



TRIO GROUP
TAILORED FINANCIAL SOLUTIONS

Terms of Engagement

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TERMS OF ENGAGEMENT

Who we are

Adviser	Beverley Davies
Company	Trio Group (NZ) Ltd
Contact Details	Level 6, 195-201 Willis Street PO Box 11-225, Wellington Ph: (04) 802 5935 Fax: (04) 802 5932 Mob: (021) 688 787

What we do

I am a Registered Financial Adviser who specialises in arranging mortgages, personal loans and insurances for my clients. As a certified Mortgage Broker, I am required by the New Zealand Mortgage Brokers Association (NZMBA) to provide my clients with a choice of home loan facilities from a number of lenders.

I offer personal and business insurance solutions to my clients including life, trauma, income protection, family protection, mortgage protection, health, disability and business continuation cover. I have access to a wide range of insurers to give my clients choice and provide them advice on choosing an insurance policy, and offer transactional services to implement their policy.

How we work

- Agree on areas of advice requirements – Establish other terms of our engagement.
- Get to know you and gather all necessary facts of your situation – Identify your specific needs and objectives.
- I then analyse and research your circumstances – Develop strategies to meet your needs and objectives.
- Prepare a Statement of Advice.
- Present my recommendations – Implement any agreed recommendations.
- Monitor the implementation and review these strategies and actions on a regular basis.
- I also provide assistance during claim times, and refixing services

Experience and Qualifications

I have over 20 years experience in the mortgage and insurance industry.

National Certificate in Financial Services – Level 5
Specialist Standards - Standard Set E – Insurance
Specialist Standards - Standard Set E – Residential Property Lending
Sentinel Lifetime Loan – Accredited Adviser course

July 2011
October 2010
November 2010
March 2011

ANZ Business & Commercial Accreditation Course
Adviser Link - Business Financial Services (with Merit)

August 2007
November 1998

Memberships

- New Zealand Financial Services Group – Insurance & Mortgage Aggregation Group
- Insurance & Savings Ombudsman Scheme Inc.

Product Providers

I have access to the following providers and suppliers:

ANZ Bank, Westpac, Sovereign Home Loans, The Co-Operative Bank, SBS, Resimac Home Loans, Liberty Financial, Southern Cross Finance Limited, General Finance, Avanti Finance, DBR Finance, ASAP Home Loans, Sentinel, One Path, Partners Life, Sovereign Insurance, AMP, Asteron, AIA Life, Tower, Fidelity and others when the need arises.

How we get paid

In the normal course of business, I receive commission from the lenders that I place clients business with. The nature of this commission can be a single upfront commission (as a percentage of loan facility), an ongoing (trail) commission (as a percentage of loan facility) or a mix of both. I may charge a one off fee for work completed for clients which does not attract a broker payment from the lender, similarly if the loan is partially or fully repaid within 2 years of the loan being drawn down, I reserve the right to charge you a fee for professional services. A minimum fee of \$500 + gst will apply, plus time spent based on an hourly rate of \$150 + gst per hour. In addition, if the loan is approved in good faith and a letter of offer is provided by a lender, but you choose another channel, lender or broker in which to place the business, a minimum fee of \$500 + gst will apply, plus time spent based on an hourly rate of \$150 + gst per hour. In this case, an invoice will be given to you.

I may also receive a commission for the placement of insurance products for my client (s) (Fire and General Insurance and Personal Risk), either directly (if an agency is held by me) or indirectly if a referral is made to a specialist insurance advisor. Similarly, I may make payments to those who refer clients to me. Such payments are made solely at my discretion and are in no way detrimental to my clients. If the insurance policy is cancelled or altered in any way within 2 years of the policy issue date, which may cause a claw back to the insurance company, I reserve the right to charge you a fee for professional services. A minimum fee of \$500 + gst will apply, plus time spent based on an hourly rate of \$150 + gst per hour.

From time to time, I may receive certain monetary and non-monetary benefits from lenders. Under the NZMBA's Membership Rules (Code of Ethics & Standards), such benefits must not influence the placement of client's applications.

Your Obligations

Any advice or product implementation provided as a result of this needs analysis can only be as good as the information received from you so I ask that you provide me with the information I request. Without relevant and correct information about your personal and financial situation I run the risk of giving advice that is not appropriate for your needs. If you are unsure as to why I need certain information please ask so that I can explain.

Privacy Act

1. It is understood that any information gathered for this needs analysis is personal and I undertake to keep this information confidential and secure.
2. The Privacy Act 1993 gives you the right to request access to and correction of, your personal information.
3. Information provided by you and or any authorised agent will be used by me and any members of my staff for the purpose of providing advice to you and may also be used by any:
 - a) product or service provider when implementing any of my/our recommendations or variations thereof;
 - b) compliance advisers, assessors or by any claims investigators who may need access to such information; and
 - c) other professionals such as solicitors, accountants, finance brokers, financial planners when such services are required to complement this advice and as requested by you.
4. The information will be held by me at:

Level 6, 195-201 Willis Street, Wellington

Scope of Service and Engagement

The following are the areas or advice or product that you are requesting from me, subject to any specific objectives or limitations of our engagement.

Unless noted below, our discussions and my advice will be in relation to assisting you manage you and/or your family's financial security in the event of:

- | | |
|--|----------------------|
| <input type="checkbox"/> House or Business funding | Mortgage |
| <input type="checkbox"/> Unexpected Medical costs | Health Insurance |
| <input type="checkbox"/> Loss of income through sickness or disability | Income Protection |
| <input type="checkbox"/> Suffering a serious illness or disability | Trauma Insurance |
| <input type="checkbox"/> Suffering a permanent disability | Disability Insurance |
| <input type="checkbox"/> Sudden death | Life Insurance |
| <input type="checkbox"/> Other (please specify below) | |

Specific limitations of this analysis and/or advice documentation

Other specific objectives, tasks or terms of this engagement

Acknowledgements

I may be required to evidence that I have explained specific requirements or obligations and provided certain information to you. Can you please acknowledge by signing below that these requirements have taken place?

Disclosure Statement

I have provided you with a copy of my current Disclosure Statement.

Provision of Information

I / We acknowledge the advantages of undertaking a full suitability (needs) analysis and the need to provide relevant personal and financial information and by not doing so I / we risk receiving advice or product recommendations that may not be appropriate to my / our needs.

Scope of Service

I / We understand the services being provided are restricted to the scope of service or subject to specific limitations indicated on the previous page.

Privacy Act

I / We acknowledge I / We have read and understood the information relating to the Privacy Act 1993 and how this information may be used.

Adviser Remuneration

I / We acknowledge I / We have had the basis of adviser remuneration explained and I / we agree to the option indicated on the previous page.

Client name: _____ Client name: _____

Signature: _____ Signature: _____

Date: _____ / _____ / _____ Date: _____ / _____ / _____