

ANALYSIS

Is there any additional information that you wish to disclose that would further explain your insurance needs?

NEEDS IDENTIFIED

The Clients short-term insurance needs have been identified and the insurance required by the client is noted on the client's uninsured risks.

REPLACEMENT PRODUCT DISCLOSURE

The following information, if any, needs to be provided to the client in the event that a recommended product replaces an existing product:

Description	Product to terminate	Recommended replacement product
Insurer		
Premium		
Excesses		
Exclusions		
Other		

Reason for recommending replacement

ACKNOWLEDGEMENT AND DECLARATIONS BY THE CLIENT

I, the undersigned		acknowledge the following:	
<ol style="list-style-type: none">1. the analysis and recommendations represent an accurate record of discussions and information provided by the intermediary;2. all information provided either by myself or on my behalf is accurate, correct and provided without undue influence or under duress3. the intermediary explained all information set out in the record of advice including details of cover, exclusions, fees, premiums, special conditions, complaints and consequences of providing false or incorrect information;4. information in this document may be used in policy applications or proposal documents submitted to insurers;5. where the recommended product accepted replaces my current policy, I understand the consequences of the replacement and any difference in cover, exclusions, premiums, costs, fees, terms and conditions;6. Should I elect not to follow the advice and recommendations contained in this document, I understand that there is a risk that I may not be adequately covered or cover may be inappropriate for my needs, and I have been advised accordingly;7. if applicable, where a full short-term insurance needs analysis could not be conducted for any reason, I have been made aware of the risks and the potential limitation of the advice given and it is my responsibility to ensure that I carefully consider whether the limited advice given is appropriate for my needs, objectives and circumstances;8. I have carefully considered my needs, objectives and circumstances before accepting any recommendations; and9. I consent to the use of my personal information contained in this document for purposes of the advisor rendering advice and/or intermediary services in relation to short-term insurance products set out in this document or in the execution of any instruction.			
Signed at		on	
Signature of Client			

ACKNOWLEDGEMENT AND DECLARATIONS BY THE ADVISOR

I, the undersigned		declare that this advice record is an accurate and complete record of the recommendations and advice that I provided to the client based upon the information provided by the client.	
Signed at		on	
Signature of Advisor			