

Authorised and Regulated by the Financial Conduct Authority

Fact Finder - Financial Game Plan

(To be used on the Scoop)

	Client		Partner
Title		Title	
Client forename		Partner forename	
Client surname		Partner surname	
Date of birth		Date of birth	
Marital status		Marital status	
Client mobile		Partner mobile	
Email		Email	
Best time to contact		Best time to contact	
Identified gender		Identified gender	
Home address		Home address (if different from client)	
	Town County Postcode		Town County Postcode
Haya yay baan a HV r	Resid resident for 6 months (at least 183 day)?	lency criteria	No.
nave you been a ok i			No
Client's	Employmer		
LIIADI'S		Partner's	
occupation		occupation	

Date



your future is our future				
	Dependants			
Dependant 1		Have you been a 6 months (at le		
		Yes	No	
Date of birth	Age	Gender		
Dependant 2		Have you been a	UK resident for	
		6 months (at least 183 day)?		
		Yes	No	
Date of birth	Age	Gender		
Dependant 3		Have you been a	UK resident for	
		6 months (at le	east 183 day)?	
		Yes	No	
Date of birth	Age	Gender		
Dependant 4		Have you been a	UK resident for	
		6 months (at le	east 183 day)?	
		Yes	No	
Date of birth	Age	Gender		

Goals and dreams

Goals & dreams List 2 or 3 of the important ones here	Amount needed £	Amount saved £	Date wanted	Fund with Life cover
	£	£		
	£	£		
	£	£		
	£	£		

Retirement

"In today's pounds, so in other words, not factoring in inflation; how much income would you need each month for retirement? Assume that your mortgage is paid off and you are debt free, I am looking for that amount that is the minimum for a comfortable retirement."

Assumed retirement age:	67	or other:	
Monthly retirement income needed in t money?	oday's	£	

Assets

Asset description	Value	Do you want t needs af	to use this for ter death
Home	£	Yes	No
Personal property	£	Yes	No
	£	Yes	No
	£	Yes	No



Property investment assets (not including home)

Address	Current sale market value	Monthly NET rental income	Current mortgage balance	Cover insur			e for ement
		£	£	Yes	No	Yes	No
		£	£	Yes	No	Yes	No

Net income

Client		Partner		
Annual salary	£	Annual salary	£	
Total net monthly income including benefits	£	Total net monthly income including benefits	£	

Net outgoings (Combined)

Client and partner					
Rent/ Mortgage rates	£	Food	£		
Utilities	£	Clothing	£		
Extras	£	Other	£		

Savings and investments

Asset description	Current value	Regular monthly contribution
	£	£
	£	£
	£	£

Does the client have surplus income which they are able to use for financial planning?	Yes No
Do you have an emergency fund of 3 months of expenses saved? Yes No	



Debts and mortgages

'Can you please tell me about your current residential mortgage?"							
Mortgage Type:	F	Repayment		Interest Only	, Ot	her	
"if your mortgage is inte	erest only, i	what is the m	ethod of r	epayment?"			
Current mortgage l	ender						
Mortgage start date Original loan amount				Mortgage maturi	ty date		
Original loan amount			- 1	Current balance			
Discount interest rate (applicable)	If			Discount rate ex (if applicable)	piry date		
Standard interest rate				Monthly paymen	its		
Extra amount (if applica	able)						
"Would you like a Genistal	r mortgage a	dvisor to asses	s vour curi	rent mortgage situ	ation?" \	/es 🔲 I	No 🗔
(If yes remember to com							
(II yes remember to com	picic a Deb		cirat roirii,	/			
D b	4-0 1/		_				
Do you have any other deb	ts? Yes	No [
Do you have any other deb	Credit	Label	Currer		Actual payment	Interest rate	End date
		Label	Currer		Actual payment		End date
	Credit type	Label					
	Credit type	Label	balanc	e payment	payment	rate	
	Credit type	Label	£	£ payment	payment £	rate %	
	Credit type	Label	£	£ £	£	rate %	
	Credit type	Label	£	£ £	£ £	*** rate % % %	
	Credit type	Label	£ £ £	£ £ £	£ £ £	*** *** *** *** *** *** *** *** *** **	
	Credit type	Label	£ £ £	£ £ £	E E E	*** rate % % % % % % %	
	Credit type	Label	£ £ £ £	£ £ £ £ £	£ £ £	% % % %	

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Current Life cover

Please tell me a little about your current Life assurance protection programme. What type of policies do you currently have in place?

Company name	Insured	Type of policy	Cover amount	Monthly premium	End date
		reason for having	•	•	
	would be unaffo			got around to arran	iging it yet
Didn't see t	he need until no	W	4. Other (pl	lease specify below)	
lease specify)					

"Let me show you how you can calculate how much Life protection your family needs in the event of death"

			Client	Partner
MORTGAGE: Would you need to pay off the mortgage?			£	£
DEBT: Would you need to pay off the other debts?			£	£
INCOME: Monthly income needed after mortgage & debts paid	X12	X10	£	
-	X12	X10		£
EXTRAS: (e.g. relevant goals shown on page 2	£	£		
LEAVE AS A LEGACY (do you want to leave a gone?)	£	£		
FUNERAL: Funeral expenses	£	£		
TOTAL NEEDED: (Ask client to add up the tot	£	£		
Current Life cover in place			£ ()	£ ()
Shortfall			£	£

Is this the right amount of cover for you? (Please circle)	Yes	Too much	Too little
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Notes:

₩ U	ENISTAR you have to out have								
Would you	u like to look at some	Serious ill	Iness ontio	ns?		Yes		No	_
Would you like to look at some Serious ill If yes, would you like your SIC plan to cov							Other .		
	ırrently have a Will oı					Yes			
Would you	u like me to refer you	to our Will	ls and Trust	ts provider?		Yes		No	
ease num	nber your protection I	needs in oi				most importa			
Mortgogg	•			Client priorit	ty#		Partne	r priority #	
Mortgage Debt	U								_
ncome									
uneral									
egacy									
Extras:									
1.									
2.									
ow many y Client	years would you like Years	your prote		<u> </u>	what reaso	n (e.g. length Other:	of existing	g mortgage, retirem	nent, etc)?
Partner	Years	Reason	Mortga	ge Retire	ement	Other:			
			Fxist	ing policies	in place				
Buildings	s and contents	Yes		ing policies i	-	rovider?	Ye.	s No	
Buildings	s and contents	Yes	Exist No	Refer	to B&C p		Ye	s No	
	s and contents	Yes Yes			to B&C p	e online refe	rral)		
Health in	nsurance (PMI)	Yes	No No	Refer (If yes , please Would you lik	to B&C p complet ce to look	e online refer at PMI optior	rral) ns? Ye	s No	
Health in	nsurance (PMI) protection		No	Refer (If yes , please Would you lik	to B&C p complet ce to look	e online refe	rral) ns? Ye	s No	
Health in	nsurance (PMI) protection	Yes Yes	No No	Refer (If yes , please Would you lik	to B&C p.e complet ke to look ike to look	e online refer at PMI option at IP option	rral) ns? Ye	s No	
Health in Income p insuranc Vhat would	nsurance (PMI) protection	Yes Yes If ye	No No No s for PMI a wave them y, so the cli	Refer (If yes, please Would you lik Would you li and IP, please call you?	to B&C p. complet ce to look like to look contact y	e online refer at PMI option at IP options rour EVP	rral) ns? Ye	s No	
Health in Income p insuranc Vhat would	nsurance (PMI) protection se Id be the best day/ ention the name of the	Yes Yes If ye	No No No s for PMI a wave them y, so the cli	Refer (If yes, please Would you lik Would you li and IP, please call you? ient knows who	to B&C p. complet ce to look like to look contact y	e online refer at PMI option at IP options rour EVP	rral) ns? Ye	s No	
Health in Income p insuranc /hat would ou can me uildings a	nsurance (PMI) protection se Id be the best day/ ention the name of the	Yes Yes If ye Itime to have company Ey renewa	No No No s for PMI a eave them y, so the cli al date (If k	Refer (If yes, please Would you like Would you like And IP, please call you? ent knows who known) Buck objectives to money, each	to B&C p. c complet ce to look like to look contact y will be call oday. In comonth, comonth, comonth, comonity	e online refer at PMI options at IP options rour EVP	rral) ns? Ye s? Ye might hel	s No	



General health Questions

(Answer all)

Vould you say you are fit and	Client			Yes	No
nealthy? circle whichever applies) f no, make a note of height and weight	Partner			Yes	No
Are there any other disclosures, e.g.	Client	Client			No
alcohol or drug-related?: *	Partner			Yes	No
Are you on any form of medication?	Client			Yes	No
(circle whichever applies) If no, make a note of height and weight	Partner			Yes	No
Have you ever smoked?	Client Partner			Yes No	
				Yes	No
If yes, when did you stop smoking?	Client	Less than 12 months	1	re than 12 Still smokin onths ago	
	Partner	Less than 12 months	1	re than 12 Still smokir nths ago	
Do you have any vulnerabilities/ special considerations? (Language and communication difficulties, mental health conditions, age vulnerabilities	Client	Yes (Please detail)		No	
etc.)	Partner	Yes (Please detail)			No

Do you agree that earning an extra £500-£1,500 per month could help you hit your goals?

A large number of people need the help that Genistar is offering. If you could share these same ideas with others to help them, you could earn that on a part time basis. Would you have an interest in finding out more?

Can you make yourself available on.

Also, I mentioned earlier that we are looking for people who would like to earn some additional income on a part time basis. I would love to invite those people you mentioned to see if they might be a good fit for us. Would you mind giving me their numbers, so I can speak to them personally?



Agreement

I confirm:	
1.	I received the Initial Disclosure Document called 'Your Family Matters'.
2.	I acknowledge that it is my responsibility to read and understand the above leaflet, and to ask any questions of my representative or the company if I need more information at any time
3.	I acknowledge and understand that my participation in this process is my own personal choice and I am free to withdraw my consent and stop participation at any time.
4.	I acknowledge that my Genistar Company Representative does not give advice and I confirm that they have not advised me on any of the products or information.
5.	To provide information was my own choice so as to make an informed decision about my future needs.
6.	I understand the Financial Game Plan (FGP) is provided free, without charge.
7.	I understand the Financial Game Plan (FGP) is only as good as the information I provide; any missing or incomplete information will reflect an inaccurate result.
8.	I give Genistar consent to add my email address to their mailing system to keep me up to date and informed of new products and services that may be of interest to me. Opt-in Opt-Out
9.	To best help me find ways to save money, I understand Genistar may need to pass on some of

I have read the above items and consent and agree to them:

selected partners.

Client signature	Date	
Partner signature	Date	
Company representative	Date	
EVP	Date	

my information to their product providers. My information will be treated with complete care and confidence in line with the General Data Protection Regulation, but Genistar must have my prior permission. By signing below, I have given Genistar permission to share my information with the