



## How we work at Cooney Insurance

### Overview

There is important Information you need to know if we agree to work together to provide you or your business with financial advice. I am a financial adviser contracted to Maurice Trapp Group Limited and trade as Cooney Insurance.

Maurice Trapp Group Limited (FSP107344) holds a licence issued by the Financial Markets Authority to provide financial advice. I am authorised by that licence to provide financial advice.

*My contact details*                      Faye Thornton  
*Email:*                                      faye@cooneyinsurance.co.nz  
*Address:*                                  66 Queen Street, Cambridge  
*Phone:*                                      07 827 8130  
*Website:*                                  [www.cooneyinsurance.co.nz](http://www.cooneyinsurance.co.nz)  
*My registration:*                        FSP139744

### Scope of Service

I provide advice to my clients about their life insurance, health insurance and KiwiSaver. I provide financial advice about products from certain providers:

- For life insurance, we work with:
  - AIA
  - Asteron
  - Resolution Life
  - Chubb Life
  - Fidelity
  - Partners Life
  - DPL
- For health insurance, we work with:
  - AIA
  - Accuro
  - Nib
  - Partners Life
  - Southern Cross

In providing you with financial advice, I will only consider existing term Life, Trauma, Income Protection and Health insurance policies (if any), along with your disposable income and spending behaviour. I will not provide advice on existing whole of life or endowment products; however, we have an Adviser in our team who can assist in this area who I can refer you to.

### Acting in your interest

To ensure that I prioritise your interests above my own, I follow an advice process that ensures that my recommendations are made on the basis of your personal goals and circumstances. I undergo training on how to avoid conflicts of interest. Cooney Insurance maintains and monitors a register of conflicts of interest, and the gifts and incentives I receive including an annual review under our compliance programme.

### How do we get paid?

Cooney Insurance does not charge any fees or expenses for any financial advice, claims assistance or policy servicing provided to my clients, unless agreed in writing.

Cooney Insurance receives commissions from providers whose products I give financial advice on. If you decide to take out insurance, the provider will pay a commission to Cooney Insurance. The amount of commission received by Cooney Insurance is based on the amount of your annual insurance premium. Cooney Insurance pays me a salary and a percentage of commission as your financial adviser.

From time to time, product providers may also reward me in the form of tickets to events, hampers, or other incentives.

### What to do if you are unhappy

If for any reason you are dissatisfied with the service or advice you have received from myself or Cooney Insurance, we will go to every length to ensure that your complaint is resolved promptly. This provides us with the opportunity to prove to you that we are proactive, fair and genuinely care about your concerns. Complaints are managed through our license holder (Financial Advice Provider), Maurice Trapp Group. See their web site for full information: [www.mauricetrapp.com/legal/risk-insurance/maurice-trapp-group-limited-complaints-policy/](http://www.mauricetrapp.com/legal/risk-insurance/maurice-trapp-group-limited-complaints-policy/)

An initial complaint can be sent through to our Internal Complaints Process personnel on our dedicated email address [feedback@mauricetrapp.com](mailto:feedback@mauricetrapp.com).

**We will respond to you within 24 hours during a regular working week.**

If, ultimately, you are not satisfied with our response, we belong to an independent Disputes Resolution Authority. This service is free of charge. Their details are:

#### *Financial Services Complaints Limited*

- Email: [info@fscl.org.nz](mailto:info@fscl.org.nz)
- Telephone: (Call Free for Consumers) 0800 347257 or 04 4723725
- Address: P O Box 5967, Lambton Quay, Wellington 6145
- Web: [www.fscl.org.nz](http://www.fscl.org.nz)

### Acknowledgement

I have read and understood the information in this Disclosure.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Client Scope of Service and Engagement

*In providing you with financial advice, I Faye Thornton will review any insurance policies you have made us aware of and consider your personal and financial circumstances. I may recommend changes and adjustments to the insurance that you have in place and will discuss the risks and benefits of this as part of my recommendation.*

*I follow an advice process that ensures my recommendations are made on the basis of your individual goals and circumstances. I manage any conflicts of interests via a company-wide policy that stipulates that we register any conflicts that may occur. Our registers are regularly monitored by Head Office and are reviewed annually.*

I/we: (name) \_\_\_\_\_

Of: (address) \_\_\_\_\_

### **INITIAL REVIEW:**

I/we hereby appoint **Cooney Insurance (Maurice Trapp Group Cambridge)** to conduct a personal risk protection review of my/our insurance requirements. **Specifically, the Scope of Service relates to the following products:**

- |  |   |
|--|---|
| <input type="checkbox"/> Life                      | <input type="checkbox"/> Disability Income / Total Permanent Disability / ACC |
| <input type="checkbox"/> Trauma / Critical Illness | <input type="checkbox"/> Business Insurances                                  |
| <input type="checkbox"/> Medical / Health          |   |

Initials \_\_\_\_\_

### **APPOINTMENT:**

I/we hereby appoint **Cooney Insurance (Maurice Trapp Group Cambridge)** to act as our adviser and thereby provide service, recommend the actions / provisions necessary to meet my/our personal risk management requirements and to process / manage future insurance claims on my/our behalf

Please update your systems to show **Cooney Insurance** as my/our servicing adviser, please release any information they may request now or in the future regarding medical or financial information in relation to my/our Life Insurance.

**Specifically, the Scope of Service requested relates to the following products:**

- |  |   |
|--|---|
| <input type="checkbox"/> Life                      | <input type="checkbox"/> Disability Income / Total Permanent Disability / ACC |
| <input type="checkbox"/> Trauma / Critical Illness | <input type="checkbox"/> Business Insurances                                  |
| <input type="checkbox"/> Medical / Health          |   |

Initials \_\_\_\_\_

### **AUTHORITY TO THIRD PARTIES:**

I/we authorise **Cooney Insurance (Maurice Trapp Group Cambridge)** to obtain all relevant personal information (including Medical/Financial) and documentation necessary to provide service, recommend the actions / provisions necessary to meet my/our personal Life Insurance requirements and to process / manage future insurance claims on our behalf.

In order to assist with this, please update your systems to allow **Cooney Insurance (Maurice Trapp Group Cambridge)** to receive any information they may request now or in the future. This authorisation is enduring and therefore is to remain valid until revoked in writing (letter or e-mail). A photocopy, faxed or scanned copy of this authority is to be considered as an original.

**SCOPE OF ENGAGEMENT:**

I/we agree that, should I/we proceed with an insurance as recommended by Faye Thornton, I am/we are engaging them as my/our Financial Adviser for insurances. I/we acknowledge that there is no charge to me/us for this service unless agreed upon in writing, now or in the future, and that **Cooney Insurance (Maurice Trapp Group Cambridge)** is remunerated by commissions paid by the insurer – commissions ‘clawed back’ if policies are cancelled cannot be recovered from me/us by **Cooney Insurance (Maurice Trapp Group Cambridge)** nor the individual adviser appointed to me/us.

I/we have been provided with a copy of “How we work at Cooney Insurance” (Disclosure) documentation and understand a copy can be made available to me at any stage.

**DISCLOSURE OF INFORMATION**

Should I/we proceed with insurance cover through **Cooney Insurance (Maurice Trapp Group Cambridge)**, I/we understand that the recommendations are reliant upon the information I/we have provided being true and correct. This includes the need for full and complete disclosure of health and financial details to the insurer. If at any stage I/we become aware of inaccuracies in the information I/we have provided, I/we will notify **Cooney Insurance (Maurice Trapp Group Cambridge)** immediately.

**PRIVACY ACT CONSENT:**

In accordance with the Privacy Act 2020 I/we hereby give consent to **Cooney Insurance (Maurice Trapp Group Cambridge)** to collect, store and use our information as specified below:

- To verify my/our identity
- To provide services and products to me/us by way of assessing and managing my/our insurance application and policy, to manage my/our claims, and to provide customer care and support and improve the services and products that are provide to me/us
- To market services and products to me/us, including contact electronically (e.g., by text or email for this purpose)
- To respond to communications from me/us, including complaints
- To conduct research and statistical analysis (on an anonymised basis)
- To protect and/or enforce **Cooney Insurance (Maurice Trapp Group Cambridge)** legal rights and interests, including defending any claim
- For any other purpose authorised by me/us or the Act. E.g., internal or external audits
- I understand that I/we have the right to access and correct any of my/our information held and that my/our authorisation is sought before any such information is released to a third party, other than those specified above. I/we further understand that the information collected will be held at the offices of Cooney Insurance, 66 Queen Street, Cambridge 3450

**Client Acknowledgement:**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

**Adviser Acknowledgement:**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_