

H D CONSULTANTS

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Consultant:	
IDD letter issued:	
Terms of Business Document issued:	
Date of 1st client contact:	
Supervisor:	

MORTGAGE & PROTECTION FACT FIND DOCUMENT

The information requested in these pages is entirely confidential. Periodically your independent financial advisor may have to confirm that the information is current.

The personal and financial information provided in this document will be used in assisting your independent financial advisor in offering you the best advice as required by the Financial Services and Markets Act 2000. The personal data provided will be stored and used in accordance with the Data Protection Act 1998.

COMPLETED FOR

H D Consultants is an Appointed Representative of Personal Touch Financial Services Ltd.,
which is authorised and regulated by the Financial Services Authority



Personal Details			
	Client 1	Client 2	
Title:			
Forename:			
Middle Name(s):			
Surname:			
Date Of Birth:			
NI Number:			
Daytime telephone:			
Evening telephone:			
Mobile telephone:			
Home Email address:			
Work Email address:			
Marital Status:			
Previous Name:			
Nationality:			
Smoker:	Yes/No	Yes/No	
Dependents / Children			
Name	Relationship to Client 1 Client 2		Date of birth
Your Home			
Home Address:			
Postcode:			
Date moved in:	Dd/mm/yyyy	Dd/mm/yyyy	
Residence Status:			
How many years/months have you been on the electoral role at your current address? :			
If less than 3 years last addresses:			
1) Address:			
Postcode:			
Residence Status:			
Date moved in:	Dd/mm/yyyy	Dd/mm/yyyy	
Date left:	Dd/mm/yyyy	Dd/mm/yyyy	

2) Address:		
Postcode:		
Residence Status:		
Date moved in:	Dd/mm/yyyy	Dd/mm/yyyy
Date left:	Dd/mm/yyyy	Dd/mm/yyyy

Employment Details		
Principal employment status: (Emp/SE/Cont/UnEm/)	<input type="checkbox"/> Permanent Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Temporary Employed <input type="checkbox"/> Contract Worker <input type="checkbox"/> Part Time employee <input type="checkbox"/> Voluntary <input type="checkbox"/> Un-Employed <input type="checkbox"/> Retired	<input type="checkbox"/> Permanent Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Temporary Employed <input type="checkbox"/> Contract Worker <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Voluntary <input type="checkbox"/> Un-Employed <input type="checkbox"/> Retired
Hours of Work:	Full Time / Part Time	Full Time / Part Time
Occupation:		
Employers Name:		
Employers Address:		
Postcode:		
Date started employment:	Dd/mm/yyyy	Dd/mm/yyyy
Date left employment:	Dd/mm/yyyy	Dd/mm/yyyy

Please ensure full income details are completed / recorded on pages 6 and 7.

If less than 1 year previous		
1) Employer name: PLUS EVIDENCE OF EMPLOYMENT IF POSSIBLE		
Address:		
Postcode:		
Occupation:		
Date started employment:	Dd/mm/yyyy	Dd/mm/yyyy
Date left employment:	Dd/mm/yyyy	Dd/mm/yyyy

2) Employers Name:		
Address:		
Postcode:		
Occupation:		
Date started employment:	Dd/mm/yyyy	Dd/mm/yyyy
Date left employment:	Dd/mm/yyyy	Dd/mm/yyyy

Secondary Employment Details		
Secondary employment status: (Emp/SE/Cont/UnEm/)	<input type="checkbox"/> Permanent Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Temporary Employed <input type="checkbox"/> Contract Worker <input type="checkbox"/> Part Time employee <input type="checkbox"/> Voluntary <input type="checkbox"/> Un-Employed <input type="checkbox"/> Retired	<input type="checkbox"/> Permanent Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Temporary Employed <input type="checkbox"/> Contract Worker <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Voluntary <input type="checkbox"/> Un-Employed <input type="checkbox"/> Retired
Hours of Work:	Full Time / Part Time	Full Time / Part Time
Occupation:		
Employers Name:		

Employers Address:		
Postcode:		
Date started employment:	Dd/mm/yyyy	Dd/mm/yyyy
Date left employment:	Dd/mm/yyyy	Dd/mm/yyyy
Notes:		

Income Details		
	Client 1	Client 2
Employed Income (NB – Self-Employed Details to be completed on next page)		
Main Basic Income (Annual Gross):	£	£
Regular Overtime (Annual Gross):	£	£
Bonus (Annual Gross):	£	£
Commission (Annual Gross):	£	£
Car Allowance (Annual Gross):	£	£
Secondary Employed Income		
Main Basic Income (Annual Gross):	£	£
Regular Overtime (Annual Gross):	£	£
Bonus (Annual Gross):	£	£
Commission (Annual Gross):	£	£
Car Allowance (Annual Gross):	£	£
Other Income: (Annual Gross):	£	£
Other Income		
Occupational Pension:	£	£
Personal Pension:	£	£
State Pension:	£	£
Family Tax credit:	£	£
Other (please state type):	£	£

Self Employed Income (Over the last 3 years)

Is client also applying for ASU cover?				
<p>If so you must advise him that he may not be eligible for the unemployment benefit.</p> <p>It is also important to submit accounts (if the client has been self employed for 3 years) and/or detail a satisfactory explanation for accounts not being available.</p>				
	Client 1	Client 1	Client 2	Client 2
Date	Annual (Gross)	Annual (Net)	Annual (Gross)	Annual (Net)
Year 1: / /	£	£	£	£
Year 2: / /	£	£	£	£
Year 3: / /	£	£	£	£

Total of all Income

	Client 1 (Annual Gross)	Client 2 (Annual Gross)
Employed Income:	£	£
Secondary Income:	£	£
Other:	£	£
Self employed Income:	£	£
Total Income: (Annual Gross)	£	£
Total Estimated Net: Income (Monthly)	£	£

Main Bank Details	Bank Name:	Bank Name:
	Sort Code:	Sort Code:
	Account Number	Account Number:
	How long have you held this account?	How long have you held this account?

Existing Mortgage Details:

Existing Mortgage:	Original Loan	Original Term	Current Balance	Remaining Term	Monthly Payment	Current Interest Rate Payable
Capital & Interest:						___% until
Interest Only:						___% until
Lender:				Account Number:		
Type of interest rate:	Flexible <input type="checkbox"/>	SVR <input type="checkbox"/>	Fixed <input type="checkbox"/>	Capped <input type="checkbox"/>	Discount / Tracker <input type="checkbox"/>	
Are there any repayment charges on your existing mortgage:				Yes/No		
Current redemption penalties:	£ or %		End Date:			
Is your existing mortgage portable to a new property:				Yes/No		
If selling your existing property, what is the sale price?				£	Owner(s):	Client 1 / Client 2 / Joint

Life Policies – (Term Assurance, Critical Illness, FIB, Income Protection, WOL)							
Provider:		Type:		Life Assured:			
Policy Number	Monthly Premium	Sum Assured	Start Date	End Date	Includes CIC	In trust	
	£	£			Y/N	Y/N	
Provider:		Type:		Life Assured:			
Policy Number	Monthly Premium	Sum Assured	Start Date	End Date	Includes CIC	In Trust	
	£	£			Y/N	Y/N	
Provider:		Type:		Life Assured:			
Policy Number:	Monthly Premium	Sum Assured	Start Date	End Date	Includes CIC	In Trust	
	£	£			Y/N	Y/N	
Provider:		Type:		Life Assured:			
Policy Number	Monthly Premium	Sum Assured	Start Date	End Date	Includes CIC	In Trust	
	£	£			Y/N	Y/N	
Provider:		Type:		Life Assured:			
Policy Number	Monthly Premium	Sum Assured	Start Date	End Date	Includes CIC	In Trust	
	£	£			Y/N	Y/N	

Is the client contemplating cancelling any of the above policies?	Yes/No
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Mortgage repayment plans (ISA, Endowment, Pension Provision and Other investments)					
Provider	Product	Value	Monthly Premium	Maturity Value if applicable	Repaying mortgage
		£	£	£	Yes/No
Provider	Product	Value	Monthly Premium	Maturity Value if applicable	Repaying mortgage
		£	£	£	Yes/No
Provider	Product	Value	Monthly Premium	Maturity Value if applicable	Repaying mortgage
		£	£	£	Yes/no

Assets (Main Residence, Bank/Building Society Account)		
Type	Value	Owner
	£	Client 1 / Client 2 / Joint Tenancy / Tenants In Common
	£	Client 1 / Client 2 / Joint Tenancy / Tenants In Common
	£	Client 1 / Client 2 / Joint Tenancy / Tenants In Common
	£	Client 1 / Client 2 / Joint Tenancy / Tenants In Common
	£	Client 1 / Client 2 / Joint Tenancy / Tenants In Common

Liabilities (Loan/Credit cards)				
Type	Amount	End Date	Redemption penalties	Owner
	£		£	Client 1/Client 2
	£		£	Client 1/Client 2
	£		£	Client 1/Client 2

Outgoings				
	Client 1	Client 2	Joint	Total
Rent (Monthly):	£	£	£	£
Regular Bills (Monthly):	£	£	£	£
Food and Clothing (Monthly):	£	£	£	£
Loans, credit cards and car finance:	£	£	£	£
Mortgage (Monthly):	£	£	£	£
Life Policy Premiums (Monthly):	£	£	£	£
Mortgage repayment premiums (Monthly):	£	£	£	£
Other (Monthly):	£	£	£	£

Summary;

Outgoing monthly Total:	£	£	£	£
Estimated Net Income:	£	£	£	£

Surplus:	£	£	£	£
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Credit History		
	Client 1	Client 2

Defaults		
Has either Client ever had a judgment for debt or loan default registered?	Yes/No	Yes/No
Judgement 1		
Date registered:		
Has the judgement been settled:	Yes/No	Yes/No
If so date settled:		
Judgement 2		
Date registered:		
Has the judgment been settled:	Yes/No	Yes/No
If so date settled:		
Judgement 3		
Date Registered:		
Has the judgement been settled:	Yes/No	Yes/No
If so date settled:		

Arrears		
Have you ever been behind on any payments e.g. Mortgage payments or Loan payments?:		
1 Type of payment:		
Date(s) missed:		
2 Type of payment:		
Date(s) missed:		
3 Type of payment:		
Date(s) missed:		
4 Type of Payment:		
Dates(s) missed:		

CCJ

Has either Client ever been subject to a CCJ?	Yes/No	Yes/no
Judgement 1		
Date registered:		
Satisfied:		
If satisfied date:		
Amount:		
Judgement 2		
Date registered:		
Satisfied:		
If satisfied date:		
Amount:		

Bankruptcy

Has either Client ever been declared bankrupt, and / or made an arrangement with creditors(i.e. IVA):	Yes/No	Yes/no
Type:	Bankruptcy/IVA	Bankruptcy/IVA
Has the bankruptcy been discharged:	Yes/No	Yes/No
Has the bankruptcy been registered:	Yes/No	Yes/No
Has the bankruptcy been annulled:	Yes/No	Yes/No
What was the date of discharge/annulment:		
Date when will the bankruptcy be discharged:		

Current Situation

Address of property being mortgaged if different from above:	
Postcode:	
Are you selling your Current property? :	Yes/No
Are you repaying the existing mortgage:	Yes/No

Value of your property to be mortgaged? :	£
Purchase Price of new property if applicable:	£
Type of House: i.e. detached / semi / bungalow / flat	
If flat, how many floors in block, and on which floor?	
Year Built:	
Is the property of standard construction:	Yes/No
If no please provide details:	
Number of bedrooms:	
Tenure:	Freehold / Leasehold / Feuhold / Share of Freehold
If Leasehold how many years remaining on the lease:	Yr Months
Is this a Council House purchase or government supported scheme (e.g. homebuy)?	
Is any part of the property to be let?	
If yes, is this a single Tenancy or a Multiple Occupancy Agreement?	
Proposed Monthly Rental	
Is there to be a second charge over the property to another lender?	
Is the client capital raising:	Yes/No
If yes, please provide reasons	
Amount of deposit available:	£
Source of Deposit:	
Percentage of property being purchased :	%
Total Mortgage required:	£
Term of mortgage required:	
Does required term exceed State Retirement Age? If yes, detail method of repayment in retirement:	
What is the maximum amount of time that you wish to be tied into the mortgage:	
Notes:	

New Mortgage Feature Importance

Please indicate the features most important to you

An upper limit on your mortgage costs for a specific period:	Y/N
Fixed mortgage costs for a certain period:	Y/N
Access to an initial cash sum (cash-back):	Y/N
A discount on your mortgage repayments in the early years:	Y/N
Your mortgage repayment rate to track the Bank of England base rate:	Y/N
No early settlement interest on full or part repayment:	Y/N
No tie-in after a fixed, discounted or capped interest period:	Y/N
Speed of mortgage completion:	Y/N
A mortgage with no initial fees:	Y/N
The ability to add fees to the loan:	Y/N
Help with Legal Fees:	Y/N
Help with Valuation Fees:	Y/N
Help with Survey Fees:	Y/N
The ability to vary the repayment amount or take repayment holidays:	Y/N

Mortgage Repayment Options

How do you intend to repay your mortgage:	Repayment / Split / Interest- Only / Other
If Interest-Only selected for full or part, please indicate amount on Interest-Only:	£
If Interest-Only please indicate how you are planning to repay the outstanding balance? E.g. ISA, Endowment, other method?	

Establishing Your Concerns

	Client 1	Client 2
Have you made a will?:	Yes/No	Yes/No
If so when was it last updated?		
If applicable was the Will updated after the client was married:		
If so what are your main provisions:		
Who have you named as Executors?		
If Applicable, who are your Guardians?		

Do you partake in any hazardous hobbies or pursuits:	Yes/No	Yes/No
If yes please provide details:		

In the event of death or illness		
	Client 1	Client 2
Have you had any serious medical conditions?:	Yes/No	Yes/No
If yes, please provide full details:		
Have you visited the doctor in the last 12 months other than for minor ailments?:		
If yes please provide full details: Is either client applying for ASU cover? If Yes, he must be advised that a claim in respect of any disclosed health problem may not be successful until he has had 12 months free from recurrence.		
If you became seriously ill, died or became unemployed, what would be the financial concerns of your family?:		

Please detail your current arrangements to cover your income		
Death In Service Benefits:		
Life Insurance Cover for Dependents:	£	£
Current Savings:	£	£
Other Arrangements:	£	£
Current Total Provisions:	£	£
Projected income from current arrangements: (Based on 5% of current provisions)		
Projected short fall:		
What is the term that you wish to cover? (Years):		
Total benefit required:	£	£

In The Event Of Illness		
Client?	Client 1	Client 2
Determining the level of Income Protection cover required		
In the event of illness, how much of your income per month would you like to replace?:		

Current Arrangements		
How much sick pay would your employer provide per month?:	£	£
For how many months would this income be received?:		
What is your total provision from state benefits?:	£	£
Until what age would this income be received?:		
Monthly Projected Shortfall:		
	Short Term Shortfall: Deferred: Benefit:	Short Term Shortfall: Deferred: Benefit:
	Long Term Shortfall: Deferred: Until Age Of:	Long Term Shortfall: Deferred: Until Age Of:

Determining the Level of ASU Cover Required		
What monthly payments do you wish to cover, e.g Mortgage, Loans:?		
What is the total amount of benefit required:?		
Do you require the benefit to be payable immediately?:		
If no, please state deferred period when benefit is payable:		
Do you know of any impending unemployment which may affect you?: If a client is aware of potential unemployment you must advise him that unemployment benefit will not be payable if the threat becomes a reality within the next 6 to 12 month .		

Determining the Level of Critical Illness Cover Required		
How much capital would you need for associated expenses:		
Existing provision:	£	£
Projected Shortfall:	Calculate Projected Shortfall	Calculate Projected Shortfall
For how long do you require cover?		

Notes:

Protection Declaration

Please remember that, unlike normal financial services practice where disclosing a matter, detail or problem effectively prevents this becoming an issue if and when there is a claim, the practise of non-disclosures in respect of ASU applications will, in many instances, bar the client from making a successful claim under that element of the ASU Policy, at least during the initial period that the policy is in force and therefore the client must be made aware of this.

Typical examples are:

Client discloses he is aware he may be made redundant or, even, that he has heard rumours of redundancies. This will prevent him from successfully making a claim under the unemployment section of the policy if unemployment arises as a consequence of the circumstance he has disclosed.

Client discloses he is self-employed. In most instances he will not be able to make a successful claim under the unemployed element of the policy. This is because the policy seeks to mitigate the client's inability to make, say, payments to the lender as a consequence of losing his salary because he has lost his job - clearly this situation cannot arise for someone who is self-employed.

Client discloses he is, or has been, suffering from a chronic illness and/or injury or disability. The client will not be able to successfully claim under the sickness element of the ASU policy until he has been clear of any problems associated with the disclosed condition for 2 years.

PLEASE REMEMBER: these types of exclusions are, in the main, temporary in that full cover will be restored after a prescribed time or, in the case of self-employed, when the client becomes employed. Equally important, even where exclusions apply the other elements of the policy will be unaffected and therefore the policy can still offer worthwhile and relevant cover and should not be discarded out of hand.

FSA require clients to be advised of any "Significant and/or Unusual Exclusions" [SUEs] before making an application. It is sensible, therefore, indeed imperative that there is evidence the client has been made aware of any SUEs which apply to him. Failure to advise a client of any relevant SUEs may well constitute a mis-sale.

Summary - Financial Objectives

Attitude to risk

Please indicate which of the following descriptions define your attitude to risk.

- Conservative** : You require the security that your mortgage will be fully paid off at the end of the mortgage term and your home will belong to you in totality.
- Medium** : You are prepared to accept that it is your responsibility to have some of the funds available to pay all or part of your mortgage at the end of the term and that failure to do so may result in the enforced sale of your home.
- Adventurous** : You are prepared to accept that it is your responsibility to have the necessary funds available to pay off the mortgage at the end of the term and understand that failure to do so may result in the loss of part or your entire home.

Financial Objectives		
	Client 1	Client 2
Have the attitudes to risk been explained to the client:	Yes/No	Yes/No
Arranging a mortgage?		
Needs identified by the advisor:		
Importance to the client :		
Attitude to risk:		
Repayment vehicle for your mortgage?		
Needs identified by the advisor:		
Importance to the client:		
Providing a lump sum in the event of death to repay your liabilities?		
Needs identified by the advisor:		
Importance to the client :		
Providing a lump sum in the event of suffering a critical illness?		
Needs identified by the advisor:		
Importance to the client:		
Replacing income lost through illness or injury?		
Needs identified by the advisor:		
Importance to the client:		
Providing Income in the event of early death		
Needs identified by the advisor:		
Importance to the client:		

Future Changes			
Changes Type	Yes / No	Affects	Details
Do you see any changes in the future with regard to assets? :			
Do you see any changes in the future with regard to liabilities? :			
Do you see any changes in the future with regard to income details? :			
Do you see any changes in the future with regard to existing policies? :			
Do you see any changes in the future with regard to any other matter? :			

Advisor's Recommendations
<p><i>(Suggested;</i></p> <p><i>Mortgage;</i></p> <p><i>Amount:</i></p> <p><i>Term:</i></p> <p><i>Repayment Basis (Rep / I-O / Split):</i></p> <p><i>Type (Fix / Tracker / Disc etc):</i></p> <p><i>Special Offer term:</i></p> <p><i>ERP details:</i></p> <p><i>Budget:</i></p> <p><i>Life Cover;</i></p> <p><i>Amount:</i></p> <p><i>Term:</i></p> <p><i>Basis (Level / Inc / Dec):</i></p> <p><i>Rate Type (Gtd / Rev):</i></p> <p><i>Inc CIC?:</i></p> <p><i>Budget)</i></p>

Notes

Client Confirmation

This information has been provided in strictest confidence and it places me/us under no obligation. I/we understand that advice and recommendations will be made based on the information detailed on this form. I/we understand that where I/we have declined to provide information, the advice or recommendations put forward by H D Consultants will be correspondingly restricted and will not take into account all of my/our personal circumstances.

I/we confirm that I/we have received the H D Consultants IDD Letter, Terms of Business document and Business Card.

Client has agreed to the above condition(s):

Signature: _____

Client 1 Name: _____

Date: _____

Signature: _____

Client 2 Name: _____

Date: _____

Express Consent

FSA Principal - Personal Touch Financial Services Limited (PTFS)
Appointed Representative – H D Consultants

Name of Advisor:

Name of Appointed Representative:.....H D CONSULTANTS.....

I/we confirm that I/we have received financial advice from the Advisor and/or the Appointed Representative. As a consequence I/we acknowledge that the Advisor and/or the Appointed Representative may from time to time review my/our file with a view to bringing to my/our attention in the future products or services that may be of interest to me/us.

In relation to any such future contact to be made with me/us:

"I/we expressly consent to be being contacted without prior notice or arrangement by post, telephone (including mobile telephone and SMS communications), fax or email using the contact details I/we have previously provided to the Advisor/Appointed Representative by either (1) the Advisor (2) the Appointed Representative or (3) Personal Touch Financial Services Limited (being the Principal of the Appointed Representative) and further consent that such contact may be in relation to (a) my/our mortgage arrangements and/or (b) other products and services in respect of which I/we may not have received initial advice and/or (c) any regulatory or other network duty or service which Personal Touch Financial Services Limited may from time to time be required to fulfil or provide."

I/we agree that consent provided is valid for a period of five years from the date of signature by me/us.

I/we may withdraw the consent given by notice in writing to the Advisor, the Appointed Representative or Personal Touch Financial Services Limited at any time.

Client Name: _____ Date: _____

Signed: _____

Client Name: _____ Date: _____

Signed: _____

ADDENDUM A – BUDGET PLANNER

Item	Amount
Income – section A	
Your pay (from all 'work' sources) after tax	
Partner's pay after tax (as above)	
Pension income	
State benefits	
Interest/investment income (after tax)	
Child maintenance	
Tax credits	
Other	
Total income (A)	
Spending – section B	
Household	
Food and drink (supermarket shop)	
Rent/service charge	
Council tax	
Electricity	
Gas	
Landline Phone / internet / satellite TV etc	
Mobile phone	
TV licence	
Water rates	
Other	
Leisure	
Going out / take-aways / cinema / restaurants etc	
Alcohol / cigarettes	
Holidays / weekends away / short breaks	
Gym membership/sports activities	
Books / magazines / CD's / DVD's	
Other	
Financial products	
Loan/card/hire-purchase repayments	
Mortgage payment	
Pension contributions	
Savings/investments	
Life insurance (payable on death / C.I.)	
Buildings and/or contents insurance	
Car insurance	
Private Medical insurance	
Mobile phone insurance	
Income replacement insurance	
Other	
Children	
Childcare	
Child maintenance	
Other	
Travel	
Getting to work	
Car (inc tax, MOT, service)	
Other	
Other spending	
Clothing and footwear (for the whole family)	
Toiletries	
Medicines/prescriptions	
Other	
Total spending (B)	
Total income (from section A)	
Total spending (from section B)	
Income minus spending (A-B)	

ADDENDUM B - FACT FIND CURRENT PRIORITIES 1= LOW 5 = HIGH

PRIORITIES		
	Client 1	Client 2
Anticipated Retirement Age>>		
NEW / REVIEW LIFE ASSURANCE FOR THE FAMILY , PAID AS A LUMP SUM	1 2 3 4 5	1 2 3 4 5
NEW / REVIEW LIFE ASSURANCE FOR THE FAMILY , PAID AS AN INCOME	1 2 3 4 5	1 2 3 4 5
NEW / REVIEW LIFE ASSURANCE FOR THE MORTGAGE , PAID AS A LUMP SUM	1 2 3 4 5	1 2 3 4 5
NEW / REVIEW LIFE ASSURANCE FOR THE MORTGAGE , PAID AS AN INCOME	1 2 3 4 5	1 2 3 4 5
NEW / REVIEW PROVISION OF ONGOING INCOME IN EVENT OF ILLNESS, SICKNESS, DISABILITY	1 2 3 4 5	1 2 3 4 5
WRITE A WILL (EG TO NOMINATE GUARDIANS)	1 2 3 4 5	1 2 3 4 5
FINANCE FOR GUARDIANS TO FUND LIVING EXPENSES FOR CHILD(REN)	1 2 3 4 5	1 2 3 4 5
TRUST PLANNING FOR LIFE POLICIES, PENSION PLANS ETC	1 2 3 4 5	1 2 3 4 5
PROPERTY TRUSTS, BUSINESS TRUSTS, CARE FEES PLANNING	1 2 3 4 5	1 2 3 4 5
NEW / REVIEW CRITICAL ILLNESS COVER FOR FAMILY FINANCIAL SECURITY	1 2 3 4 5	1 2 3 4 5
NEW / REVIEW CRITICAL ILLNESS COVER FOR MORTGAGE PROTECTION	1 2 3 4 5	1 2 3 4 5
MORTGAGE - TO BUY A HOME	1 2 3 4 5	1 2 3 4 5
MORTGAGE - TO BUY AN INVESTMENT PROPERTY	1 2 3 4 5	1 2 3 4 5
COMMERCIAL FINANCE - TO BUY OR REMORTGAGE A COMMERCIAL PROPERTY	1 2 3 4 5	1 2 3 4 5
REMORTGAGE FOR HOME IMPROVEMENTS	1 2 3 4 5	1 2 3 4 5
REMORTGAGE TO CONSOLIDATE DEBTS	1 2 3 4 5	1 2 3 4 5
NEW / REVIEW PENSION/ INVESTMENT / SAVINGS PLANS *	1 2 3 4 5	1 2 3 4 5
NEW / REVIEW HOUSE / CONTENTS INSURANCE	1 2 3 4 5	1 2 3 4 5
ARRANGE BRIDGING FINANCE TO FUND PROPERTY ACQUISITION	1 2 3 4 5	1 2 3 4 5
NEW / REVIEW PRIVATE MEDICAL INSURANCE FOR SELF / FAMILY / COMPANY	1 2 3 4 5	1 2 3 4 5
INHERITANCE TAX PLANNING *	1 2 3 4 5	1 2 3 4 5
BUSINESS PROTECTION INCLUDING SHARE PROTECTION, PARTNERSHIP AGREEMENTS, KEY PERSON INSURANCE ETC	1 2 3 4 5	1 2 3 4 5
OTHER; (PLEASE STATE)	1 2 3 4 5	1 2 3 4 5

IFA Services: product advice in these areas will be provided by an authorised individual from the PTFS Network

(ADDENDUM C)

POLICY / ACCOUNT SERVICING AUTHORITY

Client Name(s): _____

Date of Birth: (1) _____

(2) _____

Client (s) Address:

Post Code: _____

To Whom It May Concern

THIS LETTER AUTHORISES (Company) TO ;

- **RELEASE INFORMATION** (GIVES THE IFA RIGHTS TO INFORMATION)
- **TRANSFER SERVICING RIGHTS** (GIVES THE IFA RIGHTS TO RECEIVE COMMISSION AND TO MAKE ADMINISTRATIVE CHANGES TO POLICIES ON YOUR BEHALF)

I/We hereby give notice that H D CONSULTANTS ("Appointed Firm"), 109 Maldon Road, Colchester, Essex CO3 3AX (FSA 403701) will from this date be active, until further notice, as my/our Independent Financial Consultants on the policy/ies (or mortgage(s)) listed below.

Please therefore ensure that you amend your records, taking note that existing servicing and renewals will be undertaken by the aforesaid appointed firm. There is to be no commission clawback liability carried over, for any previous commissions paid prior to this date to any other insurance agency, intermediary, or firm, imposed upon H D Consultants.

For insurance / investment policies: **Please provide a statement of benefits for the relevant policy/ies, indicating the commencement date, term, premium, current fund value and the amount and frequency of renewals. Please note that all future servicing renewal commissions should be paid to H D Consultants, providing there is no increased cost to the client.**

For Mortgage Accounts: Please provide a current statement showing outstanding balance, and please confirm the term remaining, monthly payment, current interest rate which is applied, any redemption penalties currently applicable, and end date of any 'special offer' (e.g. fixed rate, tracker rate etc) which applies to this account, too.

Please note that this requested information should be forwarded to H D Consultants, providing there is no cost to the client for sending this data.

Contract Type:

Contract Number/s:(AND ALL POLICIES HELD)

Company / Address:

AUTHORISED BY:

Client Name: Signature Date.....

Name of Adviser:
Independent Financial Consultant

Email address:@hdconsultants.net

Head Office: 109 Maldon Road, Colchester, Essex, CO3 3AX
Email: office@hdconsultants.net Tel: 0870 2000 900 Fax : 08717 334 367