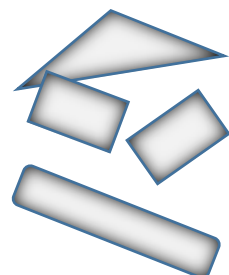
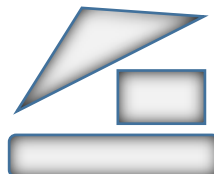
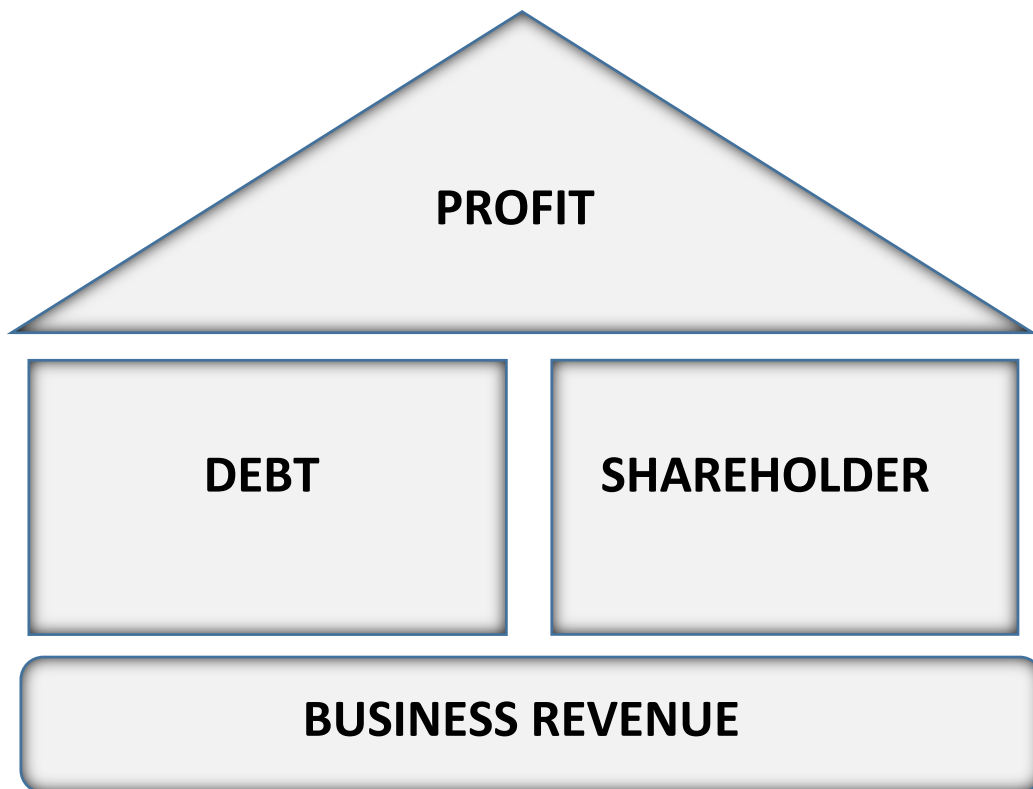


BUSINESS RISK NEEDS ANALYSIS



BUSINESS DETAILS

Main contact person				
Business telephone		Mobile		
Email				
Directors Name/s				
Business name				
Trading name				
Business address				
Date of incorporation				
Number of Employees				
Business structure	Sole Trader	Partnership	Company	Trust
GST Registered	No	Yes	GST No:	
Company type	Trading	Investment		
Total issued shares				
Trust name				
Trust number				
Trust type				
Trustees' names				

PEOPLE OF SIGNIFICANCE

	1	2	3
First Name			
Surname			
Director/Shareholder/Key Person			
D.O.B			
Contribution to revenue %			

FINANCIAL POSITION

A copy of the business' last two years financial accounts is required to accurately complete this section.

Financial year ending	/ /20	/ /20
Name of business		
A. Gross revenue/ Income	\$	\$
B. Cost of Goods Sold	\$	\$
Gross Profit (A – B)	\$	\$
Expenses	\$	\$
Net profit before tax	\$	\$
Net profit after tax	\$	\$

ASSETS AND LIABILITIES

Assets

	Realisation Factor %	Ownership
Current Assets	\$	
Investments	\$	
Fixed Assets	\$	
Intangible Assets	\$	
Other Assets	\$	
	\$	
Total Assets	\$	

Liabilities

Ownership

Current Liabilities	\$	
	\$	
	\$	
	\$	
Long-term Liabilities	\$	
Loans	\$	
Leases	\$	
	\$	
Total Liabilities	\$	
Total Equity (<i>Total assets – Total liabilities</i>)	\$	

Lease

Address			
Amount p.a	\$	Term:	years
Lease renewal date	/	/	
Landlord			

Other lease commitments (e.g. car/plant/office equipment)

Asset			
Amount p.a		Term:	years
Security holder			

BUSINESS VALUATION

Business value as at	/	/2014	\$
Valuation Method			
Who provided Valuation	Accountant / Lawyer / Other		

Notes

BUSINESS ACHIEVEMENTS/GOALS

If we were to meet here five years from now, and you were to look back over those five years, what has to happen both professionally and personally, for you to feel happy about your business progress.

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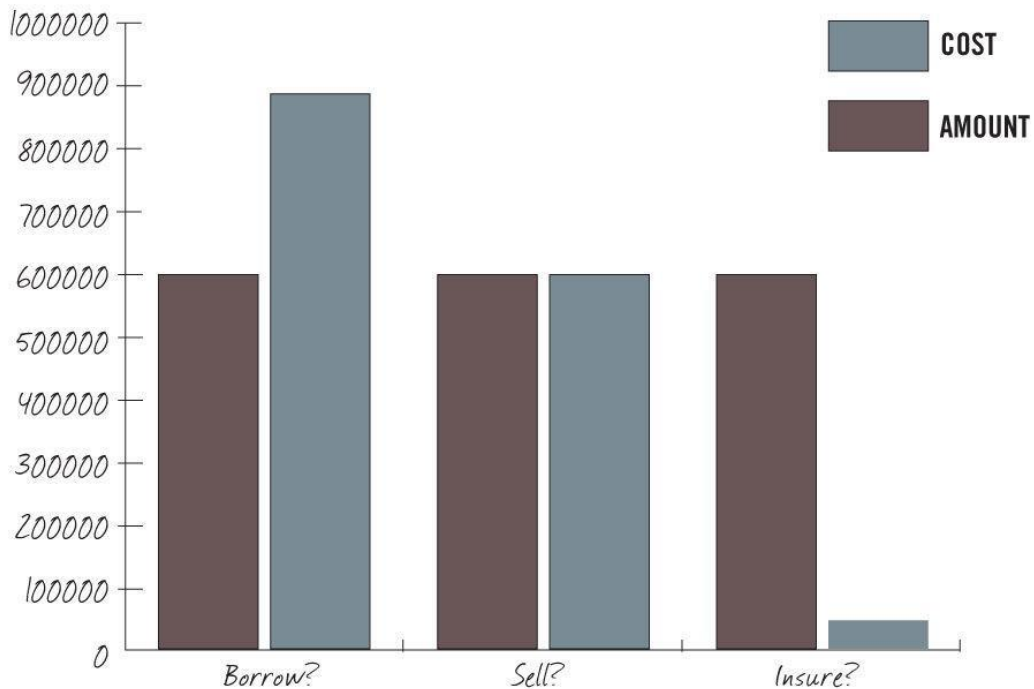
BUSINESS OBJECTIVES AND ASPIRATIONS

What is important to your business now and in the future (tick all that apply and add as applicable):

Business Owner/Shareholder Name			
Ability to repay business debt			
Passing the business onto my family			
My family is able to release my equity in the business in the event of my death or disability			
Covering employee loss of income			
Maintaining financial lifestyle			
Financial security of the Business			
Planning for a secure retirement			
All Business debt repaid in event total permanent disablement and/or critical illness			
All business debt repaid on death			

WHY BUSINESS INSURANCE

Right Source



In this case, borrowing \$628,333 from the Bank at 8% p.a. and repaying over a 10 year period has two main issues. 1) Finding the additional \$7,623 monthly to repay the debt. 2) The total cost is \$914,809!

Selling still has the problem of no longer having the asset that was worth \$628,333.

Insurance in this case is based on our 40 year old male, occupation 2, Term Life, Trauma and TPD for \$268,333 and \$360,000 of Business Continuity (total cover \$628,333), cost year one \$4,038, cost of over 10 years \$64,863.

Insurance is the hands down winner!

Key Person / Business Expenses

Are there key people?

If the key person(s) was to die or become disabled, would the business continue to trade on with a suitable qualified replacement, or would it have to be sold?

If the business was to trade on, would the loss of this key person/s impact the revenue of the business?

How would the business fund this?

Key Person / Wind up cost analysis required?

Yes	No
Trade On	Trade On
Wind Up	Wind Up
Yes	No
Borrow	Self fund
Insure	No Plan
Yes: Complete Key Person/Business Expenses/Wind up cost analysis	
No	

Debt Protection

Would you/your creditors become concerned about the businesses' future and its ability to service the debt if an owner/director dies or is disabled?

If **Yes**, would they want to have the loans or mortgages reduced or repaid?

How would you fund this?

Do you believe this is adequate?

Debt Protection analysis required?

Yes	No
Reduced	Repaid
Borrow	Self Fund
Insure	No Plan
Yes	No
Yes: Complete Debt Protection analysis	
No	

Shareholder Protection

Do you have a buy/sell agreement that covers the event of an owner/shareholder/partner dying or becoming disabled?

If yes, how is this being funded?

Do you believe this is adequate?

Shareholder analysis required?

Yes	No
Borrow	Self Fund
Insure	No Plan
Yes	No
Yes: Complete Shareholder Protection analysis	
No	

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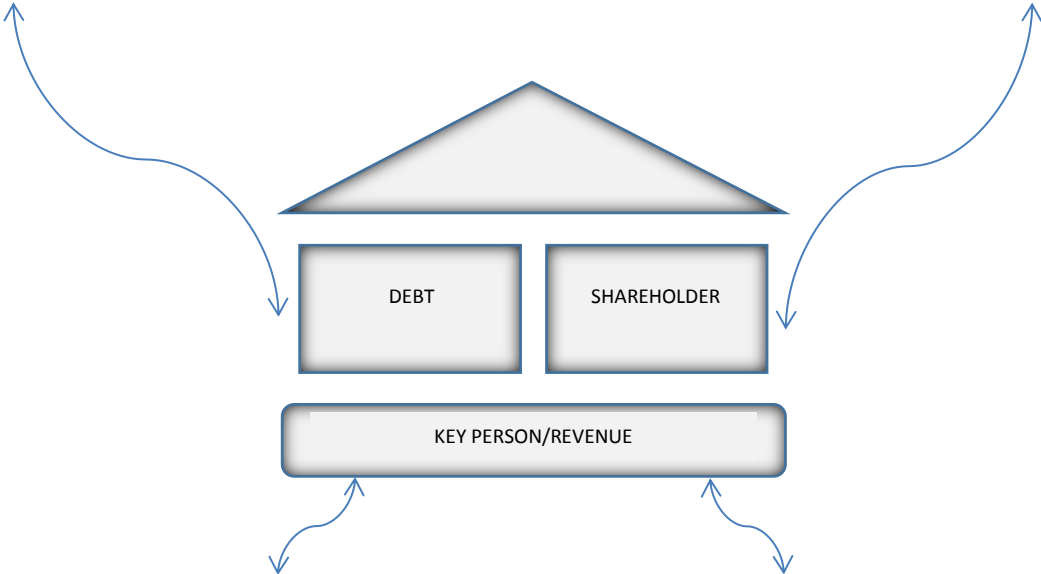
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KEY PERSON ANALYSIS

To provide the business with sufficient cash to compensate for the loss of revenue and replacement costs if a business owner or key employee dies or becomes disabled. Let's have a look at the total exposure should a key person be unavailable to the business for a length of time.

	Key Person 1	Key Person 2
Name		
Position		
Salary	\$	\$
What skills, expertise, knowledge or business relationships does this key person have that is critical to the business?		
A. Gross Profit (Average last two years. Page3) =	\$	\$
B. Key Person % Contribution to Gross Profit	%	%
C. (A x B) /12 =Monthly \$ amount share of attributable earnings	\$	\$
D. Business Recovery Period	Months	Months
E. Revenue at Risk C x D	\$	\$
F. PLUS Salary costs	\$	\$
G. Recruitment costs (Agencies generally charge10-20% of the replacement's salary package)	\$	\$
H. Relocation and Inducement costs	\$	\$
Total Key Person Exposure (E + F + G + H)	\$	\$

KEY PERSON ANALYSIS CONTINUED

Purpose is to ensure that the business continues as a going concern by covering normal operating expenses of the business while a business owner is unable to work due to injury or sickness.

How long could the business meet fixed expenses from its own resources before it would start to create cash flow issues?

weeks

Business Expenses

(Note to Consultant. We recommend you obtain a copy of the Company Accounts)

Eligible expenses

Annual amount

Rent of business premises (including contractual share of outgoings e.g. rates etc.)

\$

Mortgage/loan interest

\$

Salaries and benefits of **non-income producing** employees

\$

Equipment or vehicle leases

\$

Electricity, gas, water, telephone

\$

Cleaning and maintenance

\$

Accountants' fees

\$

Insurance premiums

\$

Equipment leasing costs

\$

Depreciation of business equipment

\$

Other fixed expenses (please specify)

\$

\$

Total annual insurable business expenses

\$

Monthly insurable business expenses

\$

(Minimum monthly cover amount required to keep business going)

What % of the Key Person Revenue does the business need covered in the event of...

	Death	Total Permanent Disablement	Critical Illness
	%	%	%

ESTIMATED WIND UP COSTS

(Only to be completed if client has confirmed that they will have to wind up the business in the event of Death, Disability, and/or Critical Illness).

In the event that a key person is unable to work for an extended period of time due to sickness/disability/death, and you have decided that the business cannot trade on, you need to consider what, if any, associated Wind Up cost would apply. In order to allow you/company directors to exit from business gracefully from credible, foreseeable crises please complete this questionnaire.

How long could the business meet fixed expenses from its own resources before it would start to create cash flow issues?

weeks

Estimated Costs/Expenses to Wind up business

	Monthly Amount/One Off Costs
Ongoing rent of business premises (including contractual share of outgoings)	\$
Employee salaries and benefits	\$
Equipment or vehicle leases	\$
Replacement to Run Business	\$
Leases (Building, Car)	\$
Accountants' fees	\$
Solicitor Fees	\$
Creditors	\$
Any other associated costs with winding up your business	\$
Total	\$

What % of the wind up costs does the business/owners family, need to have covered in the event of...

	Death	Total Permanent Disablement	Critical Illness
	%	%	%

DEBT PROTECTION

BUSINESS DEBT, PERSONAL GUARANTEES AND CONTINGENT LIABILITIES

To provide the business with sufficient cash to preserve its asset base by repaying or reducing debts, repaying loan accounts and releasing personal guarantees on the death or disablement of a business owner.

Business debts	Amount	Security holder (Lender)	Security (eg personal guarantee, property)	Signatories	Guarantee Amount (Type e.g. Joint & Several/Limited)
Overdraft - <i>example</i>	\$130,000	KiwiBank	<i>Floating Charge over the assets of XYZ business & Director 1</i>	Director 1	Joint & Several
Mortgage					
Overdraft					
Loans/Hire Purchase					
Lease commitments					
Creditors					
Shareholder current account Credit					
Shareholder current account Debit					
Other					
Total					

What % of your business debt does the business need covered in the event of...

Death	Total Permanent Disablement	Critical Illness
%	%	%

SHAREHOLDER PROTECTION ANALYSIS

Purpose is to provide the exiting owner or their nominee with sufficient cash for the transfer of their equity to the continuing owners, on the death or disablement of a business owner. It also protects the interests of the remaining shareholders as they do not have to sell assets or borrow to purchase the deceased or disabled shareholders' shares.

Distribution of shares in the event of the death or disability of an existing Shareholder

Shareholder	Current %	A	B	C	D
A.					
B.					
C.					
D.					
TOTAL SHARES	100%	100%	100%	100%	100%

Is there a Shareholder Agreement in place?

Yes	No
-----	----

Is there a Buy/Sell agreement in place?

Yes	No
-----	----

When were these agreements last reviewed?

--

I strongly recommend that you review your Shareholder and/or Buy/Sell agreements on an annual basis and/or in line with any special events in your business.

BUY/SELL FUNDING

	A	B	C	D
Shareholder name				
% shareholding				
Value of shareholding	\$	\$	\$	\$
Funds required	\$	\$	\$	\$

What % of the share purchase do you need to have covered in the event of...

Death	Total Permanent Disablement	Critical Illness
%	%	%

INCOME PROTECTION

What are your ACC cover arrangements?

Name	ACC cover type	If CoverPlus extra, level of cover selected	Annual levy
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	CoverPlus CoverPlus Extra	\$	\$
	CoverPlus CoverPlus Extra	\$	\$
	CoverPlus CoverPlus Extra	\$	\$

Would you like this reviewed

Yes	No
-----	----

In the event of disablement, how long would the business continue to pay the disabled Director's/Principles salary for?

Is there an agreement underpinning this?

Yes	No
-----	----

Is there some advantage in having the Directors/Principals and/or your key staff covered by Income Protection Insurance?

	1	2	3	4
Name				
Annual earned income	\$	\$	\$	\$
If you were unable to work due to illness or injury how long could you reasonably last without your income?	weeks	weeks	weeks	weeks
How long would you need the benefit to be paid for?				

EXISTING BUSINESS INSURANCE COVER

Life assured	Policy Owner	Cover Type	Sum assured	Policy purpose (eg buy/sell)

EXISTING PROFESSIONAL ADVISERS

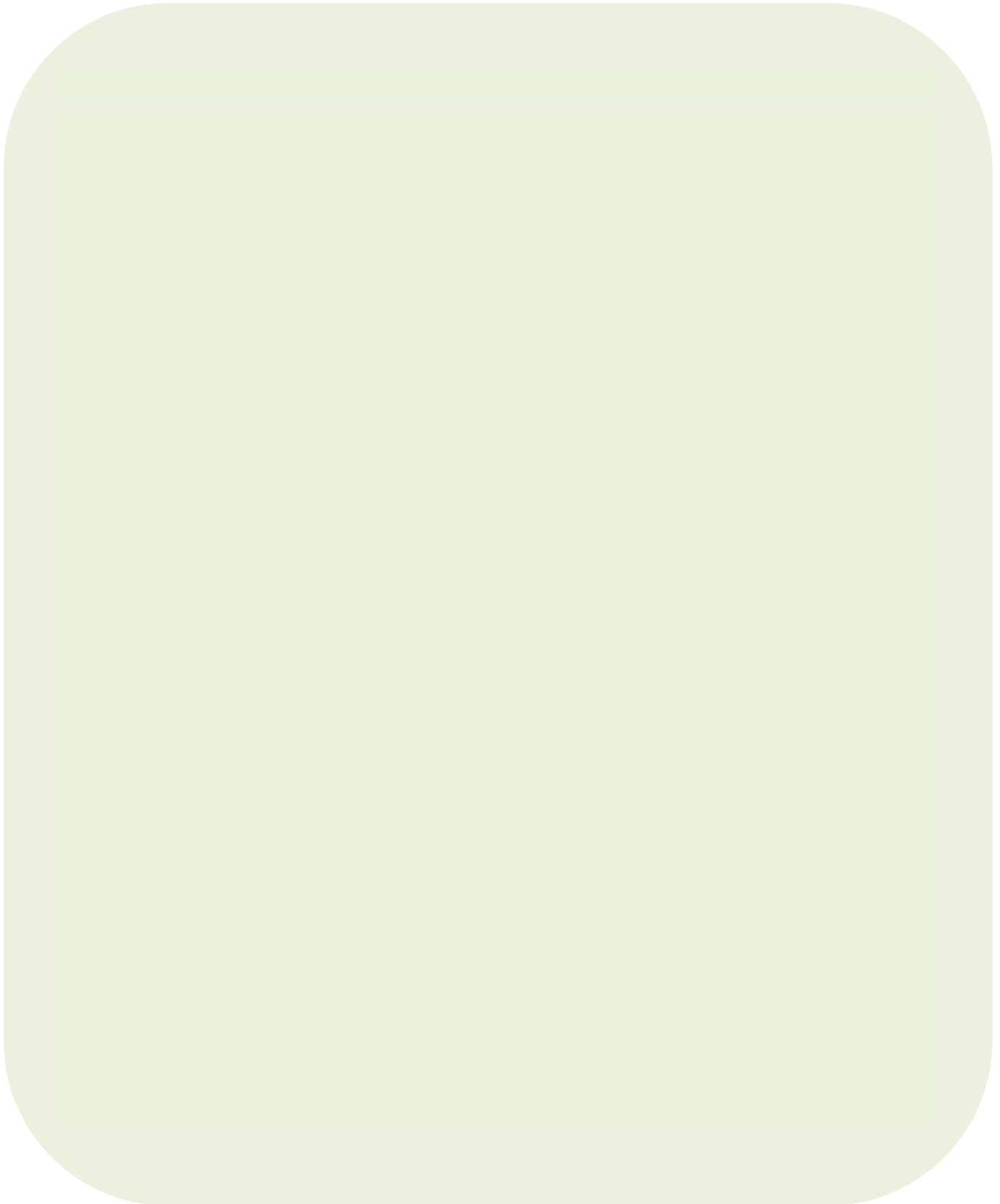
Accountant/Tax Agent

Name:	Firm:
Address:	
Email:	Phone:
Role/involvement in the business?	
Would you like them to be involved in my risk analysis?	
Are they a decision maker in this process?	

Solicitor

Name:	Firm:
Address:	
Email:	Phone:
Role/involvement in the business?	
Would you like them to be involved in my risk analysis?	
Are they a decision maker in this process?	

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Client Declaration

1. I/We have reviewed the Disclosure Document with the Consultant against our financial business risk management goals and objectives and on the basis of our discussions, I/we agree that the Consultant is suitable for my/our requirements and wish to proceed with the planning process
2. I/We confirm that once the planning process is complete, I/we am/are happy for the Consultant stated below to obtain non obligatory estimates, quotes and/or pre approvals on my/our behalf.
3. Therefore, I/we give permission for the Consultant stated below to approach product providers for an indicative approval and quote.
4. I/We declare that the information provided by me/us to the named Consultant in all the documents attached to this Declaration is to the best of my/our knowledge accurate.
5. I/We understand that the information requested and disclosed in all the documents attached to this Declaration will be used for the purpose of an analysis of our financial situation and not for the purposes of making any application for financial products and/or services.
6. I/We acknowledge that the information in all the documents attached to this Declaration is an accurate summary of my/our personal and financial situation at this point in time.
7. I/We further understand that implementation of any recommendations will be subject to my/our acceptance of the terms of cover offered and completion of the required application forms.

By signing this client authority below I/we agree to 1 to 7 above and confirm my/our consent to the use of the personal information contained in this report for the purposes of advising on my/our present and future financial planning requirements.

Director 1 full name		Director 2 full name	
Signature		Signature	
Date		Date	

Consultant Declaration

This preceding information has been completed by me and is a true record of my interview with the signed client.

Full name	
Signature	
Date	

LETTER OF AUTHORITY IN RESPECT OF EXISTING INFORMATION

Client Full name		
Date of birth		

Do nominate and authorise:

Consultant Name	
Agency code	

To request information in respect of the policies listed below/any policy held with your company not listed. This includes, if requested; Existing Proposal Documentation; Policy information; Benefit Information; Alterations to standard policy terms (loadings and/or exclusions); Medical Information; Other requested information held in relation to existing policies

POLICY NUMBER

Please note that this authority is to remain effective, unless cancelled, for 30 days from the date below

Client 1 Full Name		Client 2 Full Name	
Signature		Signature	
Date		Date	