



This form should not be regarded as a comprehensive fact-find, even for the purposes of establishing solely business protection needs, and should be used only to supplement your normal fact-finding process. Hyde Associates Ltd are not responsible for any advice given or recommendations made as a result of the use of this form. As an adviser, you are solely responsible for any advice given and for ensuring your own compliance requirements are met.

Depending on what version of Adobe Acrobat you have , this form can be completed the following ways:-

- 1. Downloading You can right click on this form and save it to your PC. Once saved it can be filled in from your PC. Once complete you can click the send email button to attach the form to an email and return to Hyde Associates.
- 2. Printing You can print this form and fill it out by hand. Once completed, it can be scanned and emailed, or posted/handed in to Hyde Associates.

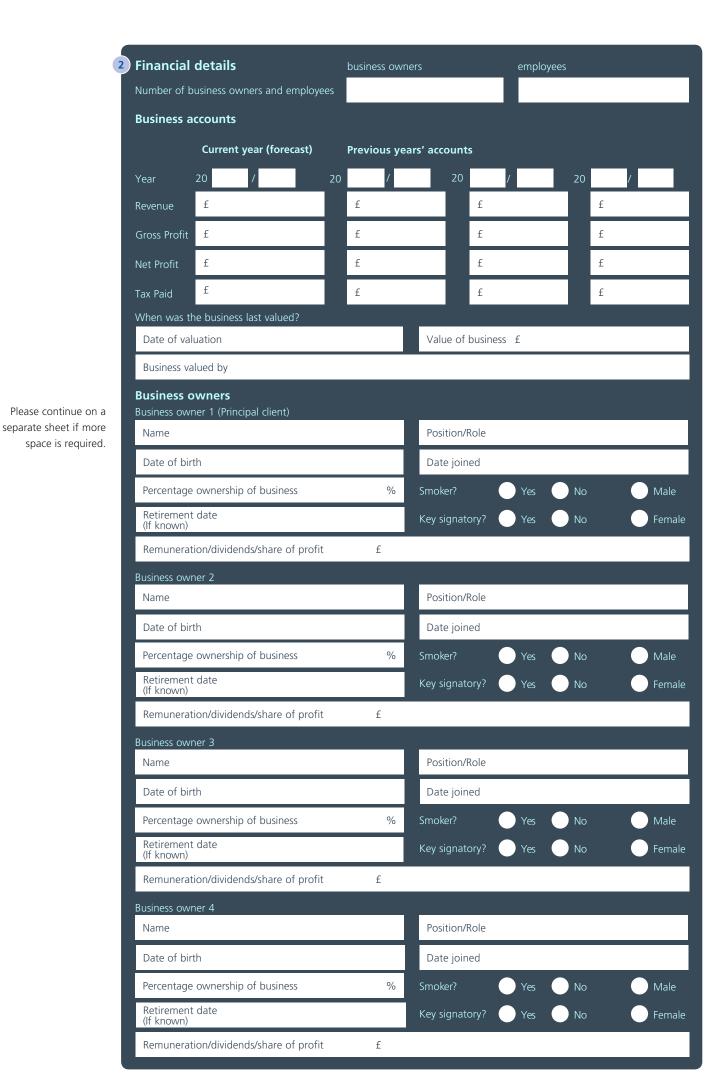


The following questions are designed to get a broad overview and understanding of the business's operations and objectives. When the objectives are understood, it is possible to look at what threatens the achievement of these objectives and helps highlight any protection needs.

Business start date	
Why was the business started?	
What are the plans for the business in the	short, medium and long term?

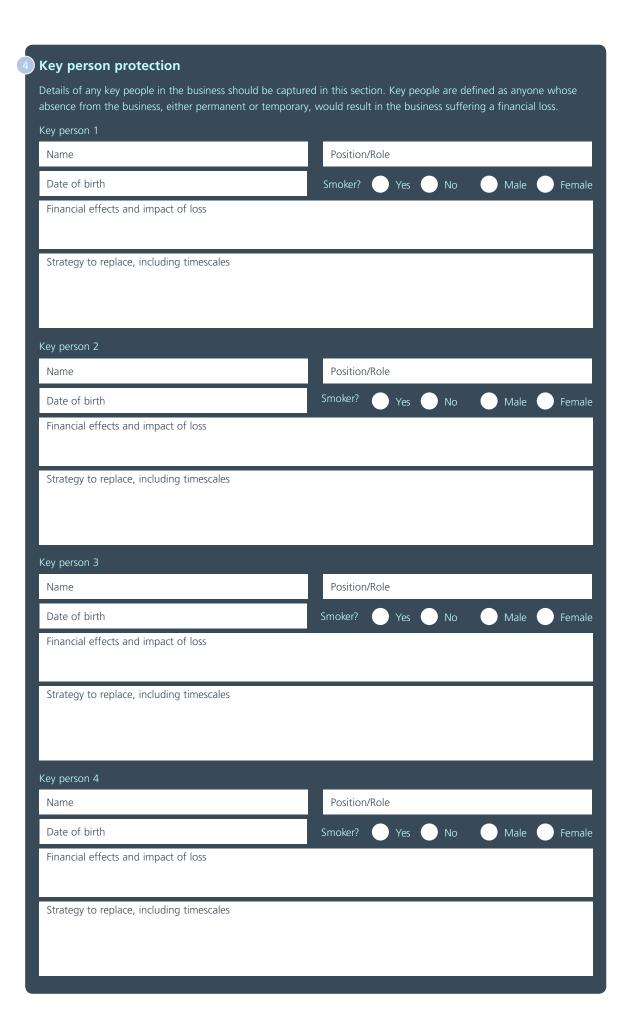
What are the strengths, weaknesses, opportunities and threats facing your business?			
Strengths	Opportunities		
Weaknesses	Threats		

Professional advisers to the business					
Accountant Name Address					
Telephone number					
Solicitor					
Name Address					
Telephone number					
Bank					
Name Address					
Telephone number					



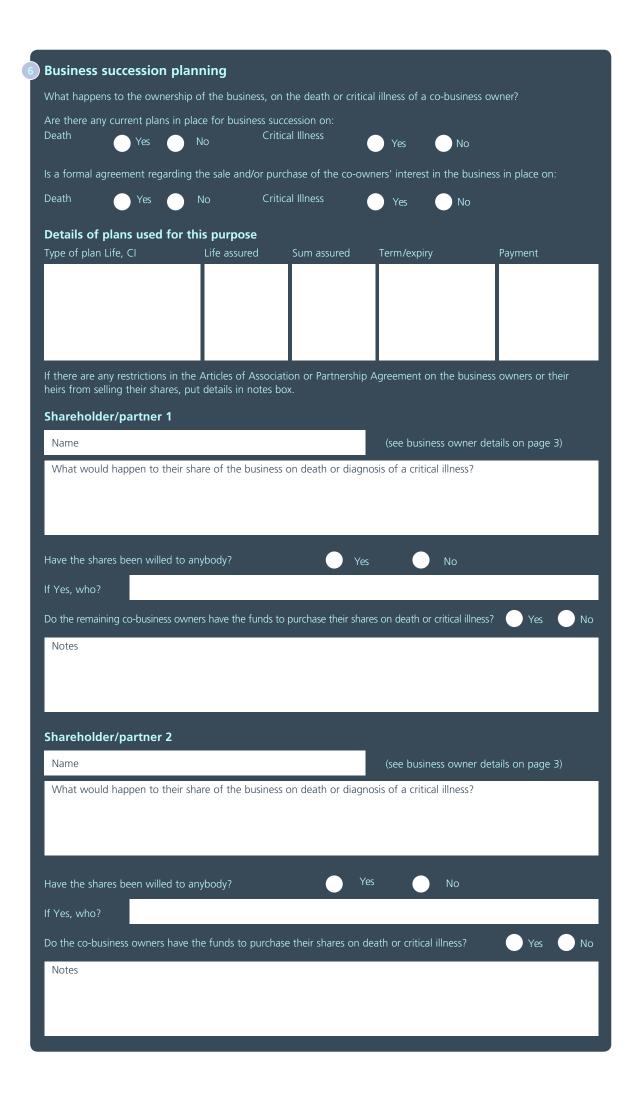
3 Establishing the businesses protection needs					
From a business perspective, if the principal client (business owner 1) were to die, or be unable to work for a long period of time, or suffer a critical illness:					
would the business suffer a financial loss? If Yes, please complete section 4	Yes	No			
would the business cease trading or be sold? If Yes, please complete section 4 (Section 7 for sole traders)	Yes	No			
is there any need to provide for any employee redundancy costs? If Yes, please complete section 5	Yes	No			
are there any outstanding business liabilities? If Yes, please complete section 5	Yes	No			
If any of the other co-business owners , or key employees were to die, or be time, or suffer a critical illness:	unable to work fo	or a long period of			
would the business suffer a financial loss? If Yes, please complete section 4	Yes	No			
would the business cease trading or be sold? If Yes, please complete section 4 (Section 7 for sole traders)	Yes	No			
is there any need to provide for any employee redundancy costs? If Yes, please complete section 5	Yes	No			
are there any outstanding business liabilities? If Yes, please complete section 5	Yes	No			
If any of the business owners die or suffer a critical illness and are unable to retu	rn to work for a l	ong period of time:			
has adequate provision been made to ensure your family (if you die) or you, (in the event of a critical illness), secure the value of the interest in the business in a way that meets the needs of the remaining business owners? If No, please complete section 6	Yes	● No			
would the remaining owners have the financial capability to purchase that owner's share in the business? If No, please complete section 6	Yes	No			
If you are relying on your business for financial protection:					
do any of the business owners wish to review their existing personal/family protection arrangements to ensure they meet the needs of their spouse/civil					

If Yes, please complete 7



Key person protection (continued) Key person 5 Position/Role Where there are more Name than five key people, Date of birth Yes Male complete these details on a separate Financial effects and impact of loss sheet of paper. Strategy to replace, including timescales Details of existing cover for Key person protection. Type of plan Life, CI, IP Term/Expiry £ £ £ Additional notes

/pe of ability	Purpose	Facility	Interest rate/charges	Amount outstandi		Term or repayment date	Liability of whole business or specific partner	
e.g loan	New equipment	Capital & interest	9.9% APR	6 APR £30,000		10	Whole business	
	sting cover for Busine	ess Liability protectic	on.					
/pe of plan fe, CI, IP	Business Liability	Life assured	Sum as	sured	Term	/Expiry	Payment	
	redundancies made i		ritical illness of	a business	owner	or key perso	on? Yes	
			ritical illness of	a business	owner	or key persc	on? • Yes	
			ritical illness of	a business	owner	or key persc	on? • Yes	
			ritical illness of	a business	owner	or key persc	on? • Yes	
			ritical illness of	a business	owner	or key perso	on? • Yes	
			ritical illness of	a business	owner	or key perso	on? • Yes	



Where there are more than five key people, complete these details on a separate sheet of paper.

Business succession planning (continued)	
Shareholder/partner 3	
Name	(see business owner details on page 3)
What would happen to their share of the business on death or dia	gnosis of a critical illness?
Have the shares been willed to anybody?	Yes No
If Yes, who?	
Do the co-business owners have the funds to purchase their shares or	n death or critical illness? Yes No
Notes	
Shareholder/partner 4	_
Name	(see business owner details on page 3)
What would happen to their share of the business on death or dia	gnosis of a critical illness?
Have the shares been willed to anybody?	Yes No
If Yes, who?	
Do the co-business owners have the funds to purchase their shares or	n death or critical illness? Yes No
Notes	
Name	(see business owner details on page 3)
What would happen to their share of the business on death or dia	gnosis of a critical illness?
Have the shares been willed to anybody?	Yes No
If Yes, who?	
Do the co-business owners have the funds to purchase their shares or	n death or critical illness? Yes No
Notes	

Family protect	tion							
Complete this if the full personal fact-fin					want to	look at family pro	otectio	n. This isn't a
Nature of cover?	Dependant's name (if applic	able) Income req	uired	Lump sum required or	n death	Lump sum on critical illness		erm required
Details of existing of	cover for family	protection						
Type of plan Life, C	CI, IP	Life assured	Sum as	ssured	Term/ex	piry	Paym	ent
Additional notes								

Additional notes	
Client signature	
	Date
Adviser reference	

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Hyde Associates Ltd

Company Registration Number: 4652939 Registered in England.

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Hyde Associates Ltd is authorised and regulated by the Financial Conduct Authority (FCA). Hyde Associates Ltd Register Number is 300837. You can check our details at **www.fca.org.uk/register** or by contacting the FCA on 0800 111 6768.

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