

TENET LIME



PROTECTION QUESTIONNAIRE

CONFIDENTIAL

FIRM NAME:

CLIENT NAME:

Advisor Name: _____

Date Completed: _____

Section 1 - Personal Details

	Client 1				Client 2			
Surname								
First Names								
Title								
Relationship to Client 2								
Date of Birth								
State of Health								
Smoker	Yes		No		Yes		No	
Home Address								
Telephone	Postcode				Postcode			
Home								
Business								
Mobile								
E. Mail								

Section 1.2 - Occupation

	Client 1		Client 2	
Occupation				
Employment status	Employed/Self-Employed/Homemaker/Retired		Employed/Self-Employed/Homemaker/Retired	

Budget

	Client 1	Client 2	Joint
What is your monthly surplus?			

Section 1.3 - Financial Dependants

Name	Age	Relationship

Section 3 - Protection Calculator

Lump Sum Needs How big a lump sum would your clients or their family need?

If your clients were to die, their family may wish to pay off debts such as mortgage or car loans. There will be funeral expenses to pay for or they may wish to leave some rainy day money for their family. Their lifestyle may also need to alter and they may need to consider paying off debts. What might some of this cost?

Reason for Lump sum	Client 1	Client 2	Joint
Pay off mortgage*	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Pay off other loans	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Funeral expenses	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
House move	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other (please enter)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total	(A) £ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

* Is your mortgage: Repayment / Interest Only / Part & Part (please indicate the split in the notes section)

Income Needs – What income would your client or their family need?

Your clients may have other commitments, for example school or university fees, child care or maintenance payments. Remember that if they have planned to pay off their debts then they will not have to make interest payments.

Income Needs	Client 1	Client 2	Joint
Replace lost annual income	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Lump sum to generate income	(B) £ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Income calculator – assuming 5% interest (example)			
Required annual income	£18,000		
Lump sum to provide	$\frac{£18,000 \times 100}{5} = £360,000$		
	(5% interest)		

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

Your clients may have existing insurance policies, particularly covering their mortgage. Their employers may provide them with a death-in-service or other benefits. They may want to use up existing investments to reduce the amount of protection they need.

	Client 1	Client 2	Joint
Existing Arrangements	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Mortgage Policies	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Insurance	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Employer Benefits	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Available Investments	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total	(C) £ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Total Sum Assured Required	Client 1	Client 2	Joint
For lump sum and income generation (A) + (B) – (C)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Term required for cover	Justification of term
<input type="text"/>	<input type="text"/>

Notes and recommendations:

Section 5 – Income Protection

CLIENT 1

CLIENT 2

If you were unable to work due to sickness or accident, how much income would you require (A) to maintain your standard of living?

If you were unable to work for any length of time, what source of income would you have?

Personal IPP

ASU

Cash

Co Sick pay

State Benefits

Details of existing Private Arrangements

Client 1

Client 2

Type			
Provider			
Date Started			
Term/Age			
Deferment period			
Premium	£	£	£
Benefit	£	£	£

Premium	£	£	£
Benefit	£	£	£

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

	0-13	14-26	26-39	40-52	52+

Term required for cover		Justification of term	
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Notes and recommendations

Section 6 - Family Income Benefit

	Client 1	Client 2
Current Salary/Income (net) Monthly Net Relevant Earnings Self Employed	£ <input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
Monthly Income Required to Protect Family in the Event of Death (see current expenditure analysis below)	£ <input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
Period of Cover or to age	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>

Current Monthly Expenditure Analysis

	Client 1	Client 2	Joint
Mortgage/Rent
Loans
Life/Pensions Plans
General Policies
Council Tax
Gas/Electric/Water
Telephone
TV/Subscriptions
Car Ins/Road Tax
Petrol/Travel Exp
Food
School costs
Socialising
Clothes
Holidays
Others eg.
Childcare etc
Total	£	£	£
Less Reduced			
Expenditure eg.			
Mortgage/Policies	£	£	£
Monthly Benefit	£	£	£
Need			

Notes and recommendations:

Section 7 - 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	£	£

Notes & Recommendations

Our Records and Data Protection

Collection of Data

You agree we may hold and process personal information for the purposes of providing financial services including mortgage advice and connected insurance, including sensitive information about racial or ethnic group, physical or mental health, sexual life, criminal proceedings and offences. We gather information from a variety of sources including other financial institutions, employers, professional advisers and licensed credit reference agencies.

Use of Data

We may provide information to our regulators and their successor. We may also provide information to our auditors, Tenet's auditors & professional advisers, and other firms within the Tenet Group.

We may from time to time contact you by post, fax or e-mail with details of products and services which may be of interest to you. If you would prefer not to receive this information please indicate your preference by ticking the box here.

We shall disclose information to relevant authorities where we are required to do so by law.

Money Laundering & Financial Crime: we are legally obliged to verify the identity of our customers and retain these records. We will report suspicious transactions to Tenet Network Compliance who may in turn notify the Serious Organised Crimes Agency.

We will retain records for a minimum period of 3 years

Access

You have the right to access information we hold about you. You can request a copy of these records by contacting us. Alternatively you may contact the Tenet Compliance Manager. Contact details are as follows; -

Tenet Network Compliance
Compliance Manager
5 Lister Hill
Horsforth
Leeds
Telephone Number: - 0113 239 0011

We are entitled to charge a fee for this service of up to £10. If any of the information we hold is incomplete or inaccurate please tell us and we will correct it.

Declaration

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

I/we give my/our consent that this information may be used for the purpose of arranging a protection on my/our behalf.

First Applicant

Second Applicant

Signature	Date	Signature	Date
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