

IMPORTANT DISCLOSURES

Commissions and Incentives

On acceptance of an insurance application by the insurer, I usually receive commission from the applicable insurer. The commission is generally an upfront commission, but I may also receive a renewal commission. The upfront commission is calculated as a percentage of the first year's premium that you will pay. A renewal commission is calculated as a percentage of the premium that you pay for each year the policy is in force.

The percentages that each insurer uses to calculate upfront and renewal commissions are below. Once you are comfortable proceeding and the insurance application is accepted, I'll reconfirm this with you.

Insurer	Upfront%	Renewal%
AIA	180%	10%
ACCURO	30%	15%
Asteron Life	180%	5%
Fidelity Life	175%	17%
NIB	140%	5%
Partners Life	180%	10%

Conflicts of Interest

I may also receive a referral fee or commission if I refer you to our referral partners. I will give you more information about how that referral fee or commission is calculated, before proceeding. I manage the conflicts of interest arising from this commission by:

- Following an advice process that ensures I understand your needs and goals so that I always recommend the best product for you regardless of the type and amount of commission I will receive.
- Ensuring the amount of any insurance cover is in accordance with your identified needs.

- Providing you with the table below showing commission rates and types by product provider.
- Undertaking regular training on how to manage conflicts of interest.

Fees and Expenses

- Generally, I won't charge you any fees for the insurance advice I provide to you. This is possible because when the policy is issued, I usually receive commission from the insurer. Any exceptions to this general position are explained below.

I may charge you a one-off fee if the following occurs:

When I don't receive commission from the insurer: If you request that I provide insurance advice and I do not receive a commission from the insurer, I may charge you a one-off fee. Any such fee would be agreed and authorised by you in writing before I complete the services, and would be based on an estimate of the time spent providing the advice. (This may arise in the rare event that you request that I provide services in relation to either a product that is offered by an insurer that I do not hold an accreditation with, or a product that is outside my usual arrangements with my product providers).

When I have to repay commission to the insurer: If an insurer requires that I repay commission within 24 months of issuance of your insurance, I may charge you a one-off fee. Any such fee would be no more than \$2,500 (plus GST) and would be calculated based on a rate of \$250 (plus GST) per hour of my time spent providing financial advice to you in connection with the applicable insurance. The fee I charge you will not exceed the amount of commission I have to repay to the insurer.

You will be invoiced for any one-off fee and will be given 30 days to make payment.

How to make a complaint and resolve a dispute

If you are not satisfied with my service you can make a complaint through the following methods: By logging into the Trail client portal and pressing on the "Make a Complaint" button on the bottom right of the page

- By contacting me directly
- By sending an email to Paulette Lewis on office@thetagteam.co.nz

Once we receive a complaint, we follow an internal procedure to ensure we address the issue. Our process will:

- Inform you how we will address the complaint
- Gather any information that will help us resolve the complaint
- Aim to resolve the complaint within 7 working days
- If we cannot resolve the complaint within this timeframe, we will update you regarding next steps

If you are not satisfied with how we addressed or resolved your complaint, you can refer your complaint to our external dispute resolution service. They are an independent dispute resolution service that costs you nothing to use, and will help us resolve any disagreements or finalise outstanding complaints. Their contact details are:

Financial Services Complaints Limited
complaints@fscl.org.nz
0800 347 257

My duties to you

I, Michelle Wilton, am bound by the duties of the Financial Markets Conduct Act to:

1. Meet the standards of competence, knowledge and skill set out in the Code of Conduct
2. Give priority to the clients' interests and
3. To exercise care, diligence, and skill in regards to the advice we provide and
4. Meet the standards of ethical behavior, conduct, and client care set out in the Code of Conduct

You can find more information by contacting us or visiting the Financial Markets Authority website at <https://www.fma.govt.nz/>.

EVALUATING YOUR OPTIONS

The recommendations contained in this report include appropriate insurances and levels of cover based on your personal risks and subsequent requirements. It is now up to you to decide whether you will protect all, part, or none of the risks I have identified.

The options from here are as follows:

- Proceed with the recommended level of cover
- Proceed with variations to your recommended level of cover
- Not proceed at this stage

If you decide to proceed:

- It is vital that all information provided to the insurance company is accurate and contains full disclosure. Please refer to the 'Duty Of Disclosure' section in this report for further information on your disclosure requirements
- The process from here is based on factors that may change, but generally includes the following:
 - Completion of an Application Form
 - Submission of the Application Form to the insurance company
 - Underwriting process during which time the insurance company may contact you (this may include the insurance company contacting your nominated doctor for further information)
 - Policy documents being sent to you from the insurance company
- It is important that once your insurance is put in place that we continue to review it to ensure that it continues to meet your needs as your life changes. This doesn't always mean taking out additional cover, but it does make sure the cover you have is appropriate for your needs. It is also a good opportunity to review any new products, as insurance companies often update their products to take into account changing lifestyles and improving medical practices.

PROCEEDING WITH RECOMMENDATIONS

Please initial the following boxes as instructed, then sign the declaration at the bottom of the page.

- I/We acknowledge that I/we have agreed to meet with Michelle Wilton.
- I/We acknowledge that I/we have read and understand this report and confirm that it reflects the information that I/we have provided to Michelle Wilton. There have been no material changes in my/our circumstances that would impact the recommendations contained in this report.
- I/We acknowledge that all information that has been provided in relation to the advice received is correct without any relevant information being withheld by myself/ourselves. In

addition, all the information that I/we will continue to provide is correct and complete to the best of our abilities.

- I/We have the obligation to provide/disclose any uncertainty about the information I/we provide.
- I/We consent to the use of the personal information contained in this report by Michelle Wilton for the purposes of advising on our/my present and future insurance requirements. I/We understand that the personal information collected will be held by Michelle Wilton at their premises. I/We understand access to and correction of our/my personal information may be requested by us/me.

Please initial all of the boxes below either 'Decision to proceed' or 'Decision not to proceed'

Decision to proceed

- I/We have an obligation to make sure that all information in any application submitted to a provider is correct and an accurate representation of my/our current situation. Information in any application related to myself/ourselves must not have any false, misleading, or incomplete information to the best of my/our knowledge.
- I/We have the duty to disclose any other changes to the insurance provider prior to the application being successful and accepting the offer contract provided by the insurance provider.
- I/We acknowledge that I/we have been given a reasonable amount of time to make sure all information in the application meets the criteria under this agreement.
- I/We confirm that I/we are prepared to proceed with the recommendations outlined in this document, including the variations that may have already been discussed and shown in this report. I/We understand that I/we will receive all relevant product disclosure materials relating to the insurance products recommended. I/We further understand that implementation of the recommendations will be subject to the completion of the required application forms and our/my acceptance of the terms of cover offered.
- I/We understand that by accepting a variation, we have decided not to proceed with all of the recommendations and understand that in choosing this course of action I/we risk future financial losses for which I/we may not be adequately protected.
- I/We understand that a breach of any part of this agreement may either alter the terms of the policy that is being applied for or may void the policy from its inception. This could potentially mean that a breach means that I/we would not be able to make a claim as no policy would exist. It does not matter if the material information is about a condition unrelated to your claim.
- I/We acknowledge that it is my/our responsibility to make sure that all information is held by the insurance provider to be correct and complete.

Decision not to proceed

I/We acknowledge that I/we have read and understood the recommendations in this report and confirm that I/we have decided not to proceed with any of these recommendations at this time. I/We understand that in choosing this course of action I/we risk future financial losses for which I/we may not be adequately covered.

Ongoing relationship

I/We agree to future reviews of our insurance, the first review being on _____. I/We also agree to receive emails from time to time as part of our ongoing relationship.

CONFIRMATION

I agree to the contents of the terms above with a signature or via a confirmation email to my adviser.

Client name:

Signature:

Date:

DUTY OF DISCLOSURE

To help you meet your duty of disclosure, we recommend:

1. That you communicate to your adviser any information that you are unsure about. This includes letting your adviser know that you do not understand the question that you are being asked. You should consider asking questions to make sure you understand all the parts of the process and all the statements that you make in relation to your application. You may not be sure if you need to disclose an incident or an injury, you should consult your adviser.
2. That you consider getting a copy of your medical history from your doctor(s) in the event that you cannot remember an answer to one or more of the health-related questions.
3. That you understand that you have the right to your information. You can contact the provider to make sure that your information is correct. - It is your obligation to make sure that all information submitted in your application is correct. Therefore, you may save yourself from future problems by making sure that your information is correct at all times. If your circumstances change, it will be a good idea to contact your adviser and let

them know of the change. An example of change would be a change in your employment. If you decide to become self-employed after some time, you should disclose this information. Communicating your changes is essential and building a lasting relationship and making sure you are protected.

4. To take the time to check all the information in your application is complete and correct. The extra time you put in now to make sure your information is correct could save you time in the future.
5. To cooperate with the insurance provider when they request for more information from you. This will help you process things faster and ease the process for both parties.