

Client Fact Find

Pure Protection Contracts

This fact find is designed to provide a representative with information required by insurance regulation and/or the Financial Services Authority. To ensure best advice is provided and recommendations are based on sound information, it is important that the questions are answered as fully as possible.

Applicant 1

Applicant 2

Reference Number

Advisor Name

Is this connected to a mortgage file / sale Yes No

Purpose of Meeting

Term Assurance	<input type="checkbox"/>	Full Protection Review	<input type="checkbox"/>
Critical Illness	<input type="checkbox"/>		
Income Protection	<input type="checkbox"/>		
Unemployment	<input type="checkbox"/>		

Initial Disclosure document issued

Date of first interview

Date of recommendation

Date key features issued

Date statement of demands and needs issued

Telephone Sale Yes No

Face to Face sale Yes No

Basic Details

1st Applicant

2nd Applicant

Title	Mr/Mrs/Miss/Ms/Dr/Other	Mr/Mrs/Miss/Ms/Dr/Other
Surname		
Forename(s)		
Previous/Maiden		
Date of Birth	/ /	/ /
Nationality		
Relationship with App 2		
Current Address		
	Post Code	Post Code

Telephone	Home:	Home:
	Work:	Work:
	Mobile:	Mobile:
Email		

UK Resident for Tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NI Number		
State of Health	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Other	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Other
Do you Smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependants

Please give details of anyone who is financially dependent on you such as children, parents and/or others

Name	Relationship to Self/Partner	Date of Birth	Expected Period of Dependency

Other Relevant Information

Employment

Self

Partner

Occupation

Employment Status

Employed

Self-Employed

Employed

Self-Employed

Semi-Retired

Retired

Semi-Retired

Retired

Nature of Employment

Permanent

Temporary/Contract

Permanent

Temporary/Contract

Full-Time

Part-Time

Full-Time

Part-Time

Employer

Address

Post Code

Post Code

Date Service Began

 / /
 / /

Income

Salary

£

gross p.a.

£

gross p.a.

Overtime

£

gross p.a.

£

gross p.a.

Commission

£

gross p.a.

£

gross p.a.

Bonus

£

gross p.a.

£

gross p.a.

Investment

£

gross p.a.

£

gross p.a.

Pension

£

gross p.a.

£

gross p.a.

Other

£

gross p.a.

£

gross p.a.

TOTAL

£

gross p.a.

£

gross p.a.

Highest Tax Rate

%

%

Analysis of Income and Expenditure

Expenditure

Self

Partner

Joint

What are your total regular monthly commitments? (e.g. mortgage, loans, finance, council tax, utility bills, life cover, pensions, ...)

£	£	£
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What is the monthly average of irregular bills? (e.g. household bills, credit cards,

£	£	£
---	---	---

What are your average essential living expenses? (e.g. food, clothing, car/travel,

£	£	£
---	---	---

What are your average non-essential living expenses? (e.g. entertainment, hobbies, pastimes)

£	£	£
---	---	---

Are you expecting any changes to your income and expenditure. If 'Yes', please give details below

<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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Changes to income and expenditure

Income and Expenditure Summary

Total net income per month

£	£	£
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Total monthly expenditure

£	£	£
---	---	---

Disposable income per month

£	£	£
---	---	---

How much do you feel you can afford to set aside each month to meet your financial needs?

£	£	£
---	---	---

Assets and Liabilities

Assets

Main Residence

£	£	£
---	---	---

Other Property

£	£	£
---	---	---

Personal Effects

£	£	£
---	---	---

Cash

£	£	£
---	---	---

Shares and Investments

£	£	£
---	---	---

Insurance Policies (See 'Protection')

£	£	£
---	---	---

Cars, etc.

£	£	£
---	---	---

Other Valuables

£	£	£
---	---	---

TOTAL ASSETS

£	£	£
---	---	---

Have you made a Will?

<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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Are any assets held in 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
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Do you have any plans to sell any of your assets? If 'Yes', please give details on next page

<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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Plans to sell assets

Liabilities

	<u>End Date</u>	<u>Self</u>	<u>Partner</u>	<u>Joint</u>
Mortgage	/ /	£	£	£
Loans	/ /	£	£	£
Credit Cards	/ /	£	£	£
Hire Purchase	/ /	£	£	£
Other	/ /	£	£	£
TOTAL LIABILITIES		£	£	£

Summary of Assets and Liabilities

	<u>Self</u>	<u>Partner</u>	<u>Joint</u>
Total Value of Assets	£	£	£
Total Value of Liabilities	£	£	£
Net Assets	£	£	£

Existing policies

Please give details of any life protection policies currently held, including those protecting a mortgage or loans and those obtained through employer's company schemes.

	<u>Self</u>	<u>Partner</u>	<u>Joint</u>
Life Assured			
Plan Type			
Sum Assured	£	£	£
Provider			
Start Date	/ /	/ /	/ /
End Date	/ /	/ /	/ /
Premium per Month	£	£	£
Beneficiary			
Held in 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
Any deferred period	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the benefit index-linked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Existing policies continued

	<u>Self</u>	<u>Partner</u>	<u>Joint</u>
Life Assured	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan Type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Provider	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Premium per Month	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Beneficiary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Held in 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
Any deferred period	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the benefit index-linked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Existing policies continued

	<u>Self</u>	<u>Partner</u>	<u>Joint</u>
Life Assured	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan Type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Provider	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Premium per Month	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Beneficiary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Held in 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
Any deferred period	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the benefit index-linked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Protection Need in the Event of Death - Capital

If you were to die prematurely, how much capital would be available for your family / dependants?

<u>Self</u>	<u>Partner</u>
£	£

Value of Liabilities

£	£
---	---

Would there be sufficient capital to repay your financial liabilities?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Capital: Surplus / Shortfall

£	£
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Protection Need in the Event of Death – Income Needed

If you were to die prematurely, how much income each month would your family need to meet any ongoing financial commitments and maintain an acceptable standard of living? Assume liabilities repaid as far as possible

<u>Self</u>	<u>Partner</u>
£	£

How is this cost made up? (See section on *Income and Expenditure*. Include any remaining liabilities)

Financial commitments, mortgages, loans, etc.

£	£
---	---

Living expenses, food, clothing, travel, etc.

£	£
---	---

Childcare

£	£
---	---

Other

£	£
---	---

TOTAL INCOME NEEDED

£	£
---	---

Other Relevant Information

Protection Need in the Event of Death – Income Available

In the event of your death, what income would be available to your family. How would this income be made up?

Income from capital

£	£
---	---

Earned income

£	£
---	---

Pension of spouse/dependant

£	£
---	---

Assets

£	£
---	---

TOTAL INCOME AVAILABLE

£	£
---	---

Income surplus / shortfall

£	£
---	---

Other Relevant Information

Protection Needs in the Event of Suffering a Critical Illness – Capital
 (e.g. cancer, heart attack, stroke, ...)

	<u>Self</u>	<u>Partner</u>
If you were to suffer a critical illness, how much capital would be available for your family / dependants?	£	£
Value of liabilities	£	£
Would there be sufficient capital to repay your financial liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital: Surplus / shortfall	£	£

Protection Needs in the Event of Long Term Incapacity – Income Analysis

	<u>Self</u>	<u>Partner</u>
What income would you and your family need if you were unable to work due to long-term illness?	£	£
Which benefit would be available under these circumstances?		
Benefits from employer	£	£
For how long?	months	months
State benefits	£	£
Existing policies	£	£
For how long?	months	months
Other	£	£
For how long?	months	months
TOTAL INCOME – short-term	£	£
Income shortfall – short-term	£	£
TOTAL INCOME – long-term	£	£
Income shortfall – long-term	£	£

Other Relevant Information

Notes

[Empty rectangular box for notes]

Declaration

DO NOT SIGN THIS DECLARATION UNLESS YOU ARE ENTIRELY SATISFIED. IF YOU HAVE ANY QUESTIONS OR ARE NOT SATISFIED WITH ANY ASPECT, ASK YOUR ADVISOR BEFORE SIGNING THIS, OR ANY OTHER PROTECTION FORM(S)

I/We agree that this fact find is a true record of my/our discussions with the consultant and that this information is true to the best of my knowledge. I/we accept that this fact find relates only to pure protection and general insurance products and is not a fact find for investment advice regulated under the Financial Services Act.

I/we confirm that I/we have received the following documentation

IDD Date

/ /

Business Card

/ /

Data Protection

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We will use your information for the purposes of administration, income, credit and risk assessment, statistical research marketing, product suitability, product sourcing and fraud prevention.

We will also provide your information to relevant third parties such as product providers and the providers of other financial products in order to achieve your various requirements . Where necessary and by signing this declaration you consent to the processing of data that is defined as sensitive by the Data Protection Act, such as data relating to your health, for the above marketing purposes. ACL Property Finance would like to contact you by mail, email, telephone or fax with offers of goods and services which may be of interest to you.

If you do not wish to be contacted for marketing purposes please tick this box

ACL Property Finance is authorised and regulated by the Financial Services Authority. This form and any supplemental documents are to be used to record information to ensure that the advice given is in accordance with the Financial Services and Markets Act 2000 (the Act). Your advisor will need to know your demands and needs in depth to ensure you receive suitable advice under the Act and to ensure that the recommendations are right for you

Signature

1st Applicant

2nd Applicant

Adviser Signature

I confirm that the information contained within this fact find accurately reflects the discussions with my clients(s)

Notes