



Family / Personal Term Assurance Demands & Needs Recommendation

Remember, more than one matrix code may be appropriate from each section. If separate life and critical illness has been provided on separate benefit levels please ensure you make the information on this form clear for the person producing the letter.

Having taken into consideration your current personal life protection policies I have recommended the following to protect your family / personal interests* in the event of your death / critical illness*:
(*delete as appropriate)

Type of Cover

- IA** A level benefit has been recommended. This will ensure the benefit remains constant throughout the life of the plan as you do not need the benefits to maintain pace with inflation.
 - IB** An increasing benefit has been recommended in order to keep in line with inflation. I have explained that should you accept the benefit increases then the policy premiums will increase in line with the provider's policy terms.
 - IC** Family income benefit has been recommended as you prefer the sum assured to be provided on a monthly basis until the end of the policy term rather than as a single lump sum.
 - ID** Renewable benefit has been recommended as you do not know how long you would like the cover for. I have made you aware that this type of policy is more expensive than a similar level benefit policy due to the underwriting advantages it has.
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Basis of Cover

- 2A** I have recommended a joint life policy as you want the benefits to be paid to either of you in the event of a claim.
 - 2B** I have recommended separate policies to ensure continuing cover for the remaining spouse in the event of a claim.
 - 2C** Cover for your partner has not been recommended as they do not wish to be covered at this time.
 - 2D** I have recommended separate policies because additional cover has been provided for a small increase in premium which you confirmed was affordable.
 - 2E** I have recommended separate policies as you require differing levels of cover.
 - 2F** This plan has been recommended as life of another because:
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Term Length

- 3A** The policy term of is in line with your wish to provide for your children until an age you consider them to be financially independent.
- 3B** The policy term of is in line with the length of time you foresee yourself having family or personal financial responsibilities.
- 3C** The policy term of..... is in line with your affordability whilst maintaining what you deem to be an adequate level of cover.
- 3D** The policy term of..... is the maximum available.
- 3E** The policy term of is due to the maximum age limits of the provider.
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Benefit Level

- 4A** The amount of cover was determined by affordability and the term of the plan.
- 4B** You advised me that you wished to cover yourself (and your family) for £ as this would be sufficient for your needs in the event of a claim.
- 4C** Whilst the amount of cover is not in line with that required it was the maximum available for the premium you said you could afford.
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Premium Rate

- 5A** The policy premium is guaranteed as you do not want the premiums to increase because due to future market conditions.
- 5B** The policy premiums are reviewable as you wanted the lowest cost available at outset. I have made you aware of the reviews applicable which are also explained in your Key Features Policy Document.
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Benefit Proposed

- 6A** Life cover has been provided to ensure that on your death, your PARTNER* and DEPENDANTS* have funds to pay any ESSENTIAL COSTS / MAINTAIN THEIR STANDARD OF LIVING*.
**(delete as applicable)*
- 6B** Critical Illness cover has been provided as you said you would need funds to pay for unexpected costs on the diagnosis of a specified critical illness.
- 6C** Life or earlier critical illness has been provided as you only require the policy to pay out in either event and this is more affordable than separate life and critical illness plans.
- 6D** Separate life cover and critical illness cover has been provided as you would like the possibility of continuing life cover should a claim be paid on the critical illness policy.
- 6E** Although you are currently single with no dependants we would recommended other forms of cover to protect your lifestyle, however you advised me it was more important to have life cover to provide for any future dependants and this is why life cover has been recommended.
- 6F** Having discussed the benefits of critical illness cover you declined this type of policy because you felt you could rely on other available funds to provide for unexpected costs on the diagnosis of a critical illness.

Waiver of Premium

- 7A** Waiver of premium has been added to the plan to ensure that, as long as the policy’s terms and conditions are met, the monthly policy premiums are maintained if you are unable to work due to accident or illness.
 - 7B** After showing you the cost and benefits of waiver of premium you have declined this additional benefit and are confident you could maintain the policy payments if you are unable to work due to accident or illness.
 - 7C** Waiver of premium was declined by the provider due to your age or occupation.
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Provider

- 8A** has been recommended because they provided the recommended benefits at the lowest cost of the providers available, which was important to you.
 - 8B** has been recommended because, although they weren’t the lowest cost option, they provided the best benefits of the providers available, which was important to you.
 - 8C** You declined my recommendation of who provided the lowest cost option/ best benefits and chose because:
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Existing Cover

- 9A** As you have informed me you intend to cancel this, I have advised you to keep this in place until the new policy is in force. I have not advised you as to the suitability of your current policy provider’s benefits.
 - 9B** As you have advised me that you intend to keep your existing policy, this was taken into consideration when calculating the new benefit levels.
 - 9C** No existing plans have been disclosed so I have not been able to take them into consideration when calculating benefit levels.
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Non Disclosure (mark all that are appropriate)

- 10** As you did not want to provide me with:
 - A** partner...
 - B** dependants...
 - C** mortgage...

...details I have not been able to take them into account and this may have affected the recommendations I have made.
