

**CONSUMERS GUARANTEE ACT 1993
SPECIFIED REVIEW CHECKLIST**

I, (name in full) _____ state the purpose(s)
of this review is/are as indicated below:

Specified Review – Personal

Tick as Applicable

| | YES | NO |
|---|------------|-----------|
| 1. To provide a cash sum upon death. | r | r |
| 2. To provide a cash sum on diagnosis of a defined critical illness e.g. stroke, cancer, kidney failure, heart attack, blindness. | r | r |
| 3. To provide a cash sum in the event of Total and Permanent Disablement. | r | r |
| 4. To provide a cash fund for my child's/children's education in.....years time. | r | r |
| 5. To provide funding for retirement. | r | r |
| 6. To provide a tax efficient investment plan. | r | r |
| 7. To provide mortgage repayment protection. | r | r |
| 8. To provide a monthly income in the event of a disability by either illness or accident. | r | r |
| 9. To provide a monthly income to pay business expenses in the event of a disability by either injury or accident. | r | r |
| 10. To provide a waiver of premium benefit if disabled by illness or accident. | r | r |
| 11. To provide health insurance benefits. | r | r |
| 12. To analyse and complete an investment/insurance audit. | r | r |
| 13. Other (Please specify) | r | r |

Note: any premium rates quoted assume acceptance at normal rates and are subject to underwriting.

Signature of Plan Owner/Life Insurance _____ Date _____
(Life Insured if Plan Owner a Financial Institution)

Signature of Broker _____ Date _____