## RSM Financial Services Pty Ltd ABN 40 006 361 226

Corporate Authorised Representative No 245752 of RSM Group Pty Ltd

Australian Financial Services License Number 239631



## Personal Insurance – Information Request FAX to 03 9817 2055

**"We are interested** in RSM providing us with relevant information on LIFE, TRAUMA and DISABILITY INCOME insurance or a complete assessment of our personal insurance needs".

Family name:			
Given name:		&	
Dates of birth:		&	
Smoker status:		&	
Occupation:		&	
Gross Salary:			
Qualifications:		&	
Employee or Self employed			
Industry Description:			
Email address:			
Name of the Superannuation	n Fund:		
Do you have insurance cover If Yes what type of insurance			es / No
Do you have any personal Lif Yes what type, how much,			
Total debts		\$	
Is there anything else you would to address, any health issues: _			e future, any issues you would like
Your Address			
Telephone numbers:			
By signing this form, you are with regard to your personal i kept strictly confidential.			rvices Pty Ltd to contact you ands that all information will be
·	Signed:		date:
	Signed:		dato