 7% 7.5% Other _____%

Cont.d/...



What existing insurance arrangements do you have in place?

Policy Name	[Policy 1]	[Policy 2]	[Policy 3]	[Policy 4]
Insurance Company	_____	_____	_____	_____
Type of Cover	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Policy Owner	_____	_____	_____	_____
Sum Insured	\$ _____	\$ _____	\$ _____	\$ _____
Policy Details				
• Benefit Period	_____	_____	_____	_____
• Waiting Period	_____	_____	_____	_____
• Indexation of Benefit	Yes / No	Yes / No	Yes / No	Yes / No
• Occupation Type	Own / Any	Own / Any	Own / Any	Own / Any
• Other Options (eg: buyback)	_____	_____	_____	_____
	_____	_____	_____	_____
Premium	\$ _____	\$ _____	\$ _____	\$ _____
• Premium Structure	Stepped / Level / Hybrid	Stepped / Level / Hybrid	Stepped / Level / Hybrid	Stepped / Level / Hybrid
• Premium Frequency	_____	_____	_____	_____
	_____	_____	_____	_____
Policy wording pros and cons				
Product features / conditions				
Exclusions / loadings				
Underwriting required?	Yes / No	Yes / No	Yes / No	Yes / No
Other notes				

Cont.d/...



Do you have any accrued leave you could rely on if suffering a prolonged illness?

	CLIENT 1	CLIENT 2
Annual leave	days	days
Sick leave	days	days
Long service leave	days	days
Other	days	days

Recommended Insurance

	CLIENT 1	CLIENT 2
Income protection		
Trauma		
TPD		

Cont.d/...



Life Insurance

If you or your spouse were to die unexpectedly:

	CLIENT 1			CLIENT 2						
Could your family cover your debts?										
Would your family be able to maintain their current standard of living?										
Would your family be:	Better Off	At least as well off	Worse off (please quantify)	Better Off	At least as well off	Worse off (please quantify)				
For how long would this be?	Fixed period of _____ years on an ongoing basis			Fixed period of _____ years on an ongoing basis						
How much of your income would you want to be replace?	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
Income required (each year?)	\$			\$						
Would you like your debts paid off?	Yes		No	Yes		No				
Amount	\$			\$						
Would you like an additional lump sums (eg: education fund, beneficiaries)?	Yes		No	Yes		No				
Other lump sums required	\$			\$						
TOTAL LUMP SUM REQUIRED	\$			\$						

What rate of return would you be happy to assume in order to produce this income?

4.5% 5% 5.5% 6% 6.5% 7% 7.5% Other _____%

Cont.d/...



What existing insurance arrangements do you have in place?

Policy Name	[Policy 1]	[Policy 2]	[Policy 3]	[Policy 4]
Insurance Company	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Policy Owner	_____	_____	_____	_____
Sum Insured	\$ _____	\$ _____	\$ _____	\$ _____
Premium	_____	_____	_____	_____

Recommended Insurance

	CLIENT 1	CLIENT 2
Life Insurance	<input type="text"/>	<input type="text"/>

If you would like to discuss your personal insurance needs, please contact us:



SOUND LIFE FINANCIAL SERVICES

Business Address:
 Telephone Number:
 Email:
 Email:

Level 1, 106 Stirling Terrace, Albany WA 6330
 (08) 9841 1688 Fax Number: (08) 9841 18611
 thelma@soundlife.com.au
 jane@soundlife.com.au

Thelma Jaekel, Authorised Representative No 387921, Jane Looker, Authorised Representative No 420264 and Sound Life & Superannuation Agencies Pty Ltd t/as Sound Life Financial Services, Authorised Representative No 251042 are acting under authority from Synchron.

