

Advice Request

Yes, I am acting on behalf of someone either receiving or considering care and would like to receive personalised advice on the financial solutions and how best to pay for care, but still protect the care recipients assets and estate. I understand that the completion of this form indicates no obligation on my part, and that all information I provide will be treated in the strictest confidence.

Contact Details:

| | |
|--------------------|-----------|
| Title | |
| First Name | |
| Last Name | |
| Address | |
| City/Town | |
| County | |
| Postcode | |
| Telephone | |
| Email | |
| Best time to call? | Morning |
| | Afternoon |
| | Evening |

Details of Person needing Care (If Different):

| | |
|----------------------|--|
| Relationship to You? | |
| Title | |
| First Name | |
| Last Name | |

Financial Information:

The following information will help us to gain a better understanding of your situation, and enable us to plan more effectively.

Income

Income from all sources

Capital and Savings

Property
Investments and Deposits

Care Information:

Weekly Costs (if known):

Residential or Nursing Home
Domiciliary Care

| |
|---|
| £ |
| £ |

Enduring Power of Attorney

Is an Enduring Power of Attorney held?

We value your privacy and will never disclose your details to any third party outside of the Tailormade Group of Companies.

Note: this site is intended for consumers within the UK and expatriates (excluding Hong Kong) only.

Once completed, please return this form in a plain envelope addressed to: "FREEPOST TAILORMADE". Add nothing to the address; it is complete as it is. Thank you.

If you need help in completing the form, please call a member of our Care Team on

FREEPHONE 0800 298 1600.