



Income Protection

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:

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

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

Employed / Self Employed: Client 1: Client 2:

Occupation(s): Client 1

Client 2

House Name/Number:..... Postcode:

Annual Mileage:

Salary or Net Profit If Self Employed:

Employer Benefits:

Deferred Period: Day 1 / 1 week / 1 month / 3 months / 6 months / 12 months

Monthly Benefit:

Term:

Start Date Of Employment:

Or Accident & Sickness / Redundancy / Both

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

Existing Cover? Yes / No
(if yes please provide details)