|  |  |  |
| --- | --- | --- |
| **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 anyone  else 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 theirfreedom and choices options? | | | Yes  No |
| If any existing non-annuitised pensions, is the customer aware theycan 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 incomein retirement? If No, please note their plans for any non-annuitisedfunds 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  No  If so, please obtain an original or certified copy. |  | Yes  No  If 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 a  care 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 ec section, 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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