

# FINANCIAL SERVICES AUTHORITY STATEMENT OF DEMAND AND NEEDS



## Dealer Details

Name of Dealer: \_\_\_\_\_ Advisors Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

## Clients Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Post Code: \_\_\_\_\_ DOB: \_\_\_\_\_

## Joint Hirer / Borrower Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Post Code: \_\_\_\_\_ DOB: \_\_\_\_\_

Both the Client and joint Hirer/Borrower must answer the following questions. It is important the the Client and joint Hirer/Borrower disclose on the Credit Application all circumstances surrounding any disabilities they suffer, as a failure to do so could invalidate the Finance Agreement and Pay Way Protection Insurance.

### Question 1

Will you be aged 85 before the date of the last repayment due on your Finance Agreement?

Client

Yes / No

Joint Hirer/Borrower

Yes / No

If you answer Yes then you are not eligible for Pay Way Protection Insurance.

If you answer No then you must answer Question 2.

### Question 2

Do you have life insurance cover that will cover this new Finance Agreement?

Yes / No

Yes / No

If you answer Yes and wish to use your existing life insurance to cover this new Finance Agreement please provide details.

Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Type of Policy \_\_\_\_\_

If you answer No then you must answer the next Question.

### Question 3

Do you suffer from any of the life insurance excluded disabilities listed in the Health Declaration on the Credit Application

Yes / No

Yes / No

If you have answered No to Question 3 we recommend that you protect your new agreement by taking Pay Way Protection Life Insurance

Advisors Signature: \_\_\_\_\_

Clients Signature: \_\_\_\_\_

Joint Hirer / Borrower: \_\_\_\_\_

Date: \_\_\_\_\_