

Section One Personal Details

To enable us to give you financial advice we need to have an understanding of your circumstances and arrangements. It is therefore of benefit that you disclose all the information requested in this document.

If however, you do not wish to reveal particular information we may require your signature on any uncompleted areas of the form. Your assistance in the completion of this form is appreciated.

| | Client 1 | Client 2 | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|-------|---------|--|--|--|--|--|--|--|--|--|--|
| Surname | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Forename (s) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Maiden Name | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth & Age Next Birthday | <input style="width: 25%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address | <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode: <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode: <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| How Long at this Address | Years <input style="width: 20%;" type="text"/> Months <input style="width: 20%;" type="text"/> | Years <input style="width: 20%;" type="text"/> Months <input style="width: 20%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Status | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Address | <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode: <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode: <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered on Voters Roll | Yes <input style="width: 20%;" type="checkbox"/> No <input style="width: 20%;" type="checkbox"/> | Yes <input style="width: 20%;" type="checkbox"/> No <input style="width: 20%;" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| National Insurance Number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Numbers: Home | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Work | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Fax | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail Address | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Contact Method | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Sons / Daughters / Dependents | Yes <input style="width: 20%;" type="checkbox"/> No <input style="width: 20%;" type="checkbox"/> | Yes <input style="width: 20%;" type="checkbox"/> No <input style="width: 20%;" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes Please Document | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Names</th> <th style="width: 50%;">Age/DOB</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | Names | Age/DOB | | | | | | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Names</th> <th style="width: 50%;">Age/DOB</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | Names | Age/DOB | | | | | | | | | | |
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| Names | Age/DOB | | | | | | | | | | | | | | | | | | | | | | | | | |
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Section Two **Occupation Details**

Client 1

Client 2

| | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Occupation / Profession | <input type="text"/> | <input type="text"/> | | |
| Employment Status | <input type="text"/> | <input type="text"/> | | |
| Employers Name | <input type="text"/> | <input type="text"/> | | |
| Employers Address | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| Length of Service | <input type="text"/> | <input type="text"/> | | |
| Previous Employer (if above less than 12 months) | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| Can Your Current Year's Income Be Verified | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | |
| Can Your Last Year's Income be Verified | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | |
| Can Your Previous Years Income Be Verified | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | |
| If No To Any Of The Above Why Not | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| Current: | | | | |
| Basic Income (Gross) | £ <input type="text"/> | £ <input type="text"/> | | |
| Regular Overtime | £ <input type="text"/> | £ <input type="text"/> | | |
| Bonus / Commission | £ <input type="text"/> | £ <input type="text"/> | | |
| Maintenance Received | £ <input type="text"/> | £ <input type="text"/> | | |
| Other Income | £ <input type="text"/> | £ <input type="text"/> | | |
| Source | <input type="text"/> | <input type="text"/> | | |
| Last 3 Years Accounts Net Profit | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| | £ <input type="text"/> | | £ <input type="text"/> | |
| Date Of Last Accounts | <input type="text"/> | <input type="text"/> | | |
| Date Of Last Self Assessment | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| Do You Receive Any Benefits in Kind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | |
| If Yes Please Give Details | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| If Your Current / Future Income Is Predicted To Increase Please Explain Why | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | | |

Section Three **Pension Details**

Client 1

Client 2

Preferred Retirement Age

Do You Have A Pension

Yes

No

Yes

No

Complete The Following Sections Of The Pension Details If Your Mortgage Will Extend Into Retirement

Potential Income In Retirement

Income That Would
Continue Into Retirement

£

£

Source of this Income

| |
|--|
| |
| |
| |

| |
|--|
| |
| |
| |

State Pensions

£

£

Personal Pension Income

£

£

Occupational Pension
Income

£

£

Total Potential Income

£

£

Additional Notes:

| |
|--|
| |
| |
| |
| |
| |

Section Four Assets & Liabilities

Client 1

Client 2

Principle Residence

| |
|---|
| £ |
|---|

| |
|---|
| £ |
|---|

Other Properties

| |
|---|
| £ |
| £ |

| |
|---|
| £ |
| £ |

Bank Or Building Society Savings

| |
|---|
| £ |
|---|

| |
|---|
| £ |
|---|

Other Savings (specify)

| |
|---|
| £ |
| £ |
| £ |
| £ |

| |
|---|
| £ |
| £ |
| £ |
| £ |

Are You Intending To Consolidate Any Debts Yes No Yes No

If Yes Please Give Full Details In Section Nine, If No Please Detail Unsecured Credit Below

| Details Of All Unsecured Loans Including Credit Cards Store Cards Etc | Lender (s) | Balance/Term |
|---|------------|--------------|
| | | £ |
| | | £ |
| | | £ |
| | | £ |
| | | £ |

Existing Mortgage

| | |
|------------------------|---|
| Lender | |
| Mortgage Type | |
| Repayment Method | |
| Remaining Term | |
| Anticipated Sale Price | £ |
| Outstanding Loan | £ |
| Anticipated Equity | £ |
| Current Interest Rate | |

Is This Mortgage Portable To A New Property? Yes No

Are There Any Penalties Above The Lenders Standard Release Fees For Repaying Your Existing Mortgage Early? Yes No

If Yes How Much & When Do These Penalties Expire? £ / /

Are You Repaying The Mortgage Within This Term? Yes No

If Yes, Why Are You Prepared To Pay These Penalties?

| |
|--|
| |
|--|

Credit History

Have You Ever Been Refused A Mortgage, Personal Loan Or Credit Card, Defaulted On Your Mortgage Or Any Other Loans? Have You Made Arrangements With Creditors, Had Any CCJ's Registered Against You Or Ever Been Bankrupt?

Yes No Yes No

If Yes Please Provide Full Details In Section Nine

Disposable Income Calculator

Client 1

Client 2

Income

| | | |
|---------------------------------|--|--|
| Net Monthly Employable Income | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Other Income | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Total Net Monthly Income | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |

Monthly Expenditure (Excluding Current Mortgage Which Will Be Remortgaged)

Committed Outgoings

| | | |
|---|--|--|
| Utilities (e.g. Gas Electricity etc) | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Continuing Credit Card Repayments | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Continuing Loans, Hire Purchase & Rental Agreements | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Maintenance Payments | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Council Tax | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Pension Contributions | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Savings & Protection | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Food & Clothing | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Other | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |

Discretionary Outgoings

| | | |
|--|--|--|
| Social | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Luxury Items | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Other | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Total Monthly Expenditure | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
| Total Monthly Disposable Income | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |

How Much Of This Disposable Income Are You Prepared To Commit Towards Your Mortgage Repayments

| | | |
|--|--|--|
| | £ <input style="width: 90%;" type="text"/> | £ <input style="width: 90%;" type="text"/> |
|--|--|--|

If This Is Significantly Less Than Your Total Disposable Income Disclosed Above Please Explain What These Excess Funds Will Be Used For

| |
|--|
| |
| |

Are You Aware Of Any Impending Changes To Your Employment, Income Or Expenditure?

| | | | |
|---|--|---|--|
| Yes <input style="width: 40px;" type="checkbox"/> | No <input style="width: 40px;" type="checkbox"/> | Yes <input style="width: 40px;" type="checkbox"/> | No <input style="width: 40px;" type="checkbox"/> |
|---|--|---|--|

If Yes Please Give Details

| | |
|--|--|
| | |
| | |
| | |

Section Six Mortgage Requirements

Purchase Price £ Loan Required £

Deposit £ Source of Deposit

If Remortgaging, Are You Doing This To Raise Additional Funds? Yes No

If Yes How Much, And What Are These Additional Funds For?

Attitude To Mortgage Repayment Risk

Repayment of Capital

How Would You Describe Your Attitude To The Repayment Of Your Mortgage Capital?

“Cautious” I am not prepared to take any risk with the repayment of my mortgage capital and as such I am keen that at the end of the mortgage term the capital borrowed and interest accrued is repaid in full and there is no risk of any “shortfall”.

“Market Risk” I am at present prepared to take the risk of not repaying any / or a proportion of the capital borrowed and just make the monthly mortgage interest repayments.

If You Indicated **“Market Risk”** For All, Or Part Of The Mortgage, How Do You Intend To Repay The Mortgage Capital And When?

If Capital Is To Be Repaid By Investments Please Ensure Full Details Are Documented In Section Seven

If You Are Intending To Make Lump Sum Overpayments To Reduce The Capital What Source Of Funds Will You Be Using To Achieve This?

If This Source Is From Regular Income Explain Why A Repayment Mortgage Was Not Selected?

If You Are Intending To Repay The Capital By Converting To A Repayment Mortgage Please Explain Why You Have Not Selected A Repayment Mortgage Now And What It Is About Your Personal Circumstances That Will Allow You To Do This?

Interest Rate Repayment

How Would You Describe Your Attitude To Risk With Regard To The Initial Interest Rate Repayments?

“Very Cautious” I am keen to avoid the risk that my interest rate repayments may increase and therefore I want to fix my repayments even if interest rates fall and this is less competitive than a comparable variable rate mortgage.

“Cautious” I am happy to take the risk that my interest rate repayments may increase but only up to a certain point (i.e. Capped), in order to take advantage of the lower initial costs when compared to a fixed rate, even though this may be less competitive than a variable rate mortgage.

“Realistic” In order to take advantage of a lower variable interest rate, I am at present happy to take the risk of potential future interest rate increases. As such I am prepared to take the risk of not fixing or capping my mortgage repayments and am aware that rates could increase.

Over What Period Do You Require This Interest Rate To Apply To Your Mortgage?

 Years

Section Seven Existing Protection Arrangements & Future Needs

It is important to examine what arrangements you have in place to ensure you and your family will be provided for financially should anything happen to you.

| | Client 1 | | Client 2 | |
|--------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Have You A Will In Place | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are You A Smoker | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are You In Good Health | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Not In Good Health Please Explain Why?

| | |
|--|--|
| | |
|--|--|

Do You Have Any Life Assurance, Critical Illness, Income Protection Or Other Mortgage Repayment Policies In Place? Yes No

Life & Critical Illness Policies

| Policy Holder | | | |
|--------------------------|---|---|---|
| Provider | | | |
| Type of Policy | | | |
| Start Date | | | |
| Maturity Date/Term Left | | | |
| Sum Assured/Benefit | £ | £ | £ |
| Critical Illness Benefit | £ | £ | £ |
| Premium | £ | £ | £ |
| Guaranteed Premiums | | | |
| Purpose Of Policy | | | |

Mortgage Repayment Vehicles

| Policy Holder | | | |
|--------------------------|-----------|-----------|-----------|
| Provider | | | |
| Type of Policy | | | |
| Start Date | | | |
| Maturity Date/Term Left | | | |
| Sum Assured/Benefit | | | |
| Critical illness Benefit | | | |
| Current Fund Value | | | |
| Latest Re-projection | £ 8% | £ 8% | £ 8% |
| Figures | £ 6% | £ 6% | £ 6% |
| | £ 4% | £ 4% | £ 4% |
| Premium | £ | £ | £ |

Income Protection Policies

| Policy Holder | | | |
|-------------------------|---|---|---|
| Provider | | | |
| Type of Policy | | | |
| Start Date | | | |
| Maturity Date/Term Left | | | |
| Benefit | £ | £ | £ |
| Benefit Increasing By | | | |
| Deferment Period | £ | £ | £ |
| Any / Own Occupation | | | |
| Premium | £ | £ | £ |
| Guaranteed Premiums | | | |

Section Seven Existing Protection Arrangements & Future Needs Continued (1)

Are Any Of The Policies Being Cancelled? Yes No

If Yes Please Document Which Policies And Why?

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Will Benefits Be Lost When Cancelling These Policies? Yes No

If Yes Please Document Below Which Benefits Will Be Lost And Why The Client Is Prepared To Give These Up

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| |

Do You Have Building & Contents Cover In Place? Yes No

| | | |
|------------------------|--|--|
| Provider | <input style="width: 95%;" type="text"/> | Can This Policy Be Used In Association With the New Mortgage/Property? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Building Sum Assured | £ <input style="width: 80%;" type="text"/> | |
| Contents Sum Assured | £ <input style="width: 80%;" type="text"/> | |
| Policy Excess | £ <input style="width: 80%;" type="text"/> | |
| Other Relevant Details | <input style="width: 95%;" type="text"/> | |
| Premium | £ <input style="width: 80%;" type="text"/> | |

What Benefits If Any Will Be Lost If Replacing This Policy?

| |
|--|
| |
| |

What Protection Arrangements Do You Have In Association With Your Employer?

| | Client 1 | or | Client 2 |
|---------------------------|--|----|--|
| Death In Service Benefits | £ <input style="width: 80%;" type="text"/> | | £ <input style="width: 80%;" type="text"/> |
| | or | | X Salary |
| | | | £ <input style="width: 80%;" type="text"/> |
| | | | or |
| | | | X Salary |

Please Note: Whilst these are considered valuable employee benefits, we do not normally recommended solely relying on these to protect a long term mortgage contract as these benefits will be lost when your current employment ceases and may not be able to be replaced.

In The Event Of Absence From Work Due To Ill Health What Sick Pay Would You Receive?

| | | | |
|-------------|--|--|--|
| Initially | | | |
| Followed By | | | |
| Then | | | |

If Your Existing Personal & Employee Protection Arrangements Are Not Sufficient To Cover Your Mortgage And / Or Other Expenses, How Do You Intend To Maintain Your Monthly Commitments And Remain In Your Property Should Your Circumstances Change i.e. Redundancy or Ill Health?

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Protecting Your New Mortgage

Client 1

Client 2

Do You Wish Your Mortgage Payments To Be Protected In The Event Of Redundancy / Unemployment?

Yes No Yes No

Do You Want Your Mortgage To Be Repaid In The Event Of Your Death?

Yes No Yes No

Do You Want Your Mortgage To Be Repaid In The Event Of A Critical Illness?

Yes No Yes No

Would You Like Your Income To Continue In The Event Of Being Unable To Work Due To Long Term Ill Health / Disability?

Yes No Yes No

If You Have Answered No To Any Of The Above Questions Please Explain Why

| |
|--|
| |
| |
| |

Protecting You & Your Family

Do You Want Your Family / Dependants To Be Financially Secure If You Were To Die i.e. Have The Mortgage Repaid And For Them To Receive Additional Monies?

Yes No Yes No

If You Were To Suffer A Critical Illness Do You Want To Receive Monies Over And Above Your Mortgage Liability To Cover Any Lost Income While You Are Recovering And Or To Cover The Cost Of Any Care You May Need During This Period?

Yes No Yes No

If You Have Answered Yes To Either Of The Above Two Questions, Would You Like These Benefits To Be Paid As A Lump Sum:

Yes No Yes No

Or Would You Prefer It To Be Paid As A Regular Income For A Set Period Of Time?

Yes No Yes No

If You Have Answered No And Do Not Wish To Provide Additional Cover For You And Your Family Please Explain Why?

| |
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Section Eight **Protection Quotes To Order & Explanation Of Cover Taken**

Life & Critical Illness Policies

| | | | |
|--------------------------|---|---|---|
| Type | | | |
| Life Assured | | | |
| Sum Assured/Benefit | £ | £ | £ |
| Critical Illness Benefit | £ | £ | £ |
| Term Of Policy | | | |
| Premium Type | | | |
| Waiver Of Premium | | | |
| Purpose | | | |

| | | | |
|--------------------------|---|---|---|
| Type | | | |
| Life Assured | | | |
| Sum Assured/Benefit | £ | £ | £ |
| Critical Illness Benefit | £ | £ | £ |
| Term Of Policy | | | |
| Premium Type | | | |
| Waiver Of Premium | | | |
| Purpose | | | |

Income Protection Policies

| | | | |
|-----------------------|---|---|---|
| Type | | | |
| Life Assured | | | |
| Benefit | £ | £ | £ |
| Benefit Increasing By | | | |
| Deferment Period | | | |
| Any / Own Occupation | | | |
| Term | | | |
| Premium | £ | £ | £ |
| Premium Type | | | |

Buildings & Contents Cover

| | |
|----------------------|---|
| Building Sum Assured | £ |
| Contents Sum Assured | £ |
| Excess | £ |
| Age Of Property | |
| Accidental Damage | |
| Premium | £ |

If Any Of The Policies Recommended For The Client Do Not Cover Their Mortgage Liability In Full Please Document How They Intend To Make Good Any Shortfall?

| |
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| |
| |

If Any Of The Policies Recommended Exceed The Client Mortgage Liability Please Specify What Liability This Is Going To Cover.

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Section Nine **Debt Consolidation & Credit Issues**

Please Complete The Below Sections If You Have Ever Had Credit Issues And / Or Are Consolidating Existing Debts

| | | | |
|---|---|---|---|
| Nature Of Liability | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name Of Creditor | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name Of Debtor | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Amount Outstanding | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Date Debt Arose | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Original Purpose For The Debt | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Are you Consolidating This Debt | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Date Debt Was Settled | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| If Outstanding When Would Debt Be Repaid | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Cost Of Repaying Debt Over Current Repayment Schedule | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Have You Missed Any Payments In The Last Year | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| If Yes When And How Many | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Are You In Arrears | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| If Yes Have You Attempted Negotiations With The Creditors | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| If No Why Not | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| If Yes What Was The Outcome | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you have had debt repayment problems as a result of the above difficulties it may be more cost effective with respect to your new mortgage costs to first undertake strategies to improve your credit rating. This could mean having to delay completing on your new mortgage. Would you be prepared to do this?

Yes No

If No Why Not

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

If you have had debt repayment issues in the past and are consolidating these debts, please explain what is it about your personal circumstances that makes you believe that these issues will not persist.

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Summary Of Recommendation

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Client Declaration

I / we confirm that the adviser has explained all the above points to my satisfaction and I / we have been issued a Terms of Business, Initial Disclosure Document, Mortgage Key Fact Illustration, Protection Key Features Document and Quote (s) which I / we have read and understood.

I / we understand that all the information given to Owen & Associates will be treated in the strictest of confidence.

I / we confirm that the information given in this document is correct to the best of our knowledge

I / we can confirm that I / we am aware of the costs associated with these recommendations and feel that a monthly cost of approximately:

£ for my mortgage and

£ for my protection arrangements is comfortably within my budget for the foreseeable future and that I / we will adhere to the expenditure disclosed in the disposable income calculator

Signature

Date

1. Appendix 1. **Additional Mortgages & Unsecured Loans**

Existing Mortgage

| | Client 1 | Client 2 |
|------------------------|-----------------|-----------------|
| Lender | | |
| Mortgage Type | | |
| Repayment Method | | |
| Remaining Term | | |
| Anticipated Sale Price | £ | £ |
| Outstanding Loan | £ | £ |
| Anticipated Equity | £ | £ |
| Current Interest Rate | | |

Existing Mortgage

| | Client 1 | Client 2 |
|------------------------|-----------------|-----------------|
| Lender | | |
| Mortgage Type | | |
| Repayment Method | | |
| Remaining Term | | |
| Anticipated Sale Price | £ | £ |
| Outstanding Loan | £ | £ |
| Anticipated Equity | £ | £ |
| Current Interest Rate | | |

Unsecured Loans

| | Client 1 | Client 2 |
|----------------|-----------------|-----------------|
| Lender | | |
| Balance | £ | £ |
| Repayments p/m | £ | £ |
| Lender | | |
| Balance | £ | £ |
| Repayments p/m | £ | £ |

Does The Client Require Any Advice With Relation To Their Additional Mortgages?

Yes No

If Yes, Please Indicate What Advice Is Required And Complete Additional Appropriate Sections Of The Fact Find To Reflect This.

| |
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Appendix 2. Additional Protection Policies

Life & Critical Illness Policies

| | | | | |
|--------------------------|---|---|---|---|
| Policy Holder | | | | |
| Provider | | | | |
| Type of Policy | | | | |
| Start Date | | | | |
| Maturity Date/Term Left | | | | |
| Sum Assured/Benefit | £ | £ | £ | £ |
| Critical Illness Benefit | £ | £ | £ | £ |
| Premium | £ | £ | £ | £ |
| Premium Type | | | | |
| Purpose Of Policy | | | | |
| Policy Holder | | | | |
| Provider | | | | |
| Type of Policy | | | | |
| Start Date | | | | |
| Maturity Date/Term Left | | | | |
| Sum Assured/Benefit | £ | £ | £ | £ |
| Critical Illness Benefit | £ | £ | £ | £ |
| Premium | £ | £ | £ | £ |
| Premium Type | | | | |
| Purpose Of Policy | | | | |

Mortgage Repayment Vehicles

| | | | | |
|--------------------------|------|------|------|------|
| Policy Holder | | | | |
| Provider | | | | |
| Type of Policy | | | | |
| Start Date | | | | |
| Maturity Date/Term Left | | | | |
| Sum Assured/Benefit | | | | |
| Critical illness Benefit | | | | |
| Current Fund Value | | | | |
| Latest Re-projection | £ 8% | £ 8% | £ 8% | £ 8% |
| Figures | £ 6% | £ 6% | £ 6% | £ 6% |
| | £ 4% | £ 4% | £ 4% | £ 4% |
| Premium | £ | £ | £ | £ |

Income Protection Policies

| | | | | |
|-------------------------|---|---|---|---|
| Policy Holder | | | | |
| Provider | | | | |
| Type of Policy | | | | |
| Start Date | | | | |
| Maturity Date/Term Left | | | | |
| Benefit | £ | £ | £ | £ |
| Benefit Increasing By | | | | |
| Deferment Period | £ | £ | £ | £ |
| Any / Own Occupation | | | | |
| Premium | £ | £ | £ | £ |
| Premium Type | | | | |

