

# *Can you spare a moment for your future?*

## Your Financial Health Check Questionnaire

Please circle the appropriate box

Has your employment situation changed since your last review? 

Yes	No
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**Have you made provision for your protection needs?**

Yes	No
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Would you like a review of your: a) Life Assurance Cover? 

Yes	No
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 b) Critical Illness Cover? 

Yes	No
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 c) Income Replacement Cover? 

Yes	No
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**Have you made provision for your retirement?**

Yes	No
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Would you like to discuss the benefits of your Company pension scheme? 

Yes	No
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 Have you safeguarded against the shortfalls of your Company pension scheme? 

Yes	No
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 Do you wish to have your existing private/personal pensions reviewed? 

Yes	No
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**Have you made provision for your investment and saving needs?**

Yes	No
-----	----

Would you like a review of your Savings/Investments and their asset allocation/risk profile? 

Yes	No
-----	----

**Do you require any assistance with regard to mortgages or re-mortgaging?**

Yes	No
-----	----

Have you considered insurance against redundancy? 

Yes	No
-----	----

Do you have Private Medical Insurance? 

Yes	No
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Have you reviewed your buildings and contents insurance? 

Yes	No
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**Have you made a Will or a Lasting Power of Attorney?**

Yes	No
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 If yes is it tax efficient or has it been reviewed to meet your current wishes? 

Yes	No
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Have you considered a pre-paid funeral plan for peace of mind? 

Yes	No
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**Is there any other area of concern that you would like to discuss?**

Yes	No
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Would you like an annual review of your circumstances? 

Yes	No
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 Would you prefer a more frequent review? 

Yes	No
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Three Monthly  Four Monthly  Six Monthly

How do you prefer to have your review?  By letter?  By telephone?  A personal visit?  By e-mail?  A combination?

Do you wish to receive information that we may consider of interest to you? 

Yes	No
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Do you wish to receive a regular newsletter covering varied financial topics of interest? 

Yes	No
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**Please ensure that we have your correct contact details:**

Name			
Address			
		Postcode	
Home Phone		Office Phone	
Mobile Phone		E-mail	
<b>Do you have any comments, suggestions, personal recommendations or referrals?</b>		Yes	No


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