**CLIENT’S ADVICE RECORD**

|  |  |
| --- | --- |
| **NAME OF CLIENT:               DATE OF INTERACTION:** |  |
| **WAS A COMPREHENSIVE NEEDS ANALYSIS DONE?**  | **YES** |  **NO** |
| **WAS A RISK ANALYSIS COMPLETED?** | **YES** |   **NO** |
| **DIFFERENT FINANCIAL PRODUCTS CONSIDERD:**  | **QUOTES SEEN** | **YES** | **NO** |
|  |
|  |
|  |
| **NEEDS/ITEMS THAT WERE CONSIDERD AND ACTIONS TO TAKE:**  |
|  |
|  |
|  |
|  |
|  |
| **SUGGESTED PRODUCTS/ FUTURE PLANS AND PRIORITIES**  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **A STATUTORY NOTICE AND DISCLOSURE LETTER WAS PRESENTED** | **YES** | **NO** |

**THE ADVICE IS BASED ON CORRECT INFORMATION PROVIDED BY THE CLIENT OR THE THIRD PARTY.**
I THE UNDERSIGNED NOTE THAT IF I CANCEL OR SURRENDER MY POLICY; I WILL MANAGE AND AMEND MY OWN PERSONAL PORTFOLIO.

 **REPRESENTATIVE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLIENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**