

**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

**Life Insurance Application 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	
Occupation		Occupation	
Income		Income	
Dependants (under 18 years)		Dependants (under 18 years)	
How would you like to be contacted? (Email, Post or Phone)		Email	Post
		Phone	
Best time to Contact			

**Purpose of Cover** (Residential Mortgage, Commercial Mortgage, Personal Protection)

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**Mortgage Details**

Type of Mortgage	Interest only	Repayment
Balance Outstanding £		Start Date
Remaining Term	Lender	
Current Interest Rate %	Monthly Repayment £	

## Life Insurance Application Form

### Existing Life Cover

Type of Cover?

Level Term      Decreasing Term      Whole of Life      No Cover in Place

Joint Cover 1<sup>st</sup> Death      Joint Cover 2<sup>nd</sup> Death      Single Cover

Sum Assured £		Start Date		Term	
Monthly Premium Provider		Provider			
Benefits		Critical illness			
waiver of premium		Sum Assured			

### Applicant 1

### Applicant 2

Height		Height	
Weight (st/lbs - kilos)		Weight (st/lbs - kilos)	
Any Upcoming operations or Consultations?		Any Upcoming operations or Consultations?	
Blood Pressure/ Cholesterol/ Diabetes/ Other medical Condition even if Under control		Blood Pressure/ Cholesterol/ Diabetes/ Other medical Condition even if Under control	

### Notes...