

Amiable Financial Services

PROTECTION FACT FIND

IMPORTANT NOTE

To ensure that suitable advice is provided and recommendations are based on your current financial circumstances it is important that questions are answered as fully and accurately as possible.

	First Client	Second Client
Name(s):		
Address:		
Postcode:		
Email address:		
Tel No:		
Mobile No:		
Other No:		
Adviser:		
Date fact-finding commenced:		
Data Fact find completed:		
Date of any updates:		

Client Details:

	FIRST CLIENT	SECOND CLIENT
Title		
Surname		
First Name		
Previous Surname (if applicable)		
Date of Birth	/ /	/ /
Age		
Smoker	Y / N	Y / N
Relationship to other client	Spouse / Engaged / Partner Other _____	Spouse / Engaged / Partner Other _____
Dependants	<div> <div>Name(s)</div> <div>Age</div> <div>Relationship</div> <div>Residence</div> </div>	
Are you, or are you connected to, a politically exposed person?	Y / N	Y / N
Current Residential Status	Owner / Tenant / LWP / Other	Owner / Tenant / LWP / Other
If renting, amount of rent paid	£ per week / month	£ per week / month
Are you on the electoral role at your current address	Y / N	Y / N
Length of time at current address	Yrs Mths	Yrs Mths
Previous Address (if less than 3 years, continue in notes section if more than one)		
Postcode		

	Client 1	Client 2
Does the client have a will?	Y / N	Y / N
When was it last reviewed?		
Are there any special considerations to be taken into account? Details		

Details:

Defaqto Star Ratings independently rate products across nearly 50 areas, from one to 5 stars, with 5 being the highest. It is important to base your financial decisions on what a product offers - not just price. Star Ratings assess where a product sits in the market in terms of the features and benefits it provides.

Occupation

Current employer		
Occupation / Job title		
Employment status	<ul style="list-style-type: none"> • Employed • Self-employed • Retired 	<ul style="list-style-type: none"> • Employed • Self-employed • Retired
If "other" give details	Other _____	Other _____
If employed, on what basis?	<ul style="list-style-type: none"> • Permanent • Temporary • Contract 	<ul style="list-style-type: none"> • Permanent • Temporary • Contract
Time in current employment	Yrs Mths	Yrs Mths
Details of probationary period	Yrs Mths	Yrs Mths
If contract, specify term of contract	Yrs Mths	Yrs Mths
Previous employer if less than 2 years, to include dates of employment (continue in additional notes section if more than one employer)		
Anticipated retirement age		

Income

Guaranteed income	£	£
Non-guaranteed income	£	£
Self employed income	£	£
State benefits	£	£
All other i.e. investments, property, pensions, et	£	£
Total net income	£	£

Outgoings

CURRENT OR EXPECTED FUTURE EXPENDITURE	AMOUNT – Monthly or Annual
Total of loans/credit as below	£
Council Tax	£
Utilities and energy costs	£
Property costs i.e. mortgage, maintenance, rent, etc	£
Food and other household shopping costs	£
Insurance premiums ie. B&C, car, medical, dental, etc	£
Child Care / Maintenance	£
Clothing	£
Regular subscriptions ie. TV, phone, broadband, gym, newspapers, etc	£
Car and other transport costs	£
Education costs	£
Social	£
Savings including pensions	£
Holiday(s)	£
All other	£
Total monthly expenditure	£
Net monthly income (from income section)	£
Net monthly disposable income	£
Any pre-determined budget	£

Assets

	FIRST CLIENT	SECOND CLIENT
Property	£	£
Savings/Investments		
Any other assets*	£	£
Total assets	£	£

* details of other assets	
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Liabilities

Client 1, 2 or joint	Purpose	Balance o/s	Months o/s	Monthly payment
		£		£
		£		£
		£		£
		£		£

	FIRST CLIENT	SECOND CLIENT
Any other liabilities	£	£
Total liabilities	£	£
Total assets	£	£
NET VALUE	£	£

PROTECTION NEEDS

Life Assurance

Requirements for Lump sum (non-income)	Client 1	Client 2	Joint
Pay off mortgage	£	£	£
Pay off other loans	£	£	£
Funeral expenses	£	£	£
Other	£	£	£
House move	£	£	£
Other (please enter)	£	£	£
Total (A)	£	£	£

Existing Cover – What other lump sums could your clients get?

	Client 1	Client 2	Joint
Existing Arrangements	£	£	£
Mortgage Policies	£	£	£
Other Insurance	£	£	£
Employer Benefits	£	£	£
Available Investments	£	£	£
Total (B)	£	£	£
Lump sum Shortfall (A - B)	£	£	£

NOTES;

Ongoing Income Needs	Client 1	Client 2	Joint
Replace lost annual income or cover relevant expenditure	£	£	£
Other	£	£	£
Total	£	£	£
Less any consideration to income in FIB =	£	£	£
<p>Required annual income £_____ x100 / % interest = £_____</p> <p>(Less excess lump sum in above section of £_____)</p> <p>Lump sum to cover shortfall = £_____</p>			
<p>TRUST – Has the possibility of placing this in trust been considered and discussed?</p>			

FAMILY INCOME BENEFIT – REGULAR INCOME TO SPECIFIED DATE

	CLIENT 1	CLIENT 2
Existing arrangements in place? If so detail benefits and period to cover		
Amount required to replace income or relevant expenditure	£	£
Shortfall	£	£

LIFE ASSURANCE – DETAILS OF EXISTING ARRANGEMENTS

	Client: 1 / 2 / Joint	Client: 1 / 2 / Joint	Client: 1 / 2 / Joint
Plan Type			
Provider			
Date Started			
To age or end date			
Premium	£	£	£
Cover / Benefit	£	£	£
Other features			
Has policy docs been seen and reviewed?			

CRITICAL ILLNESS

Details of existing Private Arrangements

	Client: 1 / 2 / Joint	Client: 1 / 2 / Joint	Client: 1 / 2 / Joint
Provider			
Date Started			
To age or end date			
Premium	£	£	£
Cover / Benefit	£	£	£
Other features			
Has policy docs been seen and reviewed?			

Shortfall Analysis

	CLIENT 1	CLIENT 2	JOINT
REASON FOR LUMP SUM			
Pay off Mortgage	£	£	£
Years Income	£	£	£
Pay off loans/Credit Cards etc	£	£	£
Other needs e.g. Childs education/ education	£	£	£
TOTAL	£	£	£
LESS EXISTING COVER (& SAVINGS)	£	£	£
SHORTFALL	£	£	£

NOTES

INCOME PROTECTION

	CLIENT 1	CLIENT 2
If you were unable to work due to sickness or accident, how much income would you require to maintain your standard of living?		
If you were unable to work for any length of time, what source of income would you have?		
Does/do client(s) hold any of the following;		
Personal IPP	<input type="checkbox"/>	<input type="checkbox"/>
ASU	<input type="checkbox"/>	<input type="checkbox"/>
Cash	<input type="checkbox"/> £	<input type="checkbox"/> £
Co Sick pay	<input type="checkbox"/>	<input type="checkbox"/>
State Benefits	<input type="checkbox"/>	<input type="checkbox"/>

Details of existing Private Arrangements

	Client: 1 / 2 / Joint	Client: 1 / 2 / Joint	Client: 1 / 2 / Joint
Type			
Provider			
Term / Age			
Deferment period			
Premium	£	£	
Benefit	£	£	
Has policy docs been seen and reviewed?			

SHORTFALL ANALYSIS

CLIENT 1					
Period (weeks)	0 - 13	14 -26	26-39	40-52	52+
Private £					
Employer £					
State Benefit £					
Total £					
Shortfall £					

CLIENT 2					
Period (weeks)	0 - 13	14 -26	26-39	40-52	52+
Private £					
Employer £					
State Benefit £					
Total £					
Shortfall £					

NOTES

PRIVATE MEDICAL INSURANCE

	CLIENT 1	CLIENT 2
Do you have any private medical insurance (PMI)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what is the name of the insurer		
Do you pay for this yourself or is it paid for by your employer?	Self <input type="checkbox"/> Employer <input type="checkbox"/>	Self <input type="checkbox"/> Employer <input type="checkbox"/>
Details of Existing cover		
Protection whilst abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If frequent foreign travel are there any NHS reciprocal arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any form of hospital income benefit? Amount	Yes <input type="checkbox"/> No <input type="checkbox"/> £	Yes <input type="checkbox"/> No <input type="checkbox"/> £
Any restrictions or exclusions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:		
What is the scale or band of hospital that you pay for?		
Does this scale/band include outpatient treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost of current cover	£	£

RESIDENTIAL - BUILDINGS AND CONTENTS

Do you have Contents Insurance	Y / N
If so, what is the name of the insurer	
What is the Sum Assured on your existing cover or what is the required amount	
How many bedrooms does the property have	
Is the cover new for old or is this cover required	Y / N
Is Accidental damage included/required	Y / N
Any restrictions or exclusions? details	
What is your current level of premium	
Do you have Buildings Insurance	Y / N
What is the current rebuilding costs of your home	
Is Accidental damage included/required	Y / N
Any restrictions or exclusions – details	
What is your current level of premium	
When was the property built	
Type of property ie. detached, semi, bungalow, flat, etc	
Security inc. maintenance contracts	
Smoke alarms fitted	Y / N
Current excess	
Years no claims bonus	

NON-RESIDENTIAL - BUILDINGS AND CONTENTS

Do you have Contents Insurance	Y / N
If so, what is the name of the insurer	
What is the Sum Assured on your existing cover or what is the required amount	
How many bedrooms does the property have	
Is the cover new for old or is this cover required	Y / N
Is Accidental damage included/required	Y / N
Any restrictions or exclusions? details	

What is your current level of premium	
Do you have Buildings Insurance	Y / N
What is the current rebuilding costs of your home	
Is Accidental damage included/required	Y / N
Any restrictions or exclusions – details	
What is your current level of premium	
When was the property built	
Type of property ie. detached, semi, bungalow, flat, etc	
Security inc. maintenance contracts	
Smoke alarms fitted	Y / N
Current excess	
Years no claims bonus	
Tenancy and type	

FURTHER INFO

ADDITIONAL FACTFINDING NOTES

Are any changes expected to the client(s) circumstances in the foreseeable future?

Declarations

I/we confirm that I/we have read the information contained herein and confirm that this information is correct.

First Client**Second Client**

<div>Signature</div> <div>Date</div>	<div>Signature</div> <div>Date</div>
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