

Kings Park Financial Management (Scotland) Limited
PRIVATE AND CONFIDENTIAL PROTECTION QUESTIONNAIRE

Please send the completed form by email or fax to

info@kpfm.co.uk

01786 479245

Completion of this questionnaire will allow us to prepare for your meeting so that your meeting can be both productive and interesting. The more accurate your information, the more effective the meeting can be.

By completing this information you will not be committed to using our service, and we will not be committed to working with you.

FOR INFO ONLY AT THIS STAGE THIS IS NOT AN APPLICATION FORM. IF YOU PROCEED WITH ANY FORM OF PROTECTION CONTRACT, YOU WILL BE PROVIDED WITH A COPY OF THE APPLICATION FORM TO CHECK AND YOU WILL BE ASKED TO CONFIRM THAT THE DETAILS ARE CORRECT.

Can our office staff contact you to obtain further information	Applicant 1				Applicant 2			
	Yes		No		Yes		No	

TRUST AND START DATE	Applicant 1				Applicant 2			
Is this contract to be placed in trust	Yes		No		Yes		No	
If yes is this with Wills and Trusts	Yes		No		Yes		No	
When do you wish cover to start	Immediate				Immediate			
	To be advised				To be advised			
	Specific date				Specific date			
Cover Reason	Personal		Business		Mortgage		Other	

YOUR PERSONAL DETAILS	Applicant 1				Applicant 2			
Mr/Mrs/Miss								
Surname								
First Name(s)								
Male/Female								
Date of birth								
Anticipated retirement age								
Marital Status								
Country of nationality								
Are you a permanent resident in the UK								
Home Address								
Post Code								
Home telephone number								
Work telephone number								
Mobile telephone number								
Email address								
Number of financial dependants								
Age of dependants								

ARMED FORCES	Applicant 1				Applicant 2			
Are you a member of the TA or regular armed forces								
Rank								
Are you under orders or standby to serve abroad or in areas of conflict? If so please provide details								

EMPLOYED APPLICANTS	Applicant 1	Applicant 2
Occupation		
Name of Employer		
Employers address		
Post Code		
Years/months with employer	/	/
Gross basic salary (Annual)	£	£
Overtime/bonus (Annual)	£	£
In which industry do you work		
How many hours per week do you work		
Are you involved in any hazardous activities? If so please provide details		
Does your occupation involve manual work, driving or working at heights		
Manual work	%	%
Driving	%	%
Working at heights	%	%
Typical height (ft/m)	Ft/m	Ft/m
Have you been continuously employed for the last 6 months		
Are you aware of any pending redundancy		
Are you currently under any form of disciplinary action		
Do you work offshore		

SELF EMPLOYED APPLICANTS	Applicant 1	Applicant 2
Occupation		
Name of Company		
Company address		
Post Code		
Percentage shareholding		
Net Profit	This year	This year
	Last year	Last year
	Previous year	Previous year
Financial year end	/ /	/ /
In which industry do you work		
How many hours per week do you work		
Are you involved in any hazardous activities? If so please provide details		
Does your occupation involve manual work, driving or working at heights		
Manual work	%	%
Driving	%	%
Working at heights	%	%
Typical height (ft/m)	Ft/m	Ft/m
Have you been continuously employed for the last 6 months		
Are you aware of any pending redundancy		
Are you currently under any form of disciplinary action		

YOUR DOCTOR'S DETAILS	Applicant 1	Applicant 2
Name of Doctor		
Address of Doctor		
Post code		
Telephone of Doctor		
How long have you been registered with this Doctor		
Would you like to see a copy of your medical report before it is sent to the insurance company		

YOUR HEIGHT AND WEIGHT	Applicant 1		Applicant 2	
Height	Ft	Ins	Ft	Ins
Weight	St	lbs	St	lbs
In the last 6 months has your weight decreased by more than 7lbs through non diet				
If so please provide details				

SMOKING AND ALCOHOL DETAILS	Applicant 1		Applicant 2	
Have you smoked in the last 12 months				
If yes please state weekly usage	Cigarettes		Cigarettes	
	Cigars		Cigars	
	Gms of pipe tobacco		Gms of pipe tobacco	
	Other		Other	
Have you ever smoked				
If yes when did you stop				
Do you intend to stop				
How many units of alcohol do you drink in a week				
Have you ever sought advice from a medical practitioner regarding alcohol consumption				
If yes please give details				

OTHER PROTECTION DETAILS		
Have you any existing or pending applications for any form of protection		
If yes, please provide details		
Are you currently applying for any form of protection other than through Kings Park		
If yes, please provide details		
Have you ever had any applications for protection declined or accepted on special terms		
If yes, please provide details		

TRAVEL AND PURSUITS		
In the last 24 months have you been outside the UK for more than 30 consecutive days		
If yes, please provide details		
Have you any intention of travelling abroad other than for holidays of less than 30 days		
If yes, please provide details		
Have you any intention to participate in any hazardous sport or leisure activity		
If yes, please provide details		

MEDICAL QUESTIONS		
Do you currently or have you ever had any of the following, if yes please provide details in further medical info section		
Cancer, leukemia, Hodgkin's disease, lymphoma, brain or spinal tumor?		
Heart disease, including heart attack, angina, or any other hear disorder?		
Stroke, brain hemorrhage, brain injury or disorder?		
Multiple sclerosis, Parkinson's disease, paralysis, epilepsy, Alzheimer's disease, dementia or cerebral palsy?		
Any disorder of the central nervous system (the brain, spinal cord and nerves), not already mentioned? (This could include, for example, Huntington's disease, Motor Neurone disease or myelitis)?		
Disease or disorder of the arteries (including disease in the legs or of the aorta)? (This could include, for example, blockage or narrowing of an artery, intermittent claudication or inflammation of an artery)?		
Diabetes or sugar in the urine?		
Mental illness that has required hospital treatment or referral to a psychiatrist?		
A lump, a growth of any kind or any mole or freckle that has bled, become painful, changed colour or increased in size?		
Chest pain, irregular heartbeat, raised blood pressure or raised cholesterol?		
Asthma, bronchitis or any other respiratory disorder?		
Numbness, loss of feeling, tingling or temporary loss of muscle power?		
Seizure, fits, fainting or blackouts?		

Any disorder of the eyes including blurred or double vision, optic or retro bulbar neuritis (you can ignore sight problems corrected by glasses or contact lenses)?		
Any disorder of the ears?		
Arthritis, spine, neck or joint disorder (including slipped disc, back or neck pain or gout)?		
Any disorder of the digestive system, liver, stomach, pancreas or bowel (including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease)?		
Any blood disorder or anaemia?		
Any thyroid disorder?		
Any kidney, bladder or any other disorder of the genito- urinary system (including blood or protein in the urine and urinary tract infections)?		
Any kind of medical attention for depression, anxiety, stress, nervous breakdown or chronic fatigue?		
Any investigation, scan or test not already mentioned? (This could include, for example, smear tests and other tests performed at your GP's clinic).		
Any form of medical attention at a hospital as an inpatient or an outpatient?		
A surgical operation?		
Do you suffer from epilepsy?		
Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the result of such a test? (Note: If the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms.) If you have answered yes, please specify: Tested positive for HIV or Hepatitis Awaiting an HIV or Hepatitis test result		
Within the last five years, have you been exposed to the risk of HIV infection? (Note: The risk can arise through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU)		
Within the last five years, have you tested positive or been treated for any disease that was sexually transmitted? If yes, please give details:		
Have you ever injected non-prescription drugs or have you ever taken drugs other than on medical advice?		

CURRENT MEDICATION/TREATMENT		
Are you due to have any check-up in the next 12 months in connection with any medical condition, or are you waiting for the result of any medical investigation?		
Are you currently taking prescribed drugs, medicines, tablets or any other treatment?		
Have you any expectation of seeking medical advice or treatment in the near future?		

YOUR FAMILY				
Have any of your parents, brothers or sisters ever had any of the following medical conditions before they reached age 60? Heart disease or disorder Multiple sclerosis Alzheimer's disease Stroke Bowel disease or disorder Parkinson's disease Diabetes Kidney disease or disorder Muscular dystrophy Cancer Huntington's disease Motor Neurone disease				
If yes, please provide details of first condition	Relationship		Relationship	
	Diagnosis or cause of death		Diagnosis or cause of death	
	Age at diagnosis		Age at diagnosis	
	Age at death (if applicable)		Age at death (if applicable)	
If yes, please provide details of second condition	Relationship		Relationship	
	Diagnosis or cause of death		Diagnosis or cause of death	
	Age at diagnosis		Age at diagnosis	
	Age at death (if applicable)		Age at death (if applicable)	
If yes, please provide details of third condition	Relationship		Relationship	
	Diagnosis or cause of death		Diagnosis or cause of death	
	Age at diagnosis		Age at diagnosis	
	Age at death (if applicable)		Age at death (if applicable)	
If there are any other conditions, please provide details in additional info section				

ABSENT FROM WORK		
Have you been off work for more than 2 consecutive weeks due to any medical condition		

FURTHER INFO SECTION		
Please include any other details or information here		

Bank Details	Bank		Bank	
	Branch		Branch	
	Account No		Account No	
	Sort Code		Sort Code	
	Name		Name	

Can you or any person living in the home confirm	Yes	No	Comments
You own the property			
Will solely occupy the property together with their family and or domestic partner			
You have no criminal convictions other than for motoring			
You have not had insurance cancelled or had special terms imposed			
You will not let the property			
You do not smoke			
You are not engaged in the entertainment industry			
You have not been declared bankrupt			
You will normally occupy the property at night			
You will not normally occupy the property during the day			
Can you confirm the following to be true			
The property:			
Is the main residence and not a holiday home or weekend home and not likely to be left unoccupied for more than 30 days at a time			
Is situated more than a quarter of a mile from a river, water course or the sea or is more than 6 feet above normal high water level and has not been previously damaged by flood			
Is self contained, having a separate locked entrance under your sole control			
Is of standard construction			
Is in a good state of repair			
Is not undergoing construction or renovation			
Is not in an area liable to flooding, subsidence or landslip and has never suffered damage by these causes			
Is not a listed building			
Is fitted with a smoke detector			
Is not used for trade or business purposes other than purely clerical			
Can you confirm the following statements are true			
You work for more than 16 hours a week			
You have not consulted a doctor in the last 12 months for anything other than minor, short term ailments such as flu or colds (if in doubt phone 029 20265265)			
You are not aware of circumstances that will result in you being made unemployed			
You are not in dispute with your employer or under disciplinary action			
You are not in temporary, casual or seasonal employment or employed via an agency			

I understand that if I leave out any information, or give incorrect information, it may lead to the contract being declared void. If my circumstances change before the plan starts, I will tell you. I understand that if I do not do this, the contract may be declared void.

Signature of Applicant 1

Date

Signature of Applicant 2

Date

OFFICE USE	<i>Applicant 1</i>	<i>Applicant 2</i>
<i>Death only</i>		
<i>Sum assured</i>		
<i>Term</i>		
<i>Inc/dec/level</i>		
<i>WOP</i>		
<i>TI benefit</i>		
<i>Other benefits</i>		
<i>Death or earlier critical illness</i>		
<i>Sum assured</i>		
<i>Term</i>		
<i>Inc/dec/level</i>		
<i>WOP</i>		
<i>TI benefit</i>		
<i>Other benefits</i>		
<i>Income protection</i>		
<i>Amount of monthly benefit</i>		
<i>Lev/inc</i>		
<i>Def period</i>		
<i>WOP</i>		
<i>ASU/A only/U only</i>		
<i>Amount of monthly benefit</i>		
<i>Lev/inc</i>		
<i>Def period</i>		
Commission requirements		

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Kings Park Financial Management (Scotland) Limited is authorised and regulated by the Financial Services Authority

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