CLIENTS ADVICE RECORD

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| 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 |
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| NEEDS/ITEMS THAT WERE CONSIDERD AND ACTIONS TO TAKE:  |
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| SUGGESTED PRODUCTS/ FUTURE PLANS AND PRIORITIES  |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_