

FSP Name : _____
 FSP Number : 3493

**NEEDS ANALYSIS AND
 RECORD OF ADVICE**

Client Name: _____ ID No: _____ Tel No _____

1. AFFORDABILITY ANALYSIS (Check list)			
Basic Salary (excludes all overtime & other payments –amount on pay slip)			R
No Debit Orders allowed		Maximum allowed Premium: Stop Order (Basic x 13%) or (Basic x 13 / 100)	R
Total existing Insurance Deductions on Pay slip			R
Maximum new premium allowed (include ALL new policies sold):			R
New Policy Premiums			R

Should my new premium exceed 13% rule of stop order allowance of my basic salary, we recommend that you should look at Bank Debit order

A. Current Nett Salary (as per pay-slip) > R2000 for S/O to qualify	Y/N
C. Any of these codes on pay slip does not qualify for deduction, it wil Q-link: 0206, 0230, 0045, 0046,0201,0213, + larges arrears balances (except SANDF which have specific codes – phone office to enquire)	Y/N
Should any of these code appear on pay slip, we recommend that you should look at, Bank Debit order	
Have you or will you replace a policy as a result of this sale? YES { } NO { }. If yes, a replacement Policy Advice Record has been completed showing you the impact of my decision.	
I have confirmed that the client can afford the new premiums and that the Company will only post the contract after the deduction of first premium. (Rep to Initial)	

Rep Check list after complacent of application:

Original/certified copy of Pay slip not older than 3 months for Funeral and 6 weeks for 4Sure/Life (Originals will be posted)	Y/N
Signed and completed quotation attached for Life Products	Y/N
Only to use Bank details on Pay slip for Debit orders	Y/N
Application signed on all pages + with corrections by Client and Rep + Signature dates filled in	Y/N
Application fully completed in client presences (Check Contact details, addresses, ID, all Birth dates, Premiums, Cover amounts, premium growth, relationship codes)	Y/N
Permanent workers have a Pension Fund deduction on his Pay slip (If not sure, phone the office to enquire)	Y/N

2. IDENTIFYING NEEDS – Completed in Application						
EDUCATION PLAN (Studies)	FUNERAL (Own, parents, family, extended family)	LIFE (Funds for family, final expenses, House, motor,...)	SAVINGS (Emergency reserve, Holiday, House deposit)	DISABILITY (Loss of income/capital due to disability)	RETIREMENT PROVISION (Old age income/ capital)	HOSPITAL PLAN (Loss of income due to extended hospitalization)

3. PRODUCTS CONSIDERED AND RECOMMENDED (Category B1 and B2)

I am allowed to market this products for:				ASSUPOL LIFE	GROUP SCHEME
Products	Advice and Recommendation	Recurring Premium	Cover Amount		
Funeral Plan		R	R		

4. I ACCEPT THE ADVICE GIVEN AND ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE DOCUMENTS

Client Name	Client Signature	Advisor Name	Advisor Signature
DATE :		DATE :	