|  |  |  |
| --- | --- | --- |
| **Name of company**Your company name and details here. It is vital that when you are using any form of fact find that your firm satisfies itself that the fact find will meet the regulatory requirements in place for your firm. Just provides this template as a guidance tool, but does not take any regulatory responsibility for its use by different firms.To personalise this document, simply insert your company logo where indicated and edit any other parts you’d like to expand or add to.**Please remember to remove the guides and this message before printing.** |  | **Your logo here**  |

|  |  |
| --- | --- |
| Customer 1 name: |      |
|  |  |
| Customer 2 name: |      |
|  |  |
| Adviser name: |      |

**Equity release**fact find

**Customer objectives**

|  |
| --- |
| What is the customer hoping equity release will help them achieve? |
|       |

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# Basic details

|  |
| --- |
|  |
| Customer 1 Address      Postcode       |

|  |  |
| --- | --- |
| Date and time completed |      |

Online/Video meeting [ ]  Telephone [ ]  Home visit [ ]

Others present at the meeting and their relationship to customer

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Legal name |  |  |
| Title |  |  |
| Telephone number |  |  |
| Address |  |  |
| Email address |  |  |
| Relationship to customer |  |  |
| Acting in a professional capacity? | Yes / No | Yes / No |
| If acting in a professional capacity, please describe |  |  |

# Personal details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Customer 1** |  |  | **Customer 2** |  |  |
| Title |  | Surname |  | Title |  | Surname |
|       |  |       |  |       |  |       |
| Gender |  | Forename(s) |  | Gender |  | Forename(s) |
|       |  |       |  |       |  |       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth |  |       | Age |       |  |  Date of birth |       | Age |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Marital status |  |       |  | Marital status |  |       |
| Home phone number |  |       |  | Home phone number  |  |       |
| Mobile number |  |       |  | Mobile number |  |       |
| Preferred contact number | [ ]  Home phone number[ ]  Mobile number |  | Preferred contact number | [ ]  Home phone number[ ]  Mobile number |
|  | Emails |  |  | Emails |
| Personal |       |  | Personal |       |
| Work |       |  | Work |       |
| Preferred email | [ ]  Personal[ ]  Work |  | Preferred email | [ ]  Personal[ ]  Work |
|  |  |  |  | Relationship to Customer 1 |  |       |
|  |  |  |  |  |  |  |
| Would Customer 1 like their documents in an alternative format? | [ ]  Braille[ ]  Large Format[ ]  Audio | Would Customer 2 like their documents in an alternative format? | [ ]  Braille[ ]  Large Format[ ]  Audio |
| If there’s another format they would like, please specify. |       | If there’s another format they would like, please specify. |       |
| Does Customer 1 have mental capacity? | [ ]  Yes [ ]  No | Does Customer 2 have mental capacity? | [ ]  Yes [ ]  No |

# Power of Attorney

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Customer 1** |  |  | **Customer 2** |  |  |
| Is there a Power of Attorney involved with Customer 1? | [ ]  Yes [ ]  No | Is there a Power of Attorney involved with Customer 2? | [ ]  Yes [ ]  No |
| If yes, what type of Power of Attorney is in place? | [ ]  Property and financial planning LPA (CPoA Scotland)[ ]  Ordinary Power of Attorney[ ]  Enduring Power of Attorney | If yes, what type of Power of Attorney is in place? | [ ]  Property and financial planning LPA (CPoA Scotland)[ ]  Ordinary Power of Attorney[ ]  Enduring Power of Attorney |
| If an Enduring Power of Attorney is applicable, is it registered?\* | [ ]  Yes [ ]  No | If an Enduring Power of Attorney is applicable, is it registered?\* | [ ]  Yes [ ]  No |

\* *this could have a bearing on the suitability of drawdown plans*

To whose address should letters be sent? (This should be the decision-maker(s) in the event of a Power of Attorney.) **Please note:** if the attorney details are too complex for the customer (or customers) to complete the section as set out below, please include any required explanation in the following box.

|  |
| --- |
|       |

**Attorney**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Customer 1** |  |  | **Customer 2** |  |  |
|  |  |  |  |  |  |  |
| Full name and title |       |  | Full name and title |       |
| Full Address |      Postcode:       |  | Full Address |      Postcode:       |

If more than one attorney, please complete the other attorney’s details on the next page.

**Other attorneys**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Customer 1** |  |  | **Customer 2** |  |  |
|  |  |  |  |  |  |  |
| Full name and title |       |  | Full name and title |       |
| Full Address |      Postcode:       |  | Full Address |      Postcode:       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name and title |       |  | Full name and title |       |
| Full Address |      Postcode:       |  | Full Address |      Postcode:       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name and title |       |  | Full name and title |       |
| Full Address |      Postcode:       |  | Full Address |      Postcode:       |

# Customer Vulnerability

|  |
| --- |
| Please include details of anything that may make the customer more susceptible to harm (vulnerable) or may affect their ability to make decisions. * Physical/mental illness
* Hearing/speech difficulties
* Ability to understand financial details
* Divorce
* Loss of a family member
* Financial difficulties – low or erratic income, low savings or heavily in debt
 |
|       |
| If you’ve identified either customer has a vulnerability, have you used an online tool (such as Comentis’ digital assessment engine or the MorganAsh Resilience System) to assess how that specific vulnerability affects them, and what can be done to support their needs? | Yes [ ]  |
| No [ ]  |
| What other steps have you taken to support the customer and confirm it’s acceptable to proceed? |
|       |

# Other people living in the customer’s property

|  |  |
| --- | --- |
| Other than the customer, is there anyone else living at the property? | Yes [ ]  |
| No [ ]  |
| Name of the occupier | Date of birth (or age) | Relationship to the customer |
|       |       |       |
|  |  |  |
| Are they a dependant of the customer? | Yes [ ]  |  |  |  |  |
| No [ ]  |  |  |
| Do they pay rent? | Yes [ ]  |  |  |  |  |
| No [ ]  |  |  |
| Name of the occupier | Date of birth (or age) | Relationship to the customer |
|       |       |       |
|  |  |  |
| Are they a dependant of the customer? | Yes [ ]  |  |  |  |  |
| No [ ]  |  |  |
| Do they pay rent? | Yes [ ]  |  |  |  |  |
| No [ ]  |  |  |
| Name of the occupier | Date of birth (or age) | Relationship to the customer |
|       |       |       |
|  |  |  |
| Are they a dependant of the customer? | Yes [ ]  |  |  |  |  |
| No [ ]  |  |  |
| Do they pay rent? | Yes [ ]  |  |  |  |  |
| No [ ]  |  |  |
| Name of the occupier | Date of birth (or age) | Relationship to the customer |
|       |       |       |
|  |  |  |
| Are they a dependant of the customer? | Yes [ ]  |  |  |  |  |
| No [ ]  |  |  |
| Do they pay rent? | Yes [ ]  |  |  |  |  |
| No [ ]  |  |  |
|  |  |
| Are they aware of both the customer’s plans to release equity and the impact that might have on them if equity release was taken out? | Yes [ ]  |
| No [ ]  |

# Other people involved in the customer’s financial decision making

|  |  |
| --- | --- |
| Does the customer involve anyoneelse in their financial decisions? | Yes [ ]  |
| No [ ]  |
| If yes, what is their full name? |       |
| What is their relationship to the customer? |       |
| Please complete their contact details below. |

|  |  |
| --- | --- |
| Full Address |      Postcode:       |

|  |  |
| --- | --- |
| Telephone number |       |
| Mobile number |       |
| Email address |       |

# Employment details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Occupation |  | **Customer 1** |  | **Customer 2** |
|  |       |  |       |
|  |  |  |  |  |
| Employment status |  | [ ]  Employed [ ]  Self-employed[ ]  Retired[ ]  Unemployed |  | [ ]  Employed[ ]  Self-employed[ ]  Retired[ ]  Unemployed |
| Employer’s name |  |       |  |       |
|  |  |  |  |  |
| UK resident |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Lifetime right to remain in the UK? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Work or live abroad? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Notes, including hours worked. |  |  |  |  |
|       |

# Financial details

**Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Customer 1** |  | **Customer 2** |
|  |  | [ ]  pa [ ]  pm[ ]  Net [ ]  Gross |  | [ ]  pa [ ]  pm[ ]  Net [ ]  Gross |
| Earned income | £ |       | £ |       |
| Pension (state) | £ |       | £ |       |
| Pension (other) | £ |       | £ |       |
| Investment – regular withdrawals | £ |       | £ |       |
| Investment – adhoc withdrawals | £ |       | £ |       |
| State benefits\* | £ |       | £ |       |
| Other (specify in notes section)  | £ |       | £ |       |
| \**Including: Disability Living Allowance (DLA)/ Attendance Allowance (AA)/Guaranteed Pension Credit (GPC)/ Savings Pension Credit (SPC), Universal Credit (UC) and Other (****Not*** *Council Tax Reduction (CTR))* |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monthly income | £ |       | pm |  | £ |       | pm |
|  |  |  |  |  |  |  |  |
| Joint monthly income |  |  | £ |       | pm |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tax rate | [ ] Nil [ ] Lower[ ] Basic [ ] Higher |  | [ ] Nil [ ] Lower[ ] Basic [ ] Higher |

**Detail benefits received due to disability**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disability Living Allowance Care | [ ] Low [ ] Med [ ] High | Amount | £ |       | pw |
|  |  |  |  |  |  |
| Disability Living Allowance Mobility | [ ] Low [ ] Med [ ] High | Amount | £ |       | pw |
|  |  |  |  |  |  |
| Attendance Allowance | [ ] Low [ ] Med [ ] High | Amount | £ |       | pw |

**Detail means tested benefits**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GPC**Amount | £ |       | pw | **SPC** Amount | £ |       | pw | **CTR** Amount | £ |       | pw |

|  |  |
| --- | --- |
| Is the customer in Assessed Income Period (AIP)? | [ ]  Yes [ ]  No  |
| If yes, when is the next review date?\* |       |
|  |  |
| Is the customer 80+, or will they turn 80 during the current AIP? | [ ]  Yes [ ]  No |
|  |  |
| Has a state benefit check been run for the customer? | [ ]  Yes [ ]  No |

\**Please note, equity release may have an impact on the benefits the customer receives. For more information please visit www.gov.uk/browse/benefits*

|  |  |  |  |
| --- | --- | --- | --- |
| What is the customer’s **full** council tax bill? | £ |       |  |

|  |
| --- |
| Is the customer in receipt of other benefits? [ ]  Yes [ ]  No If yes, provide details including amount. |
|  |

**Please note: if the customer is receiving benefits, please tell us more using the Customer Vulnerability section.**

# Expenditure

**Breakdown**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Amount | Frequency |  |  |  | Amount | Frequency |
| Mortgage/rent | £ |       |  |  | Car expenses | £ |       |  |
| Loans/Credit card | £ |       |  |  | Domestic insurances | £ |       |  |
| Council tax (Including benefits) | £ |       |  |  | Other insurances | £ |       |  |
| Utilities | £ |       |  |  | Leisure/holiday | £ |       |  |
| Food/household | £ |       |  |  | Other | £ |       |  |
| Children/Grandchildren | £ |       |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Other (please specify):** |  |  |  |  |  |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
|  |  |  |  |  | Total outgoings | £ |       |  |
|  |  |  |  |  | Net monthly income | £ |       |  |
|  |  |  |  |  | Net surplus/shortfall | £ |       |  |

**Where there is a net surplus**

|  |
| --- |
| What does the customer do with this amount? Is there potential to manage the cost of borrowing either entirely or in part? |
|       |

**Where there is a net shortfall**

|  |
| --- |
| How does the customer deal with ongoing income shortfalls? |
|       |

|  |
| --- |
| Notes, including impact on death of either customer on their financial income and expenditure situation. |
|       |

|  |  |
| --- | --- |
| Is the customer expected to receive any future pensions including state pension?If yes, provide details below. | [ ]  Yes [ ]  No |
|  | Pension 1 | Pension 2 |
| Pension Provider company |       |       |
| Type of pension |       |       |
| Value |       |       |
| Contribtuion amount and frequency |       |       |
| **Where there is a net shortfall (continued)** |  |
| If any existing non-annuitised pensions, is the customer aware of their freedom and choices options? | [ ]  Yes [ ]  No |
| If any existing non-annuitised pensions, is the customer aware they can discuss these options further with Pension Wise or a financial intermediary? | [ ]  Yes [ ]  No |
| Will all the funds detailed in this section be required to produce an income in retirement? If No, please note their plans for any non-annuitised funds below. | [ ]  Yes [ ]  No |
|        |
| Has the customer lost touch with a personal/private pension scheme?If yes, provide details below. | [ ]  Yes [ ]  No |
| Has the customer searched for any lost pensions? Please note, it is free to use the website Find pension contact details - GOV.UK (www.gov.uk) | [ ]  Yes [ ]  No |
| If the customer has lost touch with a personal/private pension scheme, please include details below. |
|       |

# Existing investments

## Deposit based

|  |
| --- |
| Banks/Building Societies (including savings bonds) |
| Company | Type | Rate | Restrictions | Balance | Purpose | Encashment penalties | If income taken, net amount | Frequency | Cust 1/2/J |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |

|  |
| --- |
| ISA Cash |
| Company | Latest Valuation | Date of last valuation | Rate % | Purpose | Encashment penalties | If income taken, net amount | Frequency | Cust 1/2 |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|  |  |

Deposit based (continued)

|  |
| --- |
| National Savings |
| Account Type | Latest Valuation | Date of last valuation | Rate % | Purpose | Maturity Date | If income taken, net amount | Frequency | Cust 1/2/J |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

**Total value of deposit based accounts**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |
| Customer 1 | Customer 2 | Joint |
|       |       |       |

## Investment based

|  |
| --- |
| Investment bonds (not including savings bonds) |
| Company | Product type/fund name | Latest Valuation | Date of last valuation | Purpose | Encashment penalties (if applicable) | If income taken, net amount | Frequency | Cust 1/2/J |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

|  |
| --- |
| Unit trusts / ITs / OEICs / PEPs / ISAs |
| Company | Product type/fund name | Latest Valuation | Date of last valuation | Purpose | Encashment penalties (if applicable) | If income taken, net amount | Frequency | Cust 1/2/J |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

|  |
| --- |
| Stocks and shares |
| Company | Product type/fund name | Latest Valuation | Date of last valuation | Purpose | Encashment penalties (if applicable) | If income taken, net amount | Frequency | Cust 1/2/J |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

|  |
| --- |
| Investment based (continued)Other investments |
| Company | Product type/fund name | Latest Valuation | Date of last valuation | Purpose | Encashment penalties (if applicable) | If income taken, net amount | Frequency | Cust 1/2/J |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

|  |
| --- |
| **Total value of investment based accounts** |
| Customer 1 | Customer 2 | Joint |
|       |       |       |

## Endowment/savings plan

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  |
| Company | Fund names | Latest Valuation | Date of last valuation | Type WP/UL/ISA | Start date | Term | Encashment penalties (if applicable) | Estimated maturity date | Estimated maturity value | Cust 1/2/J |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |

## Other policies such as critical illness, term assurance, whole of life, funeral plan and hospital plan policies

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Company | Type of policy | Start date | Term | Estimated maturity date | Estimated value at maturity | Sum assured / death benefit | Cust 1/2/J |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

# Care funding (basic details)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Customer 1** |  | **Customer 2** |
|  |  |  |  |  |
| Customer requiring care? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Has the customer undergone an NHS Continuing Care Assessment? |  | [ ]  Yes [ ]  NoIf so, please obtain an original or certified copy. |  | [ ]  Yes [ ]  NoIf so, please obtain an original or certified copy. |
| If not, provide any additional health information required.For example, ADLs: mobility, washing, dressing, feeding, toileting, continence, mental impairment and transferring (moving from chair to bed and vice versa). |  |        |  |        |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the customer already in acare home? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
| Care home contact name |  |        |  |        |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Care home contact name position |        |  |        |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Care home contact telephone number |        |  |        |
| Care home address |       Postcode:       |  |       Postcode:       |
| Type of existing care |        |  |        |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hours** | **Frequency** | **Equivalent p.m.** |
| Existing care (hours) |       |       |       |
|  |  |  |  |
| Existing care (cost) | £ |       |  |       | £ |       |
|  |  |
| What type of care is now required? |       |
|  |  |
| If living in own home, how long does individual wish to remain in own home? |       |
|  |  |
| How likely is this? |       |
|  |  |
| How likely are they to move back and forth from home to care? |       |
|  |  |
| What are the timescales? |       |
| **Additional care-related expenditure** | **Total** | **Frequency** | **Equivalent p.m.** |
| Care costs (estimated) | £  |       |  |       | £  |       |
|  |  |  |  |
| Care costs (actual) | £  |       |  |       | £  |       |
|  |
| Next review date |       |
|  |  |  |  |
| If not accounted for in the main expenditure ecsection, any additional personal expenditure of the customer in care (for example, hairdresser, chiropody or pocket money). |  | Customer 1 | Customer 2 |  |
| £  |  | £  |  |  |
|       |       |  |
|  |
|  |  |  |  |
| Is expenditure likely to increase? | [ ]  Yes [ ]  No  |
|  |  |
| If yes, please give details, including likely time (if known). |       |
|  |  |  |
| **Total monthly initial additional care related expenditure** | £  |       |  |
|  |  |
|  |  |  |
| **Total monthly expenditure from earlier expenditure section in Fact Find** | £  |       |  |
|  |  |

|  |  |
| --- | --- |
| Is this expenditure likely to change? | [ ]  Yes [ ]  No  |
|  |  |  |  |
| By how much? | £  |       |
|  |  |
| Why? |       |
|  |  |  |
| **ADJUSTED TOTAL MONTHLY EXPENDITURE** | £  |       |  |
|  |  |  |
| **NET MONTHLY INCOME** | £  |       |  |
|  |  |  |
| **NET MONTHLY SURPLUS / SHORTFALL** | £  |       |  |

# Assets

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Home (primary residence) | £ |       | £ |       | £ |       |
| Other properties | £ |       | £ |       | £ |       |
| Contents | £ |       | £ |       | £ |       |
| Vehicles | £ |       | £ |       | £ |       |
| Value of deposit accts | £ |       | £ |       | £ |       |
| Value of investments accts  | £ |       | £ |       | £ |       |
| Business interests*please describe below in notes* | £ |       | £ |       | £ |       |
| Other assets*please describe below in notes* | £ |       | £ |       | £ |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Totals** | £ |       | £ |       | £ |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Total assets (Customer 1, 2 and joint)** |  |  |  |  | £ |       |

|  |
| --- |
| Notes including details of other assets not covered above. For example, other properties or business interests. |
|       |

# Emergency fund

|  |  |
| --- | --- |
| In the event of an emergency does the customer have immediate access to funds? | [ ]  Yes [ ]  No |
|  |  |
| If yes, what is the amount that has been agreed? | £ |       |  |
|  |
| Why was the above amount agreed as an emergency fund? |       |

|  |  |
| --- | --- |
| What type of fund is it/where would the funds come from? |       |

|  |
| --- |
| If applicable, how has any previous ‘emergency money’ been funded and spent (including amounts and dates)? |
|       |

|  |
| --- |
| Emergency fund (continued)What does the customer think constitutes an emergency (where you would need access to funds within a matter of days) and why? |
|       |

How much would the customer require for such event(s) and how frequently are they likely to occur?

|  |
| --- |
|       |

# Liabilities

## Outstanding mortgages

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mortgage type | [ ]  Interest only | [ ]  Repayment | [ ]  Flexible | [ ]  Lifetime Mortgage |
|  |  |  |  |  |
| Who was the lender for the outstanding mortgage? |       |  |
| If Lifetime Mortgage is selected above, what was the equity release used for? |       |  |

|  |  |
| --- | --- |
| Mortgage on this property? | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| If mortgage is not on this property, please enter address of mortgaged property. |       |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Amount outstanding | £ |       | Monthly Payment | £ |       |
| Redemption figure | £ |       |  |  |  |
| Date of redemption statement |  |       |
|  |  |  |
| Is the customer having difficulty with their repayments? | [ ]  Yes [ ]  No |
| If yes, have they spoken to their lender? |  |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Expiry date or remaining term | £ |       |  |  |  |
| Interest rate |  |       | % |  |  |
| Lender |  |       |  |

Outstanding mortgages (continued)

|  |
| --- |
| Details of any early repayment charges. |
|       |

|  |  |
| --- | --- |
| Does the customer have sufficient provision to repay the mortgage? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Is the mortgage protected in the event of death/critical illness, or long-term sickness? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Is further borrowing available? | [ ]  Yes [ ]  No |
|  |  |
| If yes, how much? | £ |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unsecured loans |  | **Customer 1** |  | **Customer 2** |  | **Joint** |
| Name of lender |  |        |  |        |  |        |
| Purpose of the loan |  |        |  |        |  |        |
| When the loan was taken out |  |        |  |        |  |        |
| Loan amounts | £ |       | £ |       | £ |       |
| Term length |  |       |  |       |  |       |
| Monthly payment | £ |       | £ |       | £ |       |

|  |  |
| --- | --- |
| If the customer(s) above are struggling with repayments, have they spoken to their lender(s)? |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Other liabilities |  | **Customer 1** |  | **Customer 2** |  | **Joint** |
| Local authority charge on their property for renovation/essential repairs | £ |       | **£** |       | **£** |       |
|  |  |  |
| Other loan amounts | £ |       | £ |       | £ |       |
| Credit card balances | £ |       | £ |       | £ |       |
| Store card balances | £ |       | £ |       | £ |       |
| Overdraft | £ |       | £ |       | £ |       |
| Other | £ |       | £ |       | £ |       |
| **Total liabilities**  | £ |       | £ |       | £ |       |

|  |
| --- |
| Details of other liabilities including payment details. |
|       |
|  |  |
| Has the customer carried out a credit check? | [ ]  Yes [ ]  No |

# Inheritance

If the total value of the estate including investments, property and other assets exceeds ‘the nil rate Band’, there may be a potential IHT liability.

|  |  |
| --- | --- |
| What specialist Inheritance Tax advice has been taken to plan for any potential liability?  |       |
|  |  |
| If none, has this been recommended? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Is leaving an inheritance to beneficiaries important?If yes, details including preferences for their estate. | [ ]  Yes [ ]  No |
|       |

|  |
| --- |
| Equity release will potentially impact on the value left to any beneficiaries. How does the customer and beneficiaries feel about this? |
|       |

**Inheritance (continued)**

|  |  |
| --- | --- |
| Has the customer discussed their plans for equity release with their family/beneficiaries? | [ ]  Yes [ ]  No |

|  |
| --- |
| If they have **not**, please record why. |
|       |
| If they **have**, please record whom they have discussed it with and their views. Please include names, relationship to customer(s) and view of each respondent. |
|       |

# Wills

|  |  |
| --- | --- |
| Does the customer have a will that reflects their current wishes?If yes, please give details below.Who are the beneficiaries? | [ ]  Yes [ ]  No |
|       |

|  |  |
| --- | --- |
| Has the customer made any gifts in the last seven years or 14 years in the case of Chargeable Lifetime Transfers? | [ ]  Yes [ ]  No |
| If yes, has the customer gifted any released money? | [ ]  Yes [ ]  No |
| Are all gifts within HMRC limits? | [ ]  Yes [ ]  No |
| Please give further details of the gift(s) below (if applicable). |  |
|       |

# Property details

Does the customer currently own the property under consideration? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Has a property title check been carried out? ([HM Land Registry Online](https://www.landregistryonline.org.uk/hm-land-registry-online-search/)) | [ ]  Yes [ ]  No |
| Is the property Joint Tenancy | [ ]  Yes [ ]  No |
| or is the property Tenancy in Common? | [ ]  Yes [ ]  No |
| Type of property | [ ]  House [ ]  Bungalow [ ]  Flat[ ]  Maisonette [ ]  Detached [ ]  Semi[ ]  Terraced |
| Construction type | [ ]  Brick [ ]  Stone [ ]  Other |       |
| Is the property? | [ ]  Freehold [ ]  Leasehold [ ]  Commonhold |
|  |  |
| If leasehold, when does the lease expire? |       |  |
| Number of bedrooms |       |  |
| Estimated property value  | £ |       |  |
|  |  |
| Is this the customers main residence? | [ ]  Yes [ ]  No |
| Is there a mortgage outstanding on the property (details in liability section)? | [ ]  Yes [ ]  No |
| Is the customer the sole occupant? | [ ]  Yes [ ]  No |
| Please give details. |  |
|       |
| Is the property used for purposes other than residential? | [ ]  Yes [ ]  No |
|  |
| Please give details. |
|       |

|  |  |  |
| --- | --- | --- |
| Was the property previously owned by a local authority? | [ ]  Yes [ ]  No | If large estate, rough proportion in private ownership? Possible issue if less than 50% |
|  |  |  |       |
| When was the property built? |       |  |  |
|  |  |
| Is the property part of a sheltered housing development? | [ ]  Yes [ ]  No |
| Are there any age restrictions placed on occupants of the property? | [ ]  Yes [ ]  No |
|  |  |
| Does the customer(s) intend to remain in the property or sell their property in the foreseeable future? Please give details below. |  |
|        |

|  |
| --- |
| **Property details (continued)****If the property is a flat or maisonette, please answer the following questions:** |
| Is the property | [ ]  Purpose built [ ]  Conversion |
| Is it over a retail or business premises? | [ ]  Yes [ ]  No |
| Is the block wholly privately owned? | [ ]  Yes [ ]  No |
|  |  |
| How many storeys? (for example, Ground floor = 1) |       |  |
|  |  |
| If more than seven storeys, is it served by lifts? | [ ]  Yes [ ]  No |
|  |  |
| Where are the deeds to the property kept? |       |  |

|  |
| --- |
| Notes (including comment on condition of property and if there is any cladding). |
|       |

|  |
| --- |
| What are the customers view of house price movement over the medium to long term? |
|       |

# Construction questionnaire/property considerations

Is there anything about the property that might concern a lender?

|  |
| --- |
|       |

|  |  |
| --- | --- |
| Timber framed? | [ ]  Yes [ ]  No |
|  |  |
| Metal framed? | [ ]  Yes [ ]  No |
|  |  |
| Construction type | [ ]  Single skin brick [ ]  Double skin brick [ ]  Cavity[ ]  Stone [ ]  Lath/Plaster [ ]  Wooden clad[ ]  Laing-Easi form concrete [ ]  Cornish[ ]  Wimpey no fines [ ]  Hawkesley |

|  |
| --- |
| Notes: |
|       |

|  |
| --- |
| If the property is terraced or semi-detached, is there a ‘fire-break’ or wall in the attic separating the property from neighbours? |
|       |

Roof type [ ]  Slate [ ]  Tile [ ]  Flat bitumen

 [ ]  Part flat/part apexed [ ]  Over 25% Flat Roof [ ]  Thatched

|  |  |
| --- | --- |
| Are solar panels fitted to the roof? | [ ]  Yes [ ]  No |
|  |  |
| Notes (please include details of ownership and restrictions of the solar panels). |
|       |

**Construction questionnaire/property considerations (continued)**

|  |
| --- |
| Signs of damp, cracks or structural movement? |
|       |

|  |  |
| --- | --- |
| Is the property listed? | [ ]  Yes [ ]  No |
| Is there any history of subsidence, flooding or Japanese Knotweed at the property? |
|       |

|  |  |
| --- | --- |
| Is property used for commercial purposes, e.g. B&B or holiday lets? | [ ]  Yes [ ]  No |
|  |  |
| Is the property used for occasionsal renting, e.g. via Airbnb or the Government’s [**Rent a Room Scheme**](https://www.gov.uk/rent-room-in-your-home/the-rent-a-room-scheme)? | [ ]  Yes [ ]  No |
|  |  |
| If the property is tenanted, is there a six month Assured Shorthold Agreement in place? | [ ]  Yes [ ]  No |
|  |  |
| Is there an electricity pylon within 50 meters of the property? | [ ]  Yes [ ]  No |

## Buildings insurance

|  |  |
| --- | --- |
| Does the customer have buildings insurance? | [ ]  Yes [ ]  No |
|  |  |
| What is the renewal date? |       |

# Future plans

|  |  |  |
| --- | --- | --- |
| **Customer 1** |  | **Customer 2** |
| Attitudes to life expectancy? |  | Attitudes to life expectancy? |
|       |  |       |

Explore the customer’s attitude towards making provision and discuss financial plans and requirements for Long Term Care (LTC). Views on the impact of releasing equity on LTC plans?

|  |  |  |
| --- | --- | --- |
| **Customer 1** |  | **Customer 2** |
|       |  |       |

# Priorities

Rate the importance of the following factors to the customer:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not important | Neutral | Important | Rank the top 3 priorities |
| Interest rate | [ ]  | [ ]  | [ ]  |  |
| Ability to make full or part monthly repayments | [ ]  | [ ]  | [ ]  |  |
| Ability to make ad hoc repayments | [ ]  | [ ]  | [ ]  |  |
| Ability to move (port) to another property | [ ]  | [ ]  | [ ]  |  |
| Ability to repay an equity release plan early | [ ]  | [ ]  | [ ]  |  |
| Facility to drawdown future funds | [ ]  | [ ]  | [ ]  |  |
| Ability to make monthly repayments | [ ]  | [ ]  | [ ]  |  |
| A guaranteed income for life | [ ]  | [ ]  | [ ]  |  |
| Providing an income | [ ]  | [ ]  | [ ]  |  |
| Ability to increase the loan in future | [ ]  | [ ]  | [ ]  |  |
| Retaining ownership of their property | [ ]  | [ ]  | [ ]  |  |
| Inheritance for beneficiaries | [ ]  | [ ]  | [ ]  |  |
| Maximum possible cash release\* | [ ]  | [ ]  | [ ]  |  |
| Speed of completion | [ ]  | [ ]  | [ ]  |  |
| Financial strength of provider | [ ]  | [ ]  | [ ]  |  |
| No investment risk in funding for care  | [ ]  | [ ]  | [ ]  |  |
| Protecting against any increase in care support costs | [ ]  | [ ]  | [ ]  |  |
| Protecting capital/income against inflation | [ ]  | [ ]  | [ ]  |  |
| To add fees to the loan | [ ]  | [ ]  | [ ]  |  |
|  | How much can the customer pay towards fees?What are their views on adding fees to the loan (if applicable)? | £       |
|  |       |

\**Does the customer qualify for a medically underwritten equity release policy?*

Priorities (continued)

Reason why customer has ranked certain features, including the cost/benefit of each.

|  |  |
| --- | --- |
|  |  |
| **Rank** | **Reasons why priority** |
| 1 |       |
| 2 |       |
| 3 |       |

# Explore the following alternatives to equity release

|  |
| --- |
|  |
| **Use of existing assets/maturing life policies/non-annuitised pension**Could the customer’s existing assets be restructured or sold to meet their needs, or could any non-annuitised pension fund be utilised?       |
| **Remortgage/extending existing term/loans**Has the customer considered a standard remortgage (including retirement interest only mortgages), or extending the term of their existing mortgage or an unsecured loan?      |
| **Financial help from family/inheritance**The likelihood of this occurring now and in the foreseeable future?      |
| **Local authority grants eligibility**If the customer wants to do home improvements, is a grant available? Indicate which of the three outcomes apply: 1. Customer established/establishing, 2. Adviser will establish, 3. Adviser to inform based on knowledge.      |
| **Downsizing**Has the customer considered downsizing – moving to a less expensive property and realising capital from doing so? What if personal circumstances changed?      |
| **State Benefits**Does any unclaimed benefit entitlement potentially meet the customers objectives?      |
| **Rent a room (Here is a link to the Government’s** [**Rent a room in your home**](https://www.gov.uk/rent-room-in-your-home/the-rent-a-room-scheme) **scheme)**      |
| **Budgeting**      |
| **Do nothing or delay for a period**      |
| **Employment**      |
| **Other (for example, continuing or returning to work)**      |

# Equity release solution

|  |
| --- |
| Having provided a balanced overview of the pros and cons of Lifetime Mortgages and Home Reversion plans, what are the product features that the customer is drawn to and why? |
|       |

|  |
| --- |
| Record details of the lump sum required. |
| Purpose | Amount | Date required |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total release amount** | £ |       |  |

|  |  |
| --- | --- |
| Does the customer anticipate a need for any future borrowing? | [ ]  Yes [ ]  No |

|  |
| --- |
| If yes, please provide purpose, amount and date. |
|       |
|  |
| Is the customer prepared to utilise their existing savings to meet their objectives and pay fees? | [ ]  Yes [ ]  No |

|  |
| --- |
| If not, why? |
|       |

|  |
| --- |
| If the release amount creates a post-completion monthly income surplus, explain how this would be spent. Could it go towards an interest only payment? |
|       |

|  |
| --- |
| **Equity release solution (continued)**If there is still a post-completion shortfall, please provide details of the amount and how this is being addressed.  |
|       |

|  |
| --- |
| If money is being raised to provide a lump sum to subsidise an income shortfall, please explain how the lump sum is calculated and how long it's expected to last – including a description of how this impacts the customer. |
|       |
|  |
| Apart from death or long-term care, does the customer expect to repay the equity release plan early? | [ ]  Yes [ ]  No |

|  |
| --- |
| If yes, please give details, including the reason, timescales, amounts and where funds will come from. |
|       |

# Credit history

Answers here may be an indication that the customer is more susceptible to harm (vulnerable). If any of the answers are ‘yes’, please provide more details in the section ‘Customer Vulnerability’.

|  |  |
| --- | --- |
| Has the customer ever had a mortgage or loan application refused? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Has the customer ever had a judgement for a debt or a loan default registered against them? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Has the customer ever been declared bankrupt or made an arrangement with their creditors? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Has the customer ever failed to keep up their payments under any previous or current mortgage, rental or loan agreement? | [ ]  Yes [ ]  No |

|  |
| --- |
| If yes, please give details. |
|       |

Other needs

|  |  |
| --- | --- |
| Does the customer need to make provision for Retirement Planning/Savings/Investments/IHT? | [ ]  Yes [ ]  No |
| If yes to any of the above, please provide details. |
|       |

Cancelled policies

|  |  |
| --- | --- |
| Will any policies be cancelled or paid up (within the next six months) as a result of this advice? | [ ]  Yes [ ]  No |
| Please provide details. |
|       |

Solicitor

|  |  |
| --- | --- |
| Does the customer have a Solicitor?  | [ ]  Yes [ ]  No |

If yes, please complete the below details.

|  |  |
| --- | --- |
| Solicitor contact name |       |
|  |  |
| Solicitor practice name |       |
|  |  |
| Solicitor address |      Postcode        |
| Expected Solictor’s fee | £  |       |

Credit history (continued)

**Released funds**

|  |  |
| --- | --- |
| Where will any funds released be held (for example, cash ISA or high interest savings account)? |       |

Changes to circumstances

|  |  |
| --- | --- |
| Does the customer anticipate that there will be any changes to their circumstances in the future? | [ ]  Yes [ ]  No |
| If yes, please give details including timescales, amounts and loan repayments. |
|       |

Non-disclosure

|  |  |
| --- | --- |
| Has any information not been disclosed? | [ ]  Yes [ ]  No |
| If yes, please give details, including reasons why. |
|       |

# Health and lifestyle

If the customer(s) is a smoker and/or has certain health conditions, they may be eligible for Enhanced LTV terms or a lower interest rate.

It is important that the customer is as honest and open as possible in disclosing any health and lifestyle factors – the more detailed the information that’s included the more likely it is they will get a higher LTV and/or lower interest rate based on their individual circumstances.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Customer 1** |  | **Customer 2 (if applicable)** |
| 1. What is the customer’s weight? |  |       |  |       |
|  |  |  |  |  |
| 2. What is the customer’s height? |  |       |  |       |
|  |  |  |  |  |
| 3. Has the customer smoked 10 or more cigarettes per day on a regular basis for the last 10 years? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| 4. Has the customer smoked 2.5oz (70g) or more of rolling tobacco per week on a regular basis for the last 10 years? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| 5. What is the customer’s average alcohol consumption per week? |  | [ ]  0-49 units [ ]  50-69 units[ ]  70+ units |  | [ ]  0-49 units [ ]  50-69 units[ ]  70+ units |
|  |  |  |  |  |
| 6. Has the customer been diagnosed with high blood pressure (hypertension), requiring prescribed daily medication? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| 7. Has the customer been diagnosed with diabetes which is controlled with tablets or insulin? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 8. Has the customer been diagnosed with a heart attack that required hospital admission? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Customer 1** |  | **Customer 2 (if applicable)** |
| 9. Has the customer been diagnosed with angina, ischaemic heart disease or coronary artery disease, requiring prescribed daily medication? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 10. Has the customer had surgery for a heart condition? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| If Heart Bypass, Stent or Angioplasty, please enter the date of **initial** surgery: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| If Valve Replacement, please enter the date of **initial** surgery: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| If Pacemaker or ICD (Implantable cardioverter defibrillator), please enter the date of **initial** surgery: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 11. Has the customer been diagnosed with peripheral vascular disease (including intermittent claudication)? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 12. Has the customer been diagnosed with a major stroke (CVA)? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of **first occurrence**: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 13. Has the customer been diagnosed with a mini-stroke (TIA)? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of **first occurrence**: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Customer 1** |  | **Customer 2 (if applicable)** |
| 14. Has the customer been diagnosed with cancer, leukaemia, Hodgkin’s disease, lymphoma or any malignant growth or tumour that required chemotherapy or radiotherapy? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 15. Has the customer been diagnosed with multiple sclerosis requiring the use of mobility aids? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 16. Has the customer been diagnosed with Parkinson’s disease requiring prescribed daily medication? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 17. Has the customer been diagnosed with dementia (including Alzheimer’s disease)? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 18. Has the customer been diagnosed with motor neurone disease? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 19. Has the customer been diagnosed with a chronic respiratory disease requiring prescribed daily medication or inhalers? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Cusomer 1** |  | **Customer 2 (if applicable)** |
| 20. Has the customer been diagnosed with chronic kidney failure? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 21. Has the customer been diagnosed with cirrhosis of the liver? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 22. Has the customer had a heart, kidney, liver or lung transplant? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of surgery: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 23. Has the customer been diagnosed with hepatitis C? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |
| 24. Has the customer been diagnosed with HIV? |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Please enter the date of diagnosis: |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |  | [ ]  Less than one year[ ]  1-5 years [ ]  5+ years |
|  |  |  |  |  |

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