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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_