

COUNTRYWIDE**MONEY** *compare***1: Please complete form using capital Letters****2: Once Completed, Please forward it to us by...****Post to: Countrywide Money**

53 Feather Dell, Hatfield Herts AL10 8DE

Scan & Email: Info@countrywidemoney.co.uk

Introducer		
Company		
Telephone Number		
Date		Ref

Income Protection Form**APPLICANT 1****APPLICANT 2**

Title		Title	
Forename		Forename	
Surname		Surname	
Date of birth		Date of birth	
Home Telephone		Home Telephone	
Mobile		Mobile	
Email address		Email address	
Current Address		Current Address	
Postcode		Postcode	
Smoker		Smoker	
Marital status		Marital Status	
Occupation		Occupation	
Business Type		Business Type	
Dependents (under 18 years)		Dependents (under 18 years)	
How would you like to be contacted? (Email, Post or Phone)		Email	Post
		Phone	
Best time to Contact			

New policy

Do You already have an Income Protection Policy?	Yes	No
(If yes with whom?)		Premium Cost £
(Any Other benefits with your policy?)		

Income Protection Form

New policy

Do You want an income protection policy?	Yes	No
Annual Gross Wages Applicant 1	£	Joint £
Monthly Net Income Applicant 1	£	Joint £
Monthly Outgoing (to be covered by policy)	£	Joint £
Maximum premium you can afford	£	
Maximum Benefit Required	£	
Is you Premium Benefit Driven?	£	

Applicant 1

Applicant 2

Height	Height
Weight (st/lbs - kilos)	Weight (st/lbs - kilos)
Blood Pressure/ Cholesterol/ Diabetes/ Other medical Condition even if Under control	Blood Pressure/ Cholesterol/ Diabetes/ Other medical Condition even if Under control

Notes...