



Client Fact Find

Private and Confidential

Client Name:

Date:

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Personal Details	Client 1	Client 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other
Forenames		
Surname		
Previous/maiden name		
Date of Birth	/ /	/ /
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Marr <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Widow	<input type="checkbox"/> Single <input type="checkbox"/> Marr <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Widow
Are you on the electoral roll?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a UK resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a UK national?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address Details	Client 1	Client 2
House number and street		
Town/City		
County		
Postcode		
Residential status	<input type="checkbox"/> Owner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Rel	<input type="checkbox"/> Owner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Rel
Time at this address?	Years Months	Years Months

Address Details (2)	Client 1	Client 2
House number and street		
Town/City		
County		
Postcode		
Residential status	<input type="checkbox"/> Owner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Rel	<input type="checkbox"/> Owner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Rel
Time at this address?	Years Months	Years Months

Dependants	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Whose dependant?				
Name				
Date of birth	/ /	/ /	/ /	/ /
Dependant until				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

Wills	Client 1	Client 2
Are you making the most of this tax planning tool?	Last updated:	Last updated:
Do you have an up to date will?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:
Any Estate Planning, Trusts, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:
Guardians for your children?		
Executors?		

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Other details	Client 1	Client 2
Telephone – home		
Telephone – work		
Telephone – mobile		
Email address		
Preferred method	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile

Employment and Income details	Client 1	Client 2
Main employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Other	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Other
Basis of employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract
Preferred Retirement Age		
Occupation		
Job title		
Employer name		
Nature of business		
Date Started	/ /	/ /
Details of probation period		
Continuous employment time	Years Months	Years Months
Is this your main job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current basic income	£	£
Regular overtime/bonus	£	£
Guaranteed overtime/bonus	£	£
Number of years in business (S/E)		£
Net profits () <input type="checkbox"/> Accounts	£	£
Net profits () <input type="checkbox"/> Accounts	£	£
Net profits () <input type="checkbox"/> Accounts	£	£
Car/fuel allowance	£	£
Pension contributions	Employer: % You: %	Employer: % You: %
Death in Service benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No £	<input type="checkbox"/> Yes <input type="checkbox"/> No £
Income Protection Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MPPI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long is income paid in the event of accident or sickness?		
Private Healthcare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Cover?
Child Benefit:	£	£
Child Tax Credits:	£	£
Investment Income	£	£
Pension Income	£	£
Other occupations	£	£

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Other Information

Health details	Client 1	Client 2
State of health?	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor If No provide details:	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor If No provide details:
Health details		
Does client smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height		
Weight		

Income and Capital Changes	Client 1	Client 2
Do you anticipate any significant changes in income? Change type How much? When?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Increase <input type="checkbox"/> Decrease £	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Increase <input type="checkbox"/> Decrease £
Notes:		
Are you likely to receive any capital lump sums? How much? Source When?	<input type="checkbox"/> Yes <input type="checkbox"/> No £	<input type="checkbox"/> Yes <input type="checkbox"/> No £
Notes:		
CGT Allowance used in current tax year? Is the client concerned about the effects of inflation? Does the client anticipate an increase in expenditure? If yes, how much? When?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No £	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No £
Are you recommending that the client cancels, lapses, surrenders or makes any plans paid up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement details:		

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Monthly Outgoings

Household	
How many adults should be considered as part of the household expenditure?	
How many children are dependent on you?	

Utility Bills	Client 1	Client 2	Joint
Mortgage/Rent	£	£	£
Council Tax	£	£	£
Electricity	£	£	£
Gas	£	£	£
Water	£	£	£
Phone, inc mobile	£	£	£
TV	£	£	£
Other contractual expenses	£	£	£
Utility bills Total	£	£	£

Regular Monthly Outgoings	Client 1	Client 2	Joint
Groceries	£	£	£
Car/Motorbike costs	£	£	£
Fuel and other travel	£	£	£
School/tuition fees	£	£	£
Maintenance payments	£	£	£
Pension/investments/savings	£	£	£
Other	£	£	£
Sub-Total	£	£	£

Non-essential mthly Outgoings	Client 1	Client 2	Joint
Clothes	£	£	£
Gym/club membership	£	£	£
Holiday	£	£	£
Entertainment	£	£	£
Other	£	£	£
Sub-Total	£	£	£

Loans	£	£	£
Credit cards	£	£	£
Total Expenditure	£	£	£
Monthly debt to be consolidated	£	£	£

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Mortgage and other Liabilities

Mortgage	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Lender		
Account number		
Mortgage type	<input type="checkbox"/> Fixed <input type="checkbox"/> Tracker <input type="checkbox"/> SVR	<input type="checkbox"/> Fixed <input type="checkbox"/> Tracker <input type="checkbox"/> SVR
Purpose	<input type="checkbox"/> Residential <input type="checkbox"/> BTL <input type="checkbox"/> Other	<input type="checkbox"/> Residential <input type="checkbox"/> BTL <input type="checkbox"/> Other
Original Mortgage amount	£	£
Outstanding balance	£	£
Reserve amount	£	£
Original purchase price	£	£
Current property value	£	£
Loan to value		
Repayment basis	<input type="checkbox"/> Int only <input type="checkbox"/> Repayment <input type="checkbox"/> Split	<input type="checkbox"/> Int only <input type="checkbox"/> Repayment <input type="checkbox"/> Split
Repayment vehicle	<input type="checkbox"/> ISA <input type="checkbox"/> Endowment <input type="checkbox"/> Pension <input type="checkbox"/> Other	<input type="checkbox"/> ISA <input type="checkbox"/> Endowment <input type="checkbox"/> Pension <input type="checkbox"/> Other
Remaining term/end date years / / years / /
Currently monthly payment	£	£
Early Repayment Penalties?	£	£
Will you pay penalty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current interest rate	%	%
End date for current interest rate	/ /	/ /
Int rate after current rate ends	%	%
Is mortgage portable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage to be repaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Want to make overpayments on your new mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how much per month?	£	£
Are you likely to move home in the foreseeable future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Endowments (for mortgage repayment)	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Type		
Provider		
Current fund value	£	£
Current performance	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red
Maturity date	/ /	/ /
Original maturity projection	£	£
Current maturity projection	£	£
Monthly payment	£	£
To be used to reduce mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Other Liabilities/Bank Accounts with O/D facilities

Other Liabilities (1)	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Type	<input type="checkbox"/> Credit Card <input type="checkbox"/> Overdraft	<input type="checkbox"/> Credit Card <input type="checkbox"/> Overdraft
Lender name		
Outstanding balance	£	£
Min monthly payment (lender)	£	£
Monthly payment (client)	£	£
Interest rate – monthly/annually	% <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	% <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
To be repaid/consolidated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated

Other Liabilities (2)	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Type	<input type="checkbox"/> Credit Card <input type="checkbox"/> Overdraft	<input type="checkbox"/> Credit Card <input type="checkbox"/> Overdraft
Lender name		
Outstanding balance	£	£
Min monthly payment (lender)	£	£
Monthly payment (client)	£	£
Interest rate – monthly/annually	% <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	% <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
To be repaid/consolidated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated

Other Liabilities (3)	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Type	<input type="checkbox"/> Credit Card <input type="checkbox"/> Overdraft	<input type="checkbox"/> Credit Card <input type="checkbox"/> Overdraft
Lender name		
Outstanding balance	£	£
Min monthly payment (lender)	£	£
Monthly payment (client)	£	£
Interest rate – monthly/annually	% <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	% <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
To be repaid/consolidated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated

Other Liabilities (4)	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Type	<input type="checkbox"/> Loan	<input type="checkbox"/> Loan
Lender name		
End date/ months remaining	/ / Months remaining	/ / Months remaining
Outstanding balance	£	£
Monthly payment	£	£
Early repayment charge	£	£
Interest rate – monthly/annually	% <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	% <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
To be repaid/consolidated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated

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Secured Loans (1)	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Type		
Lender name		
End date	/ /	/ /
Outstanding balance	£	£
Monthly payment	£	£
ERC amount	£	£
Interest rate	%	%
To be repaid/consolidated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated
Is there an ERC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ERC amount	£	£
Do you intend to pay this charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Secured Loans (2)	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Type		
Lender name		
End date	/ /	/ /
Outstanding balance	£	£
Monthly payment	£	£
ERC amount	£	£
Interest rate	%	%
To be repaid/consolidated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consolidated
Is there an ERC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ERC amount	£	£
Do you intend to pay this charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Credit History

Have you ever failed to keep up regular payments on your mortgage, other loans, HP agreements, credit cards, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:		
Have you ever had a County Court Judgement registered against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:		
Have you ever been bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:		
Have you ever had a mortgage or loan application refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:		

Other Property and Other Assets

Owner	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Type of asset			
Asset usage			
Tenancy status			
First line of address			
Date acquired	/ /	/ /	/ /
Purchase price	£	£	£
Estimated current value	£	£	£
Mortgage Balance	£	£	£
Current interest rate on mortgage	%	%	%
Rental income	£	£	£
Early Repayment Charge	£	£	£

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Protection Details

Life Assurance Do you have cover?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Policy type			
Provider			
Remaining term - end date			
Start date	/ /	/ /	/ /
Life/Lives assured			
Purpose of policy			
Sum assured	£	£	£
Indexed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium	£	£	£
Frequency			
Waiver of Premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written into Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy number			
Would you consider a replacement if beneficial?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Critical Illness Assurance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Policy type			
Provider			
Remaining term - end date			
Start date	/ /	/ /	/ /
Life/Lives assured			
Purpose of policy			
Sum assured	£	£	£
Indexed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium	£	£	£
Frequency			
Waiver of Premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written into Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy number			
Would you consider a replacement if beneficial?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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MPPI	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Provider			
Premium	£	£	£
Benefit amount Type:.....	£	£	£
Deferred period (days)	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 180	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 180	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 180
Term of Benefit payment	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years
Waiver of Premium included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy number			
Would you consider a replacement if beneficial?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Protection Insurance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Provider			
Start date	/ /	/ /	/ /
Term			
Premium	£	£	£
Benefit amount 1 Type:.....	£	£	£
Deferred period 1 (days)			
Benefit amount 2 Type:.....	£	£	£
Deferred period 2 (days)			
Term of Benefit payment Age:.....	<input type="checkbox"/> to age <input type="checkbox"/> to ARA	<input type="checkbox"/> to age <input type="checkbox"/> to ARA	<input type="checkbox"/> to age <input type="checkbox"/> to ARA
Benefit escalation basis (if any)	<input type="checkbox"/> % <input type="checkbox"/> NAE <input type="checkbox"/> RPI	<input type="checkbox"/> % <input type="checkbox"/> NAE <input type="checkbox"/> RPI	<input type="checkbox"/> % <input type="checkbox"/> NAE <input type="checkbox"/> RPI
Waiver of Premium included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium type?	<input type="checkbox"/> Reviewable <input type="checkbox"/> Guaranteed <input type="checkbox"/> Age Costed	<input type="checkbox"/> Reviewable <input type="checkbox"/> Guaranteed <input type="checkbox"/> Age Costed	<input type="checkbox"/> Reviewable <input type="checkbox"/> Guaranteed <input type="checkbox"/> Age Costed

Private Medical Insurance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> joint
Provider			
Premium	£	£	£
Frequency			
Term (years)			
End date	/ /	/ /	/ /
Level of Benefit			
Deferred period			
Family cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of Premium included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you consider a replacement if beneficial?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Buildings and Contents Insurance

Is your current policy paid monthly or annually?	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
What are you currently paying?	£
What is your renewal date for your cover	/ /
Would you like us to arrange a quotation for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property type	<input type="checkbox"/> Ter <input type="checkbox"/> End-ter <input type="checkbox"/> Semi <input type="checkbox"/> Det <input type="checkbox"/> Bung
Number of bedrooms	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Approximate year of construction	
Do you have an approved burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a smoke alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in a Neighbourhood Watch area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have key operated window locks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have secondary door locks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the property ever been affected by subsidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property located in a known flood risk area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buildings sum assured	
Up to £300,000	£
Up to £500,000	£
Other amount (specify)	£
Voluntary excess (higher excess reduces premium)	£50 / £100 / £150 / £200 / £250
No claims periodYears
Do you require Accidental Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contents sum assured	
Up to 40,000	£
Up to 60,000	£
Other amount (specify)	£
Voluntary excess (higher excess reduces premium)	£50 / £100 / £150 / £200 / £250
No claims periodYears
Do you require Accidental Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require cover for personal possessions away from the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify total amount of cover:	£500 / £1,000 / £1,500 / £2,000 / £2,500 £5,000 / £7,500 / £10,000
Other amount (specify)	£
Do you require cover for pedal cycles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require family legal protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require home emergency protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Pension Details

Company Pension

Owner	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Current fund value	£	£	£
Scheme type			
Date joined	/ /	/ /	/ /
Scheme normal retirement age			
Pensionable income pa			
Lump sum	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Pension

Owner	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Pension type			
Current fund value	£	£	£
Contribution frequency			
Contribution amount	£	£	£
Part of estate on death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Preserved Pension

Owner	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Pension type			
Projected value pa (final salary scheme only)	£	£	£
Current fund value (money purchase only)	£	£	£
Part of estate on death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

State Pension

Projected state pension amount pa	£	£	£
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Savings and Investments Details

Investments

Owner	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Product type			
Provider			
Monthly contribution	£	£	£
Current value	£	£	£
Part of estate on first death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Investments

Owner	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Product type			
Provider			
Monthly contribution	£	£	£
Current value	£	£	£
Part of estate on first death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Savings

Owner	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Client: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Product type			
Provider			
Monthly contribution	£	£	£
Current value	£	£	£
Part of estate on first death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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