

MDL Financial Services Limited

CONFIDENTIAL FACTFIND SHORT FORM

How was contact made? _____

Name _____ Date of Birth ____/____/____

Spouse _____ Date of Birth ____/____/____

Address _____ Telephone _____

_____ Email _____

Gender: Male Female

Are you a smoker? Yes No

Are you Employed/Self Employed? _____

Have you Income Protection? Yes No

Have you a Pension Arrangement? Yes No Company / Personal

Lump Sum on Death from Pension Scheme? Yes No

Have you any Life Cover? Yes No

Have you any Serious Illness Cover? Yes No

Your Investment/Savings Experience: Bonds SSIA Bank Other

Your attitude to Risk: HIGH MED LOW NO RISK

What financial Advice are you seeking? _____

Have you any specific priorities? _____

DECLARATION

I/We confirm that MDL Financial Services Ltd has permission to contact me/us to discuss the above details. I/We have seen a copy of the Terms of Business letter. I/We understand that any recommendations made by MDL Financial Services Ltd are based on the information disclosed by me/us and the suitability to my/our needs of the products of the Life Companies and Lending Institutions. I/We understand MDL Financial Services Ltd may not offer financial advice on the products of Life Companies and Lending Institutions with whom it does not hold a letter of appointment. I/We understand that MDL Financial Services Ltd may require additional information to carry out a full financial review.

Signed: _____

OR Alternatively: I/We confirm that it is not my/our wish to have a Confidential Factfind completed as I/We only require information / advice on the following:

Signed: _____