



### Source of Income

	Applicant 1	Applicant 2
Employment status		
Basis of Employment if employed	Full time / part time / contract / temporary	Full time / part time / contract / temporary
Occupation:		
Details of probation periods or if self employed how long trading?		

### Income

	Applicant 1	Applicant 2
Basic monthly salary	£	£
Other Income / Source	£	£
Total Gross Income	£	£
Net Monthly Income After tax	£ (A)	

### Commitments

Mortgage / loan / c.cards	Details

### Monthly outgoings (or totals only if known)

	App1	App2
Council Tax	£	£
Electricity	£	£
Gas	£	£
Water	£	£
Phone	£	£
Other	£	£
<b>Utility Bills Total</b>	<b>£</b>	<b>£</b>

	App 1	App2
Mortgages	£	£
Loans	£	£
Credit Cards	£	£
Essential Outgoings	£	£
Non Essential Outgoings	£	£
Insurances	£	£
<b>Total other Expenditure</b>	<b>£</b>	<b>£</b>

TOTAL Monthly Outgoings	£ (B)
TOTAL Income less expenditure:	£ (A-B)
What amount are you prepared to allocate to your <b>Protection</b> needs	£

### Financial History

Have you ever failed to keep up payments on your mortgage, other loans, credit cards etc.	YES / NO
Details:	

### Known Changes

Is your income or expenditure likely to change significantly	YES / NO
Details:	

### Existing Insurance Policies

	Policy 1	Policy 2	Policy 3	Policy 4
Policy type				
Existing Premier Policy?	Yes / No	Yes / No	Yes / No	Yes / No
Sum assured				
Purpose of cover				
Insured	app 1 / app 2 / joint	app 1 / app 2 / joint	app 1 / app 2 / joint	app 1 / app 2 / joint
Term				
Start date:				
Premium				
Provider				
Indexation of premium/benefit	Yes / No	Yes / No	Yes / No	Yes / No
Renewal/Conversion options	Yes / No	Yes / No	Yes / No	Yes / No
Guaranteed Insurability Options	Yes / No	Yes / No	Yes / No	Yes / No
Guaranteed premium	Yes / No	Yes / No	Yes / No	Yes / No
Waiver of premium	Yes / No	Yes / No	Yes / No	Yes / No
Benefit period				
Deferred period				
Own Occupation definition				
Written in trust?	Yes / No	Yes / No	Yes / No	Yes / No
If not in Trust why?				
Quote?	Yes / No	Yes / No	Yes / No	Yes / No

## Buildings and Contents

	Level of cover	Renewal date	Premium	Notes (Accidental damage, pp, claims, etc)
Existing policy	£	/ /	£	
Revised quote	£		£	
Benefits lost or gained:				
Accept new quotation:	Yes / no			

## Ancillary Services

Do you currently have any pension provisions for your retirement?	Yes / no
Are you confident that this will provide you with the income you desire in retirement?	Yes / no
Do you wish to receive pension advice?	Yes / no
Do you currently make regular savings?	Yes / no
Do you currently have any cash deposits that you don't need to access in the short term?	Yes / no
Do you wish to receive savings & investment advice?	Yes / no
Do you have a valid Will?	Yes / no
If yes, has it been reviewed in the last three years or has there been a change in your circumstances since you completed it?	Yes / no
Do you wish to receive advice on making or updating your Will?	Yes / no
Is there any other insurance you would like us to comment on? Business related insurances, friends or relatives Insurances, etc.	Yes / no
Refer Ancillary needs to Premier Financial Group member?	Yes / no

### Notes:

### Protection Shortfalls

Mortgage	Shortfall: £ Remaining term: Repayment / Interest only / Part and part Reviewable / Guaranteed notes:	Recognised shortfall  Yes / No
Income	Income required to cover expenditure: £_____ per month. Employer Benefits: Yes / No if yes for how long: _____ weeks. Cover required: Accident & Sickness / Unemployment / Both notes:	Yes / No
Family	Cover recommended: £_____ payable as a: Lump sum / Income Indexation: Yes / No Required term: _____ years. Reviewable / Guaranteed notes:	Yes / No
Other	notes:	Yes / No
<b>Are you prepared to risk any shortfall, from the findings above?</b>		<b>Yes / No</b>

Do you participate in any dangerous sports or activities?	YES / NO
Do you have any health issues that we should be aware of?	YES / NO
Notes:	

Where applicable, write new plans in Trust?	YES / NO
If not, explain why:	

## Second Appointment (After research complete)

### Proposed Replacement Policies

Details of proposed replacement policy	For replacing Policy 1	For replacing Policy 2	For replacing Policy 3	For replacing Policy 4
Provider				
Premium				
Purpose of cover				
Sum assured				
Term				
<b>Benefits to be lost</b>				
<b>Benefits to be gained</b>				
Accept change?	Yes / No	Yes / No	Yes / No	Yes / No
Consideration has been made for keeping the existing policy(ies) but replacing this cover is better because:				

### Additional Policies Recommended

Provider				
Insured				
Premium				
Purpose of cover				
Sum assured				
Term				
Accepted?	Yes / No	Yes / No	Yes / No	Yes / No
If not accepted, reason why?				

**Verification [required only if accepted premium(s) is over £65pm]**

	Applicant 1	Applicant 2
<b>Evidence Of Name</b>		
Serial No.		
Issued by:		
<b>Evidence Of Address</b>		
Serial No.		
Issued by:		
Date of issue:		

**Declaration:**

**Declaration for Replacing Existing Cover:**

Different insurance companies will approach claims differently, even when they cover the same or similar conditions. You should be aware, therefore, that by discontinuing cover with one insurance company and establishing a new contract, you may not be in a position to claim in respect of a condition for which you had previously been covered.

The definition of Critical Illness conditions used by insurance companies and in particular for conditions of prostate and other forms of cancer has over the years altered in alignment with advances in medical technology. As a result, the definitions of some of the conditions listed in the proposed new plan may differ to those of your existing policy and this might mean the new policy not paying out benefits in the event of a claim related to certain conditions. Whilst I have attempted to establish and inform you of the differences in conditions covered between the two plans, I am not medically qualified.

If you should have any doubts as to the suitability to your requirements of the medical definitions covered by the new plan, it is your responsibility to seek independent medical opinion prior to cancelling any existing cover and replacing it with a new plan either with that listed above or with any other provider".

Your existing contract should not be discontinued until such time as you have received written notification from the recommended Provider that the new contract is on risk.

It is your responsibility to discontinue the contract and cancel premiums at the appropriate time.

**Standard Declaration**

The information I/we have provided is accurate and I/we understand the advice given to us by Premier Financial Group (or associated member) will be based on the information supplied herein.

We understand the adviser is part of the Premier Financial Group Ltd and we prefer our data be used only by Premier Financial Group Ltd members for no other than the purpose of marketing and policy updates.

Tick here if you consent to distributing your details outside of Premier Financial Group Ltd.

Client Signature ..... date .....

Client Signature ..... date .....

Adviser Signature ..... date .....

**Office use only.**

Factfind Signed	Yes / No	Sourcing list	Yes / No
Execution Only?	Yes / No	Key Fact Illustration	Yes / No
Proof of ID attached	Yes / No / n/a	Trustee information	Yes / No
Address verification	Yes / No / n/a	Trust document(s)	Yes / No

**Additional Notes**

Event	Explained	tick	Comments
Factfind	Has the client(s) signed the factfind?		
Buildings and contents	Has this been discussed?		
MPPI	Has this been discussed?		
MPI	Has this been discussed?		
Life cover	Has this been discussed?		
Critical illness cover	Has this been discussed?		
Family protection	Has this been discussed?		
Cooling off notice	Has the client been told of the right to cancel?		
Trusts	Has the benefits been explained?		
IFA referral	Has client(s) been made aware?		
Will referral	Has client(s) been made aware?		
Ask for referral	Is the client aware of the £25 referral voucher?		
<b>Compliance checked</b>			
Date checked:			
Checked by:			
Comments:			
Remedial Action required:			