



Details required to complete documentation and advice by our member law firms.

| This form is not required until you and your client have acc | epted the scope and quote provided by the Legal Hub. |
|---|--|
| I agree to the legal hub terms and conditions Would you like to use the legal concierge service? | ☐ Yes ☐ No ☐ Yes ☐ No |
| Adviser name | Practice name |
| | |
| Adviser contact phone number | Adviser email address |
| | |
| Business Details | |
| Business name | |
| | |
| Street Address | |
| | |
| Postal Address | |
| | |
| | |
| Number of principles/business owners | |
| Principal 1 name | Principal 1 address |
| | |
| Principal 2 name | Principal 2 address |
| Principal 3 name | Principal 3 address |
| Finicipal 3 name | Fillicipal 3 address |
| l Principal 4 name | Principal 4 address |
| · | |
| Principal 5 name | Principal 5 address |
| | |
| Principal 6 name | Principal 6 address |
| Principal 7 name | Principal 7 address |
| i inicipat i name | Timespat raddress |
| | |
| Non Participating Parties | |
| Are there any parties who are not participating in this Agree | ement? ☐ Yes ☐ No |
| If yes, then please provide full name, ACN and address (reg | |
| Name of non participating party | |
| | |
| Address of non participating party (including ACN) | |
| | |
| Postal Address | |
| | |



Business Structure

| Please provide a full description of the | ne ownership structure: |
|--|--|
| ☐ Company ☐ Trust | □ Partnerships |
| Please provide details | |
| | |
| Address of primary business (includi | ng ACN) |
| | |
| | |
| Shortfall | |
| If there is a shortfall between the ins covered? | urance funding and the value of the Principal's equity, then how (if at all) will the shortfall be |
| \square No payment of shortfall | |
| \square As a lump sum. If this option is sel | lected, then provide details of when the lump sum is payable (e.g. 30 days from option event) |
| \square In instalments. If this option is sel | ected, then: |
| When the lump sum is payable (e.g. 3 | 30 days from option event) |
| | |
| No of instalments: | |
| | |
| | |
| Triggering Events | |
| Are the following events to be includ | ed? |
| Death | □ Yes □ No |
| Total and Permanent Disablement | ☐ Yes ☐ No |
| Trauma | ☐ Yes ☐ No |
| Insurance | |
| Has insurance policies to fund the ag | reement been arranged? |
| Death | □ Yes □ No |
| | |
| Please provide details | |
| | |
| | |
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| | |
| | |
| | |
| Specific Instructions | |
| | |
| | |
| | |
| | |
| | |
| | |

Free form text book to allow any notes

If you have any business documents or additional supporting documentation, please attach