



Personal detail					
Title		Surname			
First Names				Gender	M F
Date of Birth		ID Number			
Tax Number				Smoker	Non-Smoker

Contact Details						
Residential Address					Postal Code	
Postal Address					Postal Code	
Work Address					Postal Code	
E-mail Address						
Telephone Number	Home		Work			
Cellphone Number						

Education and Employment	
Highest Qualification	
Matric/No Matric	
3 or 4 Year Diploma	
3 or 4 Year Degree/ Professional Qualification	
Name of Institution	
Employer	
Occupation	
Gross Annual Income (All Sources)	

Marriage Details							
Status	Married		Single		Divorced		Other (specify)
Marital Regime	ANC		ANC Accrual		C.O.P.		Date of Marriage
Spouse's Full Name							
Maiden Name							
Date of Birth		Spouse's Occupation					
Spouse's Gross Annual Income					Do you have a Will?		Yes No
Spouse's Education Level				Smoker		Non-Smoker	

Dependants					
Surname	First Name	Initials	Date of Birth	Gender (M/F)	Relationship

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Medical Aid					
Have a Medical Aid	Yes	No	Medical Aid Name		
Medi Medical Aid Number					
Does anyone use chronic medication?	Yes	No	If yes, list condition(s).		
List of chronic medication and dosage					
Compulsory	Yes	No	No. of Dependants on Scheme		
Are you satisfied with the cover it provides?	Yes	No	Details		

Assumptions	
1.	What are your expectations of investment returns over the longer term?
2.	What are your expectations of the inflation rate over the longer term?

Employee Benefits (A)					
Pension Fund		Provident Fund		Date Joined	
Fund Retirement Age			Pensionable Salary (Monthly)		
Lump Sum	Life Cover		Disability Cover		Retirement Values Present
	R	(1)	R	(2)	R (3)
	R	(4)	R	(5)	R (6)
Monthly Pension					
Spouse's Pension	R	(7)			

Retirement Annuities (B)			
Current Contribution			Years on Fund
Lump Sum	Death		Values at Retirement Present
	R	(1)	R (2)
	R	(4)	R (5)
Annuitant (Monthly)	R	(4)	R (5)

Income Protection and Capital Disability Cover (C)	
Monthly Income Protection Cover	R (1)
Total Capital Disability Cover	R (2)

Dread Disease Cover (D)	
Total Current Cover	R (1)

Children's Education Cover – Current Provision (E)

Monthly Investment	R	(1)
Capital Available	R	(2)

Gross Monthly Income (F)	Available On			
Income Type	Amount	Death	Disability	Retirement
Salary				
Commission				
Dividends				
Interest				
Rent				
Pension				
Car /Travel Allowance				
Other				
Total Monthly Income				
	1	2	3	4

Current Value of Estate (G)	To Be Realised On			
Asset Type	Amount	Death	Disability	Retirement
Immovable Property				
Equity Investments				
Cash Deposits				
Business/Professional Interests				
Money owed to you				
Other assets				
Life cover (all policies)				
Group Life Cover (total)				
Gross Value of Estate				
	1	2	3	4

Liability Type (H)	To Be Settled On			
Liability Type	Amount	Death	Disability	Retirement
Mortgage Bond				
Hire Purchase Agreements/Leases				
Bank Overdraft				
Personal and Household Debts				
Personal Loans				
Business Loans				
Other liabilities				
Total Estimated Liabilities				
	1	2	3	4

Financial Objectives and Requirements				
1.	In the event of your Death		(1)	
	1.1 What monthly income do you want your family to have in order to maintain the standard of living you have accustomed them to (before tax)?			
2.	In the event of your Temporary or Permanent Disablement and therefore, being unable to work			
	2.1 What amount would you require for Capital Expenses?			
	2.2 How much monthly income would you require (before tax)?			
3.	In the event of you being diagnosed with a Dread Disease			
	3.1 How much cover would you need?			
4.	For Retirement at Age		(Age)	
	4.1 Based on your current income, how much would you need (before tax)?			
5.	Children's Education			
	5.1 How much do you require?			
	5.2 When do you require this amount?			
6.	Do you have any Special Goals?		Yes	No
	Details		Year	Amount
	6.1			
	6.2			
	6.3			
	6.4			
	6.5			
	6.6			

BANKING DETAILS	
Name of Bank:	
Naam vof branch & branch code:	
Type of account:	
Account number:	

Details of general practioner	
Name of GP:	
Name of Practice:	
Doctor contact details:	
Date of first consultation:	

Additional information					
Weight:		Lenght:		Distance travelled during the last year:	
What would be a suitable time of the day for medical TELE-UNDERWRITING?				Korttermyn	
After Hours Activities	Walk		Run		Gym
	Mountain Climbing		Cycling		Other

Description of duties at work: (The total percentages must add up to 100%) example Admin: 90%, Travel 0%, Supervision: 10%, Physical labour: 0%				
	Man		Woman	
	Average hours per day	Percentage of day	Average hours per day	Percentage of day
Admin The average hours per day spend in an office environment performing the following duties;: <ul style="list-style-type: none"> • Management of personnel • Read and write • Work on a pc • Telephone calls • Attending meetings • Client Service 				
Travel The average hours per day spend for work related matter excluding the following: <ul style="list-style-type: none"> • travelling to and from work • travelling as a paid passenger on a scheduled flight of a recognized airline. If travel is for transportation purposes, see "heavy Physical duties". 				
Supervision:				
Light Physical labour: The average hours per day spend on light physical labour. The following activities can define light physical labour with the exemption of administrative duties: <ul style="list-style-type: none"> • stand, walk; • climbing of stairs, not exceeding 2 flight of stairs per day; • to use your arms and hands to grab things, to hold them or to turn them; • to lift, move and carry items not exceeding 15kg 				
Heavy Physical labour: The average hours per day spend on heavy physical labour, the following can be defined as heavy physical labour: <ul style="list-style-type: none"> • frequent climbing of stairs, usually more than 2 flight of stairs per day without any other alternative for the stairs; • climbing of ladders, installations; • the lift, move or carry of items exceeding 15kg; • work with machinery, tools; • work or operating of motorised machinery; • travel for transportation purposes. 				

Agreement

Priorities		
1.	Goal	
	Reason	
2.	Goal	
	Reason	
3.	Goal	
	Reason	

Action Commitment
Financial Commitment

Client Signature _____

Date _____