

CONFIDENTIAL BUSINESS FINANCIAL REVIEW

BUSINESS DETAILS

Complete for all Business Clients

Registered Business name

Address for correspondence

CONTACT DETAILS

Contact name

Position in business

Is contact an authorised signatory?

Yes No

ID Verification completed for contact?

Yes No

Details of Verification documents

ADVISER DETAILS

Adviser Name

Appointed Representative

Discussion /
interview dates

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

(Include initial telephone discussion dates as well)

Next review date

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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IDD Date

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Data Protection Declaration – PLEASE READ CAREFULLY AND SIGN

The information you provide will be used by to assess your business' need for Business Protection and will be held and processed in accordance with the Data Protection Act 1998. We may use this information for future reviews only if you have agreed to us doing so.

Client's Signature

Date

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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See Appendix C for Guidance in completing this form

SECTION 1 ABOUT THE BUSINESS- (Mandatory for all Business)

Registered address if different from correspondence

	Postcode

What date did the business start

				-					-			
--	--	--	--	---	--	--	--	--	---	--	--	--

Current business status

e.g. Sole trader, Partnership, Ltd Co., PLC, Limited Liability Partnership.

Has the status changed recently e.g. partnership to company

If a subsidiary, give other business name/status

Is there an overall holding company

Where is the overall company based, if not in the UK.

Number of employees

How many are

Full time

Under 18

Part time

Contract

Details of accountant

	Postcode

Partner acting

Phone	()
-------	---	--	---

Fax	()
-----	---	--	---

E-mail	@	
--------	---	--

Which contact method is best to use

Day	()	
Evening	()	
	()	
Mobile	()	
E-mail		@		

Tick

What is the business activity

What documentation has been seen to confirm business activity and trading address

Any planned changes to business activity

Details of solicitors

	Postcode

Partner acting

Phone	()
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Fax	()
-----	---	--	---

E-mail	@	
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Soft Facts and Notes

Please detail any applicable other trading factors:

- Payroll
- Dividends
- Seasonal / cyclical variations
- Demand for cash injection

SECTION 2 SOLE TRADERS & PARTNERSHIPS (Complete for Advice to Sole Traders, Partnerships, LLPs Only)

Is there a partnership agreement in place?

Yes No

If no, we recommend that be sought to have an agreement set up.

	Client 1	Client 2	Client 3	Client 4
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Status	Married / Single / Divorced / Separated / Widowed / Co-habiting / Civil Partnership / Ex-Civil Partnership / Surviving Civil Partnership	Married / Single / Divorced / Separated / Widowed / Co-habiting / Civil Partnership / Ex-Civil Partnership / Surviving Civil Partnership	Married / Single / Divorced / Separated / Widowed / Co-habiting / Civil Partnership / Ex-Civil Partnership / Surviving Civil Partnership	Married / Single / Divorced / Separated / Widowed / Co-habiting / Civil Partnership / Ex-Civil Partnership / Surviving Civil Partnership
Date will last updated	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Position in business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sleeping partner	Tick if Yes <input type="checkbox"/>	Tick if Yes <input type="checkbox"/>	Tick if Yes <input type="checkbox"/>	Tick if Yes <input type="checkbox"/>
Relation to other partner(s) (e.g. spouse of client 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage share if partner	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
This years estimated Drawings etc.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total gross drawings / profits / Salary for previous year	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
This years estimated total of other earned income	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Source of other income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL =	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Likely tax status (if known)	Nil / Lower / Basic / Higher rate / Exempt	Nil / Lower / Basic / Higher rate / Exempt	Nil / Lower / Basic / Higher rate / Exempt	Nil / Lower / Basic / Higher rate / Exempt

<p>Soft Facts and Notes</p> <p>Any health issues</p> <p>Could the partners afford to buy one another out right now?</p> <p>Sole Traders – Income Protection/Family protection</p>
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SECTION 3

DIRECTORS & SHAREHOLDERS (Complete for Advice to LTD Companies only)

	Client 1	Client 2	Client 3	Client 4
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date will last updated	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Position in business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage share	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Relation to other director(s) (e.g. spouse of client 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
This years salary	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
This years estimated benefits in kind	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
This years estimated bonus	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
This years estimated dividends	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
This years estimated total of other earned income	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Source of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL =	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Likely tax status (if known)	Nil / Lower / Basic / Higher rate / Exempt	Nil / Lower / Basic / Higher rate / Exempt	Nil / Lower / Basic / Higher rate / Exempt	Nil / Lower / Basic / Higher rate / Exempt
Previous years (P60) earnings	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Soft Facts and Notes
Any health issues Smoker rates? Y/N
Client 1
Client 2
Client 3
Client 4
Could the directors afford to buy one another out right now?

SECTION 4

OTHER KEY EMPLOYEES (FOR KEYMAN ONLY- All Business Types)

	Client 1	Client 2	Client 3	Client 4
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position in business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
This years salary	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
This years estimated benefits in kind	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
This years estimated bonus	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
TOTAL =	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Soft Facts and Notes

Health Issues?

What proportion of profits are directly attributable to them?

How long would it take to source and train a new employee to the same standard?

SECTION 5 TRADING RESULTS (Complete for all Businesses)

	Last year	This year	Next year estimated	Copy of accounts attached?
Gross profit (or loss)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net profit	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	
Turnover	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	
Any exceptional items	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current value of Business / Shares	£ <input type="text"/>			

Soft Facts and Notes

SECTION 6

BUSINESS ASSETS AND LIABILITIES (For Advice on Loan Protection)

6.1 Borrowing and other debts

Lender	Any asset secured		End date		Amount of Interest only	Amount of Capital & Interest	Interest rate	Monthly payment
	Yes	No			£	£	%	£
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.2 New borrowing

Purchase price or value if re-mortgage	End date	Amount of Interest only	Amount of Capital & Interest	Interest rate	Monthly payment
£	<input type="text"/>	£	£	%	£
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for new borrowing

Which, if any, of the borrowings are being replaced by new borrowing?

6.3 Assets

Type of asset	Estimated current value	If property, freehold or leasehold	Potential growth or	Write off period
	£		%	yrs
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.4 Existing plans

Life assured	Type of plan	Reviewable	End date	Sum assured	Rider benefits	Premium	Provider
		Yes				£	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.5 Other expenditure

What is this	Payment
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>

Soft Facts and Notes

When were any existing plans last reviewed?

SECTION 7 EXISTING ARRANGEMENTS (For Advice on Key Person and Ownership Protection)

7.1 Key person

Life assured	Type of plan	Reviewable	End date	Sum assured	Rider benefits	Premium	Provider
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

7.2 Share protection (Director and Partner)

Life assured	Type of plan	Reviewable	End date	Sum assured	Rider benefits	Premium	Provider
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
		Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Share transfer method

- A Automatic
 B Buy and Sell
 C Cross Option
 O Other

Soft Facts and Notes

Include details of any group risk products e.g. group CIC, PHI, DIS
 Are any plans allowable against tax, advise client to obtain confirmation in writing from tax office.

SECTION 8 NEEDS AND PRIORITIES (For all Businesses)

	Adviser's Priority Priority {Number 1-8}	Client's Priority Priority	Do now	Future	Review date if no review now	Not at all
Key Person Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>
Key Person Loans and Mortgage Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>
Share Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>
Income Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>
Family Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>
Pensions Advice	<input type="checkbox"/>	<input type="checkbox"/>		Referral Made to IFA:		<input type="checkbox"/>
Personal Investment Advice	<input type="checkbox"/>	<input type="checkbox"/>		Referral Made to IFA:		<input type="checkbox"/>
Business Investment Advice	<input type="checkbox"/>	<input type="checkbox"/>		Referral Made to IFA:		<input type="checkbox"/>

SECTION 9 POLICY ALTERATION & CANCELLATION (Mandatory if Advice includes the replacing existing Policies)

If any plan being cancelled or altered in any way, including all plans affected in the past 12 months, please give details:

Client	Type of plan	Reviewable	End date	Benefit	Rider benefits	Premium	Fund (if any)	Provider
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

The Suitability Letter must show:

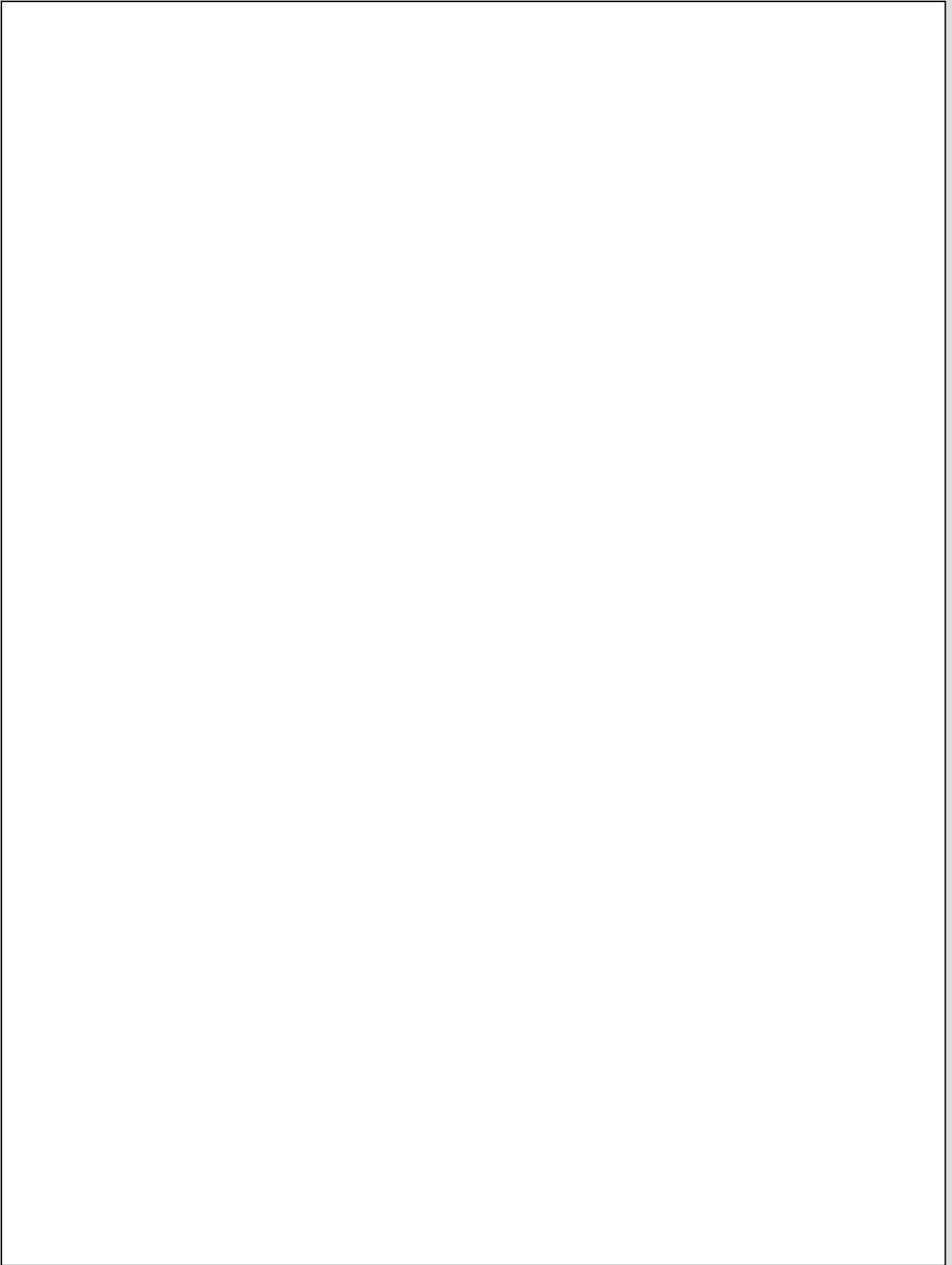
- 1) The Nature of alteration
- 2) Why is it being cancelled or altered?
- 3) Alternatives to cancellation were discussed
- 4) What benefits are being lost?
- 5) The costs and penalties in full
- 6) Where the information came from
- 7) That the old plan should not be cancelled until the new plan is in force.

Soft Facts and Notes

e.g. Penalties, alternative options.

SECTION 10 ADDITIONAL NOTES

Use this section to record any notes or soft facts not recorded elsewhere within the form

A large, empty rectangular box with a thin black border, intended for recording additional notes or soft facts. The box is centered on the page and occupies most of the vertical space below the header.

SECTION 11 CORPORATE IDENTITY VERIFICATION (Not required for Sole Traders)

Name of Business (in full)

Name of contact at company
(personal identification verification must be completed for the named contact)

Company Registration Number (if applicable)

Registered Address (If Applicable)

Trading Address (If Different)

LIMITED COMPANY

Company Registration Number:	<input style="width: 100%;" type="text"/>
Verified by Companies House:	YES/NO

PARTNERSHIP (Complete at least one of the sections below)

	Reference/account number			
Utility Bill / (not mobile phone)		Name of Utility	Date of Issue	
Business Rate Demand		Name of Authority	Date of Issue	

OR

Written Verification from Accountant / Solicitor of registered address	Name of Acct/Sols:	Years they have known Organisation	
Address of Accountant			

Details of the Individuals in the business (For all Partners /Directors / Shareholders of more than 20%)

Name	% Shareholding	Position within the business <i>(E.g. Directors / Shareholder/Partner)</i>

Signed*:	<input style="width: 300px; height: 25px;" type="text"/>
Name	<input style="width: 300px; height: 25px;" type="text"/>
Date:	<input style="width: 300px; height: 25px;" type="text"/>

***Note that this certificate must be signed by the person who has seen the original documentary evidence.**

Appendix A KEY PERSON PROTECTION CALCULATOR (Mandatory for all Key Person Applications)

Client 1

What is their key activity?

	Profit Attributable		Years to Replace		
Cover for death:	<input type="text" value="£"/>	X	<input type="text"/>	=	<input type="text" value="£"/>
				- Existing	<input type="text" value="£"/>
				= Shortfall	<input type="text" value="£"/>

	Profit Attributable		Years to Replace		
Cover for critical illness if different:	<input type="text" value="£"/>	X	<input type="text"/>	=	<input type="text" value="£"/>
				- Existing	<input type="text" value="£"/>
				= Shortfall	<input type="text" value="£"/>

	Profit Attributable		Months to Replace		
Cover for Income Replacement:	<input type="text" value="£"/>	X	<input type="text"/>	=	<input type="text" value="£"/>
				- Existing	<input type="text" value="£"/>
				= Shortfall	<input type="text" value="£"/>

What is their normal retirement date?

What is the preferred retirement date, if different? - -

Is indexation required on any plans? Yes No

Recommendations

Life Assured	Type of plan	Reviewable Yes <input type="checkbox"/>	End date	Sum assured	Rider benefits	Premium	New / Replace / Top up
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text" value="£"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text" value="£"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text" value="£"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text" value="£"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text" value="£"/>	<input type="text"/>

Soft Facts and Notes

Why guaranteed v reviewable cover is suitable
Specify if the cover is a requirement of a 3rd party (e.g. lender for a loan condition)

Appendix B OWNERSHIP PROTECTION CALCULATOR (Mandatory for all Ownership Protection Applications)

Client 1

Share value Cover for death - Existing = Shortfall

Share value Cover for critical illness if different - Existing = Shortfall

What is their normal retirement date? - -

What is the preferred retirement date, if different? - - Does any goodwill need to be taken into account?

Specify in SoDN which is most appropriate age for the plan to be written to. Yes No

How has the share value been calculated? e.g. Accountant, Finance manager, Co. Director Is indexation required on the plan?

Does a spouse own any shares that may affect the market price? Yes No Yes No

Client 2

Share value Cover for death - Existing = Shortfall

Share value Cover for critical illness if different - Existing = Shortfall

What is their normal retirement date? - -

What is the preferred retirement date, if different? - - Does any goodwill need to be taken into account?

Specify in SoDN which is most appropriate age for the plan to be written to. Yes No

How has the share value been calculated? e.g. Accountant, Finance manager, Co. Director Is indexation required on the plan?

Does a spouse own any shares that may affect the market price? Yes No Yes No

Recommendation

Is capital required by any member for future share purchase Yes No

Life Assured	Type of plan	Reviewable	End date	Sum assured	Rider benefits	Premium	New / Replace / Top up
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/> £	<input type="text"/>	<input type="text"/> £	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/> £	<input type="text"/>	<input type="text"/> £	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/> £	<input type="text"/>	<input type="text"/> £	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/> £	<input type="text"/>	<input type="text"/> £	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/> - <input type="text"/>	<input type="text"/> £	<input type="text"/>	<input type="text"/> £	<input type="text"/>

Share transfer method ↑
 A Automatic
 B Buy and Sell
 C Cross option
 O Other

Soft Facts and Notes