



FINANCIAL PLANNERS SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your PI Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Name of Applicant

Name of Broker

A BUSINESS DETAILS

1. Please apportion your total income for the classes of business stated below.

Class of Business	%	Class of Business	%
Fire, Motor Liability	%	Financial planning/portfolio monitoring	%
Bloodstock, Marine, Aviation	%	Investment products (unit trusts, bonds)	%
Mortgage broking (residential)	%	Sharebroking	%
Finance broking (commercial)	%	Other (Please specify)	%
Term Life, Medical, Income Protection	%	TOTAL	100%

2. Are you involved in any other business activities other than those of a Financial Planner and the arrangement of insurance? Yes No

3. What is the total value of clients' assets under management?

4. Are you involved in Direct Market investment of client funds outside of recognised managed fund organisations and other registered securities? Yes No

5. Are you involved in the sale, broking, creation or promotion of contributory mortgage securities? Yes No

6. Are you involved in the sale, broking, creation or promotion of syndicated property investments that are not registered under the Securities Act or the Unit Trusts Act? Yes No

7. Do you conduct business via Australia for any person or corporate over whom the ASIC may claim jurisdiction? Yes No

If Yes, are you licensed to perform your professional business activity in Australia? Yes No

Please provide your licence details



8. Is there any other information in your possession that you would consider material to the risk being proposed? Yes No

If Yes, please state full names and capacities of all members

Table with 5 empty rows for listing members and their capacities.

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Form fields for Signed, Date, Printed name, and Position.



Quay Tower, 29 Customs Street, PO Box 44, Auckland. www.qbe.co.nz Phone: 00 64 9 366 9920, Fax: 00 64 9 366 9930

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