



Financial Independence
Part of the ICIB Group



Ceeann Russell

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ABOUT ME

Ceeann is an insurance adviser providing advice on behalf of ICIB Financial Independence Limited FAP 1006538, Trading as Financial Independence.

I can provide advice in relation to products from these insurers:

WHERE TO FIND ME

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🌐 www.financialindependence.co.nz

I can give advice on these products:



ACCURO

UniMed

CHUBB



Southern Cross

fidelity life

partners life



Asteron Life

Resolution Life

- Life Insurance
- Health/Medical Insurance
- Trauma Cover
- Accident & Injury
- Income Protection
- Mortgage Protection
- Permanent Disability
- Level Premiums
- Group Insurance
- Key Person Cover
- Loss Of Revenue
- Business Overheads

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Privacy & Acknowledgement

Privacy

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2. Information provided by you or by your authorised agent will be used by Financial Independence and the product suppliers for the purpose of providing advice to you and administering any business you may seek to transact as a result of the advice. It may also be made available to any legal entity (such as the FMA) or compliance consultant, product providers and claims investigators who may need access to such information. In the event of ICIB Financial Independence Limited being sold, your information would be passed to the new proprietor on final settlement.
3. All information will be held at the premises of Financial Independence, or on a secure online facility.

Acknowledgements

1. I / We confirm that I / We have been given disclosure information around who our adviser is, what they are going to do for us and what areas of insurance they work with, and information relating to fees and/or commissions for this work.
2. That medical information, upon which special acceptance conditions have been based, can be disclosed to Financial Independence.
3. That Financial Independence may make enquiries from any bank, financial institution, insurance company, adviser, credit reference agency, ACC or any other person, to obtain any additional information necessary to assist in the completion of this review.
4. I / We authorise contact from Financial Independence via email

Authorisation

Authority to receive information.

I / We request that all the information regarding the following products / services be made available to Financial Independence

Life, Health & Disability Insurance Policies ACC

Declaration

	Full Name	Date of Birth	Signature	
Client 1		/ /		
Client 2		/ /		
Address			Date Signed	/ /
			Phone 1	
Policy # (s)			Phone 2	
Adviser			Agency #	