



# Personal Protection Health Check

Your name

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Date

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Please answer these simple questions to enable us to quickly assess whether (and, if so, the extent to which) a need for financial protection exists.

## A. About you

### 1. How old are you? (Please state date of birth)

Age:

Date of birth:

### 2. Is your health (in your opinion)

☐ Good☐ Average☐ Poor

### 3. Are you married/in a civil partnership or in a long-term relationship?

☐ Yes☐ No

### 4. Do you have any children/dependants (if yes, how many?)

☐ Yes☐ No

If 'yes' how many?

### 5. If 'yes' how old are they?

### 6. Are you:

☐ Employed?☐ Shareholding director?☐ Self-employed?☐ Retired?☐ Other?

## B. Repaying debt and providing for your family/dependants

### 1. What you owe

Do you have any outstanding debts (e.g. mortgage, loan, credit card)? If so, please state total currently outstanding.

☐ No☐ Yes

£

### 2. What you would like for your family/dependants

a What capital sum\* would you like to be available for your family/dependants on your death? £

b How much after tax (i.e. 'spendable') annual income would you like your family/dependants to have following your death? £

\*excluding the value of any property

### 3. What would be available for your family/dependants?

a Approximately, how much 'liquid capital' \*would be available to your family/dependants on your death excluding any private or employer provided life insurance (see b. and c. below)? £

*\*excluding the value of any property*

b Do you have any private life insurance on your life in force, and, if so, what total cover does it provide? ☐ No ☐ Yes £

Is it held in trust? ☐ No ☐ Yes

c Are you a member of an employer scheme providing death benefits, and, if so:

How much total cover is provided? ☐ No ☐ Yes £

Have you nominated who should benefit? ☐ No ☐ Yes

d How much after tax (i.e. 'spendable') income could your family/dependants count on after your death? £

## C. Protecting your income

### 1. How long could you pay your essential bills for if your income stopped?

Months

### 2. Do you have any insurance providing a lump sum or regular payment in the event of:

Serious/critical illness? ☐ No ☐ Yes ☐ Lump Sum ☐ Regular payments Cover £

Inability to work due to illness or injury? ☐ No ☐ Yes ☐ Lump Sum ☐ Regular payments Cover £

## D. Protecting your legacy

### 1. What you own

What is the current value of all of:

Your assets\*? £

Your spouse or civil partner's assets? ☐ N/A £

*\*excluding any pension scheme or life insurance held in trust*

### 2. Who inherits your assets?

Do you have an 'up to date' Will? ☐ No ☐ Yes

If yes, what percentage of your assets pass to:

Your spouse or civil partner? %

Others (e.g. children, grandchildren, long term partner)? %

Charity? %

### 3. Previous gifts

Have you made any gifts (other than to your spouse, civil partner or charity or ordinarily out of income) of more than £3,000 per annum in the last seven years?

☐ No ☐ Yes £

### 4. Life insurance to pay inheritance tax

1	Do you have any life insurance in force (in addition to that specified in B.3.b. above) specifically to pay inheritance tax:			
	On your life?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	£
	On joint lives of you and your spouse/civil partner?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	£
2	Is any life cover specified in 1. above held in trust?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

**Please confirm how you would prefer to explore further how to ensure that you and your dependants are financially provided for?**

Face-to-face (*when permissible*) ☐

Telephone ☐

Video ☐ (*Please specify your preference, e.g. Zoom, Teams, WhatsApp, etc.*)

No further action at the moment, thank you ☐