

Profit & Loss Addback

This Add Back form is to be completed and signed by the accountant as well as signed by the life insured. It has been designed to ensure that the monthly benefit level accurately reflects the life insured's true net income (**after expenses but before tax**). We understand that in some instances, personal expense items can appear as business expense items thus reducing the net profit figure. This form enables these personal items and amounts to be identified and considered as personal income, not business expenses. **The Add Back form should be completed and submitted with the most recent Profit and Loss Statement or Individual Tax Return (in the case of a sole trader).** "Related parties" refers to spouse, children, trusts or other family members.

1)	Application Number (if known)		
2)	Name of Life Insured		
3)	Name of Entity/Sole Trader		
4)	Period of Income & Expenses shown on the Profit & Loss or Business Income & Expenses		/ / to / /
5)	GROSS INCOME/TOTAL REVENUE - as shown on the Profit & Loss or Business Income & Expenses	\$	
6)	TOTAL EXPENSES - as shown on the Profit & Loss or Business Income & Expenses	\$	
7)	NET PROFIT (before tax) - must equal figure shown on the Profit & Loss or Business Income and Expenses	\$	
8)	ADJUSTING ITEMS - <u>please only state amounts that were included in Item 6 (TOTAL EXPENSES)</u>		
a)	Personal motor vehicle expenses ie. NOT business related. These should include items such as leasing charges, running costs, FBT	\$	
b)	Salaries or wages which were paid to the life insured	\$	
c)	Superannuation payments which were paid to the life insured	\$	
d)	Directors fees which were paid to the life insured	\$	
e)	Salaries or wages which were paid to related parties (provided they are not an income producing or working employee of the business)	\$	
f)	Superannuation payments which were paid to related parties (provided they are not an income producing or working employee of the business)	\$	
g)	Directors fees which were paid to related parties (provided they are not an income producing or working employee of the business)	\$	
h)	Donations	\$	
i)	Any telephone, electricity or rent expense which relate to personal usage. Include FBT for any of these items.	\$	

Depreciation (up to a maximum of 10% of Gross Profit from Trading)

j) Any other addbacks - please specify **(NB. depreciation is not to be included)**.

TOTAL OF ADJUSTING ITEMS

9) Percentage of the business owned by the life insured

%

10) Percentage of the business the life insured's spouse owns

%

11) Percentage of total business expenses the life insured is directly or indirectly responsible for

%

12) Number of partners in the business (including the life insured)

Accountant's Name (please print)

Signature of Accountant

Qualification

Accounting Company/Firm

Phone Number

How long has the life to be insured been a client?

Date

Signature of Life Insured
