**Employee Benefits Fact Find**

|  |  |
| --- | --- |
| Business Name |  |
| Date Completed |  |

The purpose of this questionnaire is to ensure that we are sufficiently aware of the business’s financial circumstances to provide you with suitable financial advice. The more information you are able to provide, the better equipped we will be to offer suitable advice.

All information will be strictly confidential.

**Basis of Advice**

|  |
| --- |
| **Company Objectives** |
| Business Protection Benefits |  |
| Directors / Shareholder / Key Personnel Benefits |  |
| Employee Benefits |  |
| Auto Enrolment / Group Pensions |  |
| Other |  |

|  |
| --- |
| Specific company needs & objectives |

**Company Details**

|  |  |
| --- | --- |
| Business Name |  |
| Registered Address |  |
| Telephone Number |  |
| Main Contact |  |
| Position |  |
| Email address |  |
| Nature of Business |  |
| Incorporation date |  |
| Company Registration No. |  |
| Trading address(if different) |  |
| Current Accountants |  |
| Current solicitors |  |

**Corporate Details**

|  |  |
| --- | --- |
| Number of offices |  |
| Number of directors |  |
| Number of staff |  |
| Net profits before tax: End of tax year 202\*End of tax year 202\* |  |
| Please provide the last set of company accounts | Attached / to follow |

**Existing Plans**

If the answer is yes to any of the following, please complete full details on the existing policy schedule Appendix I

|  |  |
| --- | --- |
| Does the company provide a pension scheme | Y / N |
| Does the company provide a Group Life scheme | Y / N |
| Does the company provide a Group Income Protection scheme | Y / N |
| Is Keyperson cover in place | Y / N |
| Is there Shareholder Protection in place | Y / N |
| Is there a Relevant Life policy in place | Y / N |

**Declaration**

(please read carefully and then sign and date below)

On behalf of the company, I can confirm that the information provided is, to the best of my knowledge, correct. We have provided this information understanding that it is used to form the basis of any advice and recommendations made to us and that we are not under any obligation to take up any recommendation made. We understand that any recommendations made will involve a regular financial commitment.

Signed on behalf of the company

|  |  |
| --- | --- |
|  | Date |

**Appendix 1 Existing Policies**

**Pension Scheme**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider | Eligibility | Employer Contribution | Employee Contribution | Retirement Age |
|  |  |  |  |  |

**Group Life**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider | Eligibility | Basis | Annual Premium | Free Cover Level |
|  |  |  |  |  |

**Group Income Protection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider | Eligibility | Basis | Annual Premium | Free Cover Level |
|  |  |  |  |  |

**Keyperson Cover**

|  |  |
| --- | --- |
| Person Covered | Level of Cover |
|  |  |
|  |  |
|  |  |
|  |  |

**Relevant Life**

|  |  |
| --- | --- |
| Person Covered | Level of Cover |
|  |  |
|  |  |
|  |  |
|  |  |

**Shareholder Protection**

|  |  |
| --- | --- |
| Person Covered | Level of Cover |
|  |  |
|  |  |
|  |  |
|  |  |

**Appendix 2 Business Protection details**

\*Please complete for any person to be covered for a business protection policy, e.g keyperson, relevant life, shareholder protection etc

|  |
| --- |
| Personal Details |
| Full Name |  |
| Job Title |  |
| Marital Status |  |
| Date of Birth |  |
| N.I. Number |  |
| Home Address |  |
| Telephone Number |  |
| Email Address |  |
| Health & Wellbeing |
| Do you smoke, or have you smoked in the last 12 months? |  |
| If you have given up smoking, how many years ago did you give up?  |  |

|  |
| --- |
| Company Bank Details |
| Bank account name |  |
| Bank account number |  |
| Sort Code |  |

**Shareholder Protection**

Please provide details of the last 3 years’ worth of accounts and details of shareholding.

|  |  |  |  |
| --- | --- | --- | --- |
| Tax Year | Net Profit | Net Assets | Name & their Shareholding % |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |