Life Options

Tab	Field in the tab	Client's Choice [Option Type]			
		1	2	3	4
	Fact Find				
Personal details	• Name • NRIC / Passport No. • Date of Birth • Employment Status	* * * *	* * * *	* * * *	* * * *
My Concerns	At least one concern selected	*	*	*	*
Risk Profile	Your Risk Profile [*Complete all*]	*			
CPF	<u>CPF Calculation</u> • Gross Monthly Salary	 *			
Monthly Cashflow	<u>Outflow</u> <u>Cashflow Insights</u> • If I am unable to provide an income, I would like my family to have $ XXXX for XX years. √ Tick if same as monthly outflow	* *			
Net Worth	<u>Assets</u> **OR** <u>Liabilities</u>	* *			
	Protection Needs				
	<u>Family Income Protection</u> Figures will auto-populate if complete the necessary fields under Fact Find [*CPF + Monthly Cashflow + Net Worth*]	*	*		
	Saving Needs		**OR**		
	<u>For Education/Personal Development</u> **OR/AND** <u>For Other Savings</u> [*When Amount is needed, even if the amount is $0*]	* *	* *		
	Retirement Planning		**OR**		
	<u>Retirement Objective</u> • I/We intend to retire when we are at age XX • I/We would like to have a monthly retirement income (in today's dollar) of $XXX [*Capital needed at retirement, even if the amount is $0*]	* *	* *		
	Recommendations				
	<u>Life Planner's Recommendations</u> • Client's Needs For • Plan/s & Sum Assured Recommended • Reasons For Each of Those Recommendations	* * *	* * *	* * *	
	<u>Client's Acknowledgement</u> • I am/We are aware that I am/we are buying an investment linked product, and that the returns are subject to market conditions. I am aware of the risk classification of the funds selected and am prepared to take the risk.	*			

Hi – Options

Tab	Field in the tab	Client's Choice [Option Type]		
		1	**2**	**3**
	Fact Find			
Personal Details	• Name	*	*	*
	• NRIC / Passport No.	*	*	*
	• Date of Birth	*	*	*
	• Employment Status	*	*	*
My Concerns	At least one concern selected	*	*	*
	Protection Needs			
Health Planning	Health Needs – Health Fact Find			
	• Personal Details of Client	*		
	• Spouse and Dependents Details (*If any*)	*		
	• Existing Health Insurance Policies (√ *box - I do not have any existing Health Policy. Otherwise, fill in the relevant fields*)	*		
	• My Health Concerns (*At least one concern selected*)	*		
	• Health Condition	*		
	Health Needs – Provision for Major Illness	*		
	OR/AND			
	Health Needs – Provision for Accidental Death Benefits	*		
	OR/AND			
	Health Needs – Provision for Disability Income Protection	*		
	OR/AND			
	Health Needs – Provision for Long Term Care	*		
	OR/AND			
	Health Needs – Provision for Medical Expenses	*		
	Recommendations			
	Life Planner's Recommendations			
	• Client's Needs For	*		
	• Plan/s & Sum Assured Recommended	*	*	*
	• Reasons For Each of Those Recommendations	*	*	
	• √ HI	*	*	*