**To get the most from our meeting**

Preparing for our meeting will ensure you gain maximum value from the time we spend together.

Providing the personal details in this ‘fact find’ document will enable us to better concentrate on helping you identify & prioritise your protection needs.

**Any questions you have regarding the relevance of us requesting this info will be answered at our meeting.**

|  |  |
| --- | --- |
| **Client Name(s)** |  |

|  |  |
| --- | --- |
| **Fact Find Date** |  |

|  |  |
| --- | --- |
| **Instructions for use: -** | Please complete those sections which have been ‘greyed’ out. Other information will be gathered when we meet. |

Scope of Our Advice – Adviser to Complete

|  |  |
| --- | --- |
| Lifestyle Protection Needs | Client Preferences / Instructions |
|  | Client 1 | Client 2 |
| Creating an on-going income in the event of death |  |  |
| Creating a lump sum on death |  |  |
| Mortgage & Debt |  |  |
| Repayment on Death |  |  |
| Repayment on critical / serious illness |  |  |
| Income on illness / redundancy |  |  |

|  |  |  |
| --- | --- | --- |
| General Insurance |  |  |
| Buildings & Contents |  |  |

|  |  |
| --- | --- |
| Version of SCDD & Terms of Business given to client | **TCP Version 1 14.08.15** |
| Date SCDD & Terms of Business given to client |    /   /    |
| Date Fact Find carried out with client |    /   /    |
| How was the advice provided? |  |
| How is the ID verification stored? |  |

|  |  |  |
| --- | --- | --- |
| **Personal Details** | **Client 1** | **Client 2** |
| **Title** |  |  |
| **First Name** |       |       |
| Middle name(s) |       |       |
| **Surname** |       |       |
| Preferred name |       |       |
| **Date of Birth** |    /   /    |    /   /    |
| **Gender** |  |  |
| Marital Status |  |  |
| Smoker |  |  |
| **Appointment Basis?** |  |  |
| **Role in Process?** |  |  |

|  |  |  |
| --- | --- | --- |
| **Additional Info** | **Client 1** | **Client 2** |
| **Main Employment status** |  |  |
| **Preferred Retirement Age** |       |       |
| Do you have any dependents? |  |  |
| If Yes please provide: | Name | Date of Birth | Relationship | Gender |
| 1. |       |    /   /    |       |    /   /    |
| 2. |       |    /   /    |       |    /   /    |
| 3. |       |    /   /    |       |    /   /    |
| Job Title  |       |       |

|  |  |  |
| --- | --- | --- |
| **Current Address** | **Client 1** | **Client 2** |
| **House Number & Street** |       |       |
| **Town / City** |       |       |
| County |       |       |
| **Postcode** |       |       |
| **Residential status** |  |  |
| **Time at this address?** |      yrs |      mths |      yrs |      mths |

|  |  |  |
| --- | --- | --- |
| **New Address** | **Client 1** | **Client 2** |
| **Is there a New Property Address?** |  |  |
| **House Number & Street** |       |       |
| **Town / City** |       |       |
| County |       |       |
| **Postcode** |       |       |
| **Country** |       |       |

|  |  |  |
| --- | --- | --- |
| **Contact Details** | **Client 1** | **Client 2** |
| **Preferred contact Method** |  |  |
| Preferred Contact Time? |  |  |
| Home phone |       |       |
| Work Phone |       |       |
| Mobile phone |       |       |
| Email address |       |       |

|  |  |  |
| --- | --- | --- |
| **Existing Cover** | **Client 1** | **Client 2** |
| **Owner** |       |       |
| Policy Type |       |       |
| Provider |       |       |
| Policy Number |       |       |
| Sum Assured – Life |       |       |
| Sum Assured - CIC |       |       |
| Purpose |       |       |
| Premium |       |       |
| Renewal date |    /   /    |    /   /    |

|  |  |  |
| --- | --- | --- |
| **Existing Cover** | **Client 1** | **Client 2** |
| **Owner** |       |       |
| Policy Type |       |       |
| Provider |       |       |
| Policy Number |       |       |
| Remaining Term |       |       |
| Sum Assured – Life |       |       |
| Sum Assured - CIC |       |       |
| Purpose |       |       |
| Premium |       |       |
| Renewal date |    /   /    |    /   /    |

**Adviser to record on separate sheet if more cover in place**

|  |  |  |
| --- | --- | --- |
| **Monthly Financial Summary** | **Client 1** | **Client 2** |
| Net Income (A) | £      | £      |

|  |  |  |
| --- | --- | --- |
| **Expenditure** | **Client 1** | **Client 2** |
| Mortgage & Home(Mortgage/Rent, Council Tax, Utilities, Phones/Broadband, TV/Sky/Cable, Home Insurance, Domestic Help, Gardener…etc) | £      | £      |
| Lifestyle(Food, Clothes, Childcare, Eating out, Holidays, Gym/Memberships, Savings/Pensions, Insurance policies…etc)  | £      | £      |
| Travel(Fuel, Public Transport, Servicing/MOT, Road Tax, Parking/Tolls…etc) | £      | £      |
| Borrowing & Debts(Personal Loans, Car Finance, Credit Cards, Store Cards, Hire Purchase Payments…etc) | £      | £      |
| Day to Day Expenses(Newspapers/Magazines, Teas/Coffees/Lunches, Cigarettes, Takeaways…etc) | £      | £      |
| Total Monthly Expenditure (B) | £      | £      |

|  |  |  |
| --- | --- | --- |
| **Disposable Income** | **Client 1** | **Client 2** |
| Amount Disposable (A – B) | **£** | **£** |

**Client Needs –** Adviser to Complete

Detailed Analysis - Adviser to Complete Shortfall Analysis (see supplementary questionnaire)

Basic Planning -

|  |  |
| --- | --- |
| Owner |  |
| Lifestyle Need Area |  |
| Policy Type |  |
| Lump Sum, or Regular Income Required | £      |
| Is affordability a key factor when considering our recommendation? |  |

|  |  |
| --- | --- |
| Owner |  |
| Lifestyle Need Area |  |
| Policy Type |  |
| Lump Sum, or Regular Income Required | £      |
| Is affordability a key factor when considering our recommendation? |  |

**Design Solution – Adviser to Complete**

|  |  |  |
| --- | --- | --- |
| **Detailed Shortfall Analysis Completed?** | **Yes – see SQ** | **No – as above** |

|  |  |
| --- | --- |
| Applicant(s) |       |
| Policy Type |  |
| Provider |       |
| Quote Date |    /   /    |
| Life cover amount | £      |
| CIC / Serious Illness amount | £      |
| Monthly Benefit amount | £      |
| Deferred Period |       |
| Monthly Premium | £      |
| Premium Type? |  |
| Term |      yrs |
| Life Basis? |  |
| Life Assured 1 |       |
| Life Assured 2 |       |
| Written in Trust |  |
| Is this replacement cover? |  |
| Reasons: -  |       |
| Has waiver been included? |  |
| Has indexation been included? |  |
| Is application to be made? |  |
| Need area being addressed? |  |
| Commission / Fee? | £      |

**Recommendation 2**

|  |  |
| --- | --- |
| Applicant(s) |       |
| Policy Type |  |
| Provider |       |
| Quote Date |    /   /    |
| Life cover amount | £      |
| CIC / Serious Illness amount | £      |
| Monthly Benefit amount | £      |
| Deferred Period |       |
| Monthly Premium | £      |
| Premium Type? |  |
| Term |      yrs |
| Life Basis? |  |
| Life Assured 1 |       |
| Life Assured 2 |       |
| Written in Trust |  |
| Is this replacement cover? |  |
| Reasons: -  |       |
| Has waiver been included? |  |
| Has indexation been included? |  |
| Is application to be made? |  |
| Need area being addressed? |  |
| Commission / Fee? | £      |