

Review Letters

By Tony Carlyon – Sydney New South Wales Australia



These letters are sent in the first week of each month to those clients whose Reviews are in the next month i.e. February review letters are sent the first week of January.

For 'A' & 'B' Class clients whom I wish to see, I suggest a recommended time and place for the appointment.

For 'C' Class clients, I ask them to contact me if they wish to review their Programmes.

For 'C' Class clients whom I haven't seen for a while I send a Happy Anniversary letter to remind them that their Programmes should be reviewed on a regular basis.

This enables me to start off each month with between 10-15 appointments with people who are happy with my service.

(See sample Attachments B, C, D and E)

Attachment B

November 20, 2004

Mr & Mrs S Chung
C/- MDRT

Dear Stephen and Adelia,

This letter is part of my promise to you that I would keep in contact and confirm your Insurance and Superannuation Programme is kept up-to-date to protect you and your family's needs.

I obviously need your assistance to fulfil this promise, so it would be appreciated if you could take a few minutes to complete the enclosed Anniversary Checklist and Questionnaire and return it to me in the reply paid envelope.

I would like to review your Programme on Monday, June 27, 2004 at 8.00am in the New Orleans Convention Centre. If this is not convenient, please contact my office to arrange an alternative time.

I look forward to hearing from you.

Kind Regards,

A J CARLYON JP FAFA Dip LIAAII
FINANCIAL SERVICES ADVISER
Authorised Representative of
Matrix Planning Solutions Ltd

Attachment C

November 20, 2004

Mr M Feldman
East Liverpool
OHIO

Dear Marv,

It is now the time when your Insurance and Superannuation Programme should be reviewed so it continues to fully protect your personal and family's future needs.

So you are aware of your Programme with our Company, I am enclosing a Schedule showing the current benefits.

I am also enclosing an Anniversary Checklist and Questionnaire for you to complete and return in the reply paid envelope so you are aware of the various services we now offer.

If the review reveals any area of additional protection that should be considered, I will contact you to provide the relevant details.

Alternatively please ring me so we can arrange a time to meet and discuss your Programme in more detail.

I look forward to hearing from you.

Kind Regards,

A J CARLYON JP FAFA Dip LI AAI
FINANCIAL SERVICES ADVISER
Authorised Representative of
Matrix Planning Solutions Ltd

Attachment D

November 20, 2004

Mr B Ashe
Chicago, Il

Dear Brian,

Happy Anniversary!

Next month we celebrate the anniversary of when you kindly allowed me to arrange your Insurance and Superannuation Programme to provide protection for you and your family.

Unfortunately it is now several years since we last celebrated this anniversary together.

You will agree that any Programme must be kept up to date particularly to allow for change in personal circumstances, so I am asking that you allow me to assist you to update your requirements. Your current programme is enclosed for your information.

It would be appreciated if you could ring my office so that we can arrange a mutually acceptable time. Alternatively, please complete the attached review form and return it to me in the reply paid envelope.

Until we meet to celebrate your anniversary.

Kind Regards,

A.J. CARLYON JP FAFA Dip LI AAI
FINANCIAL SERVICES ADVISER
Authorised Representative of
Matrix Planning Solutions Ltd

Attachment E

Anniversary Checklist and Questionnaire

Carlyon Financial Services Pty Ltd aims to provide the highest level of service to Clients with Insurance, Superannuation, Retirement and Financial Planning matters. To allow us to provide this service to Clients, your Programme needs to be regularly reviewed and our records updated. Please complete this form and return it to our office in the reply paid envelope enclosed so we can ensure your Programme continues to fulfil your goals and objectives.

Personal Details

Name:	Date of Birth:
Spouse's Name:	Spouse's Date of Birth:
Children's Names:	Children's Date/s of Birth:
Home Address:	Home Phone:
Postal Address:	Business Phone:
	Home/Business Fax No.:
	Email Address:

Since our last discussion, I -

- | | |
|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Had a child | <input type="checkbox"/> Purchased a new home |
| <input type="checkbox"/> Need to change my Beneficiary | <input type="checkbox"/> Started a new business |
| <input type="checkbox"/> Incorporated my business | <input type="checkbox"/> Entered into a partnership |
| <input type="checkbox"/> Retired or am retiring soon | <input type="checkbox"/> Intend rolling-over past Superannuation funds |
| <input type="checkbox"/> Changed my Will | <input type="checkbox"/> Set up a Trust |

Personal Needs: I would like to receive information or assistance on -

- | | |
|--|---|
| <input type="checkbox"/> Income Protection Insurance | <input type="checkbox"/> Retirement strategies |
| <input type="checkbox"/> Critical Illness Insurance | <input type="checkbox"/> Life and Total & Permanent Disablement Insurance |
| <input type="checkbox"/> Covering a new mortgage | <input type="checkbox"/> Insurance for spouse/children |
| <input type="checkbox"/> Estate tax analysis | <input type="checkbox"/> Gifting funds to my family |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Charitable gifting ideas |
| <input type="checkbox"/> Lifestyle analysis | <input type="checkbox"/> Negative gearing into managed funds |
| <input type="checkbox"/> Accumulating wealth outside of Superannuation | <input type="checkbox"/> College accumulation fund for children/grandchildren |

Carlyon Financial Services Pty Ltd

Reply Paid 293 Cronulla NSW 2230 Ph: (02) 9544 0163 Fax: (02) 9544 1008

Protecting your Lifestyle. Securing your Future.

Business Needs: I would like to receive information or assistance on -

- | | |
|--|--|
| <input type="checkbox"/> Salary Sacrifice Planning | <input type="checkbox"/> A Pension Plan for the self-employed |
| <input type="checkbox"/> Coverage for loans | <input type="checkbox"/> Key Person Life Insurance |
| <input type="checkbox"/> Estate tax analysis | <input type="checkbox"/> Business Expenses Coverage if sick or injured |
| <input type="checkbox"/> Income Replacement if sick or injured | <input type="checkbox"/> Business exit strategies |
| <input type="checkbox"/> Business Continuation advice | <input type="checkbox"/> Tax Deferred Retirement Savings |
| <input type="checkbox"/> Disability Income Insurance for employees | <input type="checkbox"/> Better ways to buy Group Term Life |
| <input type="checkbox"/> Superannuation Fund investments | <input type="checkbox"/> How my business can pay for my insurance |

Important Questions

1. My current salary is \$.....
2. I would like to retire at age
3. On retirement, I will need% of my current salary to live on.
4. My current Superannuation Programme will provide this amount :
 Yes
 No
5. If I could save as much in the next five years as I saved in the last five years, would I have enough to live on for the rest of my life?
 Yes
 No
6. I would like to examine ways to increase retirement savings
 Yes
 No
7. If my spouse suffers a nasty sickness I will be able to take the time off work to look after him/her?
 Yes
 No
8. In the event of my death, my Life Insurance is sufficient to allow my spouse and children to continue living in our current home, debt free and with an ongoing income
 Yes
 No
9. I will be able to keep the advised appointment?
 Yes
 No Alternative time/day
10. Tony, please contact the following person who I believe would benefit from your services -
Name: Phone No.:

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