



Life Cover

IFA Practice:

IFA Name:

Email:

Tel No: Mobile:.....

Date Of Referral:

Allocated Adviser:

Client Name(s):

Tel No: **Mobile:**

Email Address:

Best Day To Call: Mon Tues Wed Thurs Fri Sat (morn)

Best Time To Call:

Life Assured (single or joint): Single / Joint

Date of Birth(s): Client 1:Client 2:

Smoker(s) or Non Smoker(s): Client 1: Yes / No Client 2: Yes / No

Occupation(s): Client 1:

Client 2:

Life Cover Only Or Life Cover With Critical Illness

Term:

Sum Assured:

(or annual benefit if family income benefit required)

Benefit: Level Term / Decreasing Term / Index Linked

If unsure would you like a full review? Yes / No