Fact-Find

1. Are you UK domiciled and a UK tax resident? – Taken
   * ☐ Yes
   * ☐ No
2. What is your marital status? \_\_\_\_\_\_\_\_\_\_
3. What is your relationship to the other applicant (if applicable)? \_\_\_\_\_\_\_\_\_\_
4. Do you have any dependents? (Would you like to add any dependants to your policy?)
   * ☐ Yes
   * ☐ No
5. If yes, how many dependents do you have? (under 18)\_\_\_\_\_\_\_\_\_\_
6. How old are your dependents? \_\_\_\_\_\_\_\_\_\_
7. What is your occupation? \_\_\_\_\_\_\_\_\_\_
8. What is your employment status? – Taken
   * ☐ Employed
   * ☐ Self-Employed
   * ☐ Unemployed
9. If unemployed, please explain why. \_\_\_\_\_\_\_\_\_\_
10. Do you smoke?
    * ☐ Yes
    * ☐ No
11. If no, have you smoked in the last 12 months?
    * ☐ Yes
    * ☐ No
12. Are you classed as vulnerable?
    * ☐ Yes
    * ☐ No
13. If yes, please explain your vulnerability. \_\_\_\_\_\_\_\_\_\_
14. Are you currently taking any medication?
    * ☐ Yes
    * ☐ No
15. If yes, please list the medication you are taking. \_\_\_\_\_\_\_\_\_\_
16. Do you do any exercise?
    * ☐ Yes
    * ☐ No
17. What is your height? \_\_\_\_\_\_\_\_\_\_ metrics or cm
18. What is your weight? \_\_\_\_\_\_\_\_\_\_kgs/lb
19. Are any of the following of interest to you? (Please tick all that apply)
    * ☐ Life Insurance
    * ☐ Critical Illness Cover
    * ☐ Income Protection
    * ☐ Mortgage Protection
    * ☐ Pensions
    * ☐ Investments
    * ☐ Other (Please specify) \_\_\_\_\_\_\_\_\_\_
20. Is there anything else you would like to add? \_\_\_\_\_\_\_\_\_\_

**Monthly Expenditure**

1. Gross Annual Income: £\_\_\_\_\_\_\_\_\_\_
2. Monthly Take Home Pay: £\_\_\_\_\_\_\_\_\_\_(auto calculate)
3. Do you have any other income? (e.g., Child Support, Maintenance)
   * ☐ Yes (Please specify amount and source) £\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_
   * ☐ No
4. Please provide your estimated monthly expenditure for the following categories:
   * Mortgage Costs: £\_\_\_\_\_\_\_\_\_\_
   * Rental Costs: £\_\_\_\_\_\_\_\_\_\_
   * Household Bills: £\_\_\_\_\_\_\_\_\_\_
   * Gym/Sports Clubs: £\_\_\_\_\_\_\_\_\_\_
   * Insurance Costs: £\_\_\_\_\_\_\_\_\_\_
   * Overdraft, Loans, Credit Card Costs: £\_\_\_\_\_\_\_\_\_\_
   * Food/Clothes: £\_\_\_\_\_\_\_\_\_\_
   * Entertainment: £\_\_\_\_\_\_\_\_\_\_
   * Other (Please specify) £\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_
5. Total Monthly Expenditure: £\_\_\_\_\_\_\_\_\_\_(Auto calculate)
6. What is left at the end of the month after all bills are paid? £\_\_\_\_\_\_\_\_\_\_(auto calculate)
7. Please provide details of any Loans/Overdrafts/Credit Cards/IVA/Debt Management (Amounts/Details). \_\_\_\_\_\_\_\_\_\_

**Employee Benefits**

1. If you were off work due to sickness/accident, what would you receive? \_\_\_\_\_\_\_\_\_\_
2. Is this SSP?
   * ☐ Yes
   * ☐ No
3. Do you have Death in Service benefit at work?
   * ☐ Yes
   * ☐ No
4. Are you paying into a pension (Company/Personal)?
   * ☐ Yes
   * ☐ No
5. What is your National Insurance number? \_\_\_\_\_\_\_\_\_\_

**Existing Policies**

1. Do you have any other Life Insurances in place?
   * ☐ Yes
   * ☐ No
2. If yes, please provide the following details for each policy:
   * Company: \_\_\_\_\_\_\_\_\_\_
   * Sum Assured: £\_\_\_\_\_\_\_\_\_\_
   * Term Remaining: \_\_\_\_\_\_\_\_\_\_
   * Monthly Premium: £\_\_\_\_\_\_\_\_\_\_
   * Cover Level: ☐ Level ☐ Increasing ☐ Decreasing
   * Premiums: ☐ Guaranteed ☐ Reviewable
   * Additional Benefits: (e.g., Critical Illness, WOP, IP, TPD) \_\_\_\_\_\_\_\_\_\_
   * Policy Type: ☐ Single ☐ Joint
   * Policy Start Date: \_\_\_\_\_\_\_\_\_\_
   * Original Policy Purpose: \_\_\_\_\_\_\_\_\_\_
   * Is this policy being replaced? ☐ Yes ☐ No
   * If yes, why? \_\_\_\_\_\_\_\_\_\_
3. Do you have Buildings/Contents Insurance?
   * ☐ Yes
   * ☐ No
4. If yes, please provide the following details:
   * Company: \_\_\_\_\_\_\_\_\_\_
   * Buildings Sum Assured: £\_\_\_\_\_\_\_\_\_\_
   * Contents Sum Assured: £\_\_\_\_\_\_\_\_\_\_
   * Monthly Premium: £\_\_\_\_\_\_\_\_\_\_

**Property Information**

1. What is your current rent amount (if applicable)? £\_\_\_\_\_\_\_\_\_\_
2. What are your current mortgage payments (if applicable)? £\_\_\_\_\_\_\_\_\_\_
3. What is the remaining term on your mortgage? \_\_\_\_\_\_\_\_\_\_
4. What is the outstanding balance on your mortgage? £\_\_\_\_\_\_\_\_\_\_
5. Is your mortgage Interest Only or Repayment? ☐ Interest Only ☐ Repayment
6. Is your mortgage Single or Joint? ☐ Single ☐ Joint
7. How much do you have in savings or investments? £\_\_\_\_\_\_\_\_\_\_

**Note Summary**

1. Please provide any additional notes or information you feel is relevant. \_\_\_\_\_\_\_\_\_\_