

Independent Financial Advisor Limited

Name

Completed by

on

Financial Services and Markets Act 2000

Independent Financial Advisers are required to have proper regard for a client's best interests in any advice given. They must therefore do their utmost to ensure that they are aware of your personal and financial circumstances so that their advice is the most suitable for your needs. The questions here have been specifically designed to help your adviser provide advice that meets your needs. If, for any reason, you decline to answer any or all of the questions or if you fail to provide true and accurate information to the best of your knowledge, the advice given subsequently may not be best advice, as it can only be based on the information provided.

Data Protection Act

The information given in this document will be retained on computer for reference purposes and will be held in accordance with the Data Protection Act 1984. The information may also be used by Independent Financial Advisor Limited, to provide you with details of other products and services.

Independent Financial Advisor Limited is authorised and regulated by the Financial Services Authority

1. Personal Details

Self

Partner

Title Mr/Mrs/Miss/Ms/Other

First Name(s)

Surname

Home Address

Post Code

Address valid from

Residential Status

Telephone No.

Mobile No.

Fax No.

Email Address

Special Mailing

Instructions

Age	DOB
-----	-----

Age	DOB
-----	-----

Age and Date of Birth

Place of Birth

Marital Status

UK Resident for tax purposes

Residency for tax purposes

Passport Number

Domicile/Citizenship

National Insurance No.

Sex

Male

Female

Male

Female

Client Classification

Former Name

Previous Address

Notes For office use only

2. Dependants/Children

Education Funding inc College/University Expenses
 Please complete this section if you are considering educational funding.

Name	Relationship	Date Of Birth	Start Year	Years	Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					

3. Contacts & Advisers

Type	Owner	Tel	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Contact	
<input type="text"/>		<input type="text"/>	
Address			Email
<input type="text"/>			<input type="text"/>
Does this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

Type	Owner	Tel	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Contact	
<input type="text"/>		<input type="text"/>	
Address			Email
<input type="text"/>			<input type="text"/>
Does this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

Type	Owner	Tel	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Contact	
<input type="text"/>		<input type="text"/>	
Address			Email
<input type="text"/>			<input type="text"/>
Does this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

4. Home Details

Property	<input type="text"/>		
Purchase Date	<input type="text"/>		
Purchase Price	£	<input type="text"/>	
Current Value	£	<input type="text"/>	
Have you got a mortgage?	<input type="text" value="Not Known"/>		
Mortgage Amount	£	<input type="text"/>	
Repayment Method	Repayment <input type="checkbox"/>	Interest Only <input type="checkbox"/>	
Lender	<input type="text"/>		
Mortgage Ref.	<input type="text"/>		
Amount Outstanding	£	<input type="text"/>	
Original Term	<input type="text"/>	Years	
Date Mortgage Acquired	<input type="text"/>	Owner of Property	<input type="text"/>
Review Date for Mortgage	<input type="text"/>		

Plans Effected to Cover Your Mortgage

Lives Assured	Policy Type	Product Provider	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured	Premium/Frequency	Start Date	Maturity Date
£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

5. Mortgage Details

Buying a New Property

Please complete this section if you are planning a property purchase in the next 12 months.

Price that you are considering

Deposit Available

Maximum Mortgage required

Repayment Term required Years

Would you prefer to fix your mortgage payments at a set amount for a set number of years or have your payments varying with changes in the mortgage rate?

I/we would prefer to have Fixed Payments Variable Payments For the first Years

Would you prefer to have lower payments initially, even if it means future payments will be higher than they otherwise would be and that you will have paid more overall.

Yes No

Are you looking for a cashback mortgage?

Yes No

Mortgages often include certain fees. Please indicate your order of preference for the following possibilities, with a number from 1 to 3, with 1 being the most important and 3 the least.

A lower mortgage arrangement fee

A lower early redemption penalty

A lower mortgage rate

We will bear all your preferences in mind as we research the marketplace.

6. Income Details

	Self	Partner
Basic Annual Income	£	£
Regular Overtime	£	£
Bonus/Commission	£	£
Car Allowance	£	£
P11D Benefit <small>Please describe</small>	£	£
Bank/ B.Soc. Interest	£	£
Investment Income	£	£
Trust Income	£	£
Rental Income	£	£
PHI Income	£	£
State Benefits	£	£
Maintenance	£	£
Pension Income	£	£
Tax Free Income	£	£
Other Income <small>Please Describe</small>	£	£
	£	£
	£	£
Total Annual Income	£	£
Tax Rate	%	%
Tax Allowance	£	£

Salary Review Date

Self

Partner

Trading Year End

Self

Partner

P11D Benefit Description

Self

Partner

Do you anticipate any changes to your Income?

7a. Main Employment Details

Self

Partner

Occupation

Job Title

Employment Status

Salary Last Updated

Length of time in Employment

Business Name

Business Address

Post Code

Business Telephone No.

Business Fax No.

Business Email Address

Business Website

Tax District

Tax Reference

How long would you continue to be paid in the event of an accident or sickness?

On Full Pay days
 then reduced pay for days
 at % of full pay.

On Full Pay days
 then reduced pay for days
 at % of full pay.

Do you anticipate any changes to your circumstances or employment?

If yes, please give details

Notes

7b. Additional Employments

Owner <input type="text"/>	Employee Status <input type="text"/>	Salary Last Updated <input type="text"/>
Address <input type="text"/>		Firm <input type="text"/>
<input type="text"/>		Phone <input type="text"/>
<input type="text"/>		Fax <input type="text"/>
Notes <input type="text"/>		

8a. Business Interests

Owner <input type="text"/>	Firm <input type="text"/>	Date Acquired <input type="text"/>
Address <input type="text"/>		Share of Firm Owned: <input type="text"/> %
<input type="text"/>		Cost <input type="text"/> £
<input type="text"/>		Value <input type="text"/> £

Owner <input type="text"/>	Firm <input type="text"/>	Date Acquired <input type="text"/>
Address <input type="text"/>		Share of Firm Owned: <input type="text"/> %
<input type="text"/>		Cost <input type="text"/> £
<input type="text"/>		Value <input type="text"/> £

Owner <input type="text"/>	Firm <input type="text"/>	Date Acquired <input type="text"/>
Address <input type="text"/>		Share of Firm Owned: <input type="text"/> %
<input type="text"/>		Cost <input type="text"/> £
<input type="text"/>		Value <input type="text"/> £

8b. Share Options

Owner	Employer	Date Granted	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheme		Number Granted	Exercise Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Scheme Type		Number Exercised	Valuation Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Notes			
<input type="text"/>			

Owner	Employer	Date Granted	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheme		Number Granted	Exercise Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Scheme Type		Number Exercised	Valuation Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Notes			
<input type="text"/>			

Owner	Employer	Date Granted	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheme		Number Granted	Exercise Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Scheme Type		Number Exercised	Valuation Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Notes			
<input type="text"/>			

9. Expenditure Details

Property	Self	Partner	Joint
Mortgage / Insurance	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Property Costs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Utilities	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Property Maintenance	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Household			
Living Expenses	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Travel Expenses	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Leisure	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
All insurance / Pensions	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Regular Savings	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Loans / Credit / HP	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

	Self	Partner
Do you anticipate any changes to your Expenditure?	<input type="text"/>	<input type="text"/>
Please provide details	<input type="text"/>	<input type="text"/>

Notes

10. Affordability

Self

Partner

What amount can you reasonably afford to invest?

per month

per month

lump sum

lump sum

For how long can you make this investment?

years

years

Please explain the source of these funds

11. Assets

	Self	Partner	Joint
Main Residence	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Property	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Personal Effects/Contents	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Business Interests	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Owned Cars/Boats etc.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Assets <small>Please describe</small>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total Assets	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Description of Assets			

12. Restricted Assets

Owner Is there a restriction on buying? Is there a restriction on selling?

Unit Name

Restriction Type Is the holder subject to Stock Exchange rules? Yes No

(Director of Company, Regulatory, Ethical, Other)

Notes

Owner Is there a restriction on buying? Is there a restriction on selling?

Unit Name

Restriction Type Is the holder subject to Stock Exchange rules? Yes No

(Director of Company, Regulatory, Ethical, Other)

Notes

Owner Is there a restriction on buying? Is there a restriction on selling?

Unit Name

Restriction Type Is the holder subject to Stock Exchange rules? Yes No

(Director of Company, Regulatory, Ethical, Other)

Notes

13. Liabilities

Owner	<input type="text"/>	Type	<input type="text"/>				
Lender	<input type="text"/>	Balance	<input type="text"/>	£	<input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>						

Owner	<input type="text"/>	Type	<input type="text"/>				
Lender	<input type="text"/>	Balance	<input type="text"/>	£	<input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>						

Owner	<input type="text"/>	Type	<input type="text"/>				
Lender	<input type="text"/>	Balance	<input type="text"/>	£	<input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>						

14. Investments

	Self	Partner	Joint
Bank Account	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Building Society	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
National Savings	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Shares/Equities	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Loan Stocks & Gilts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
TESSAs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
ISAs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
PEPs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Unit Trusts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Investment Trusts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Bonds	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Investments	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Owner	Description	Premium / Freq	Cost	Value	Date Acquired

15. Pension Schemes

	Self	Partner
At what age do you wish to retire?	<input type="text"/>	<input type="text"/>
Does your company operate a pension scheme?	<input type="text"/>	<input type="text"/>
Are you now, or will you become eligible to join?	<input type="text"/>	<input type="text"/>
Have you joined or do you intend to join?	<input type="text"/>	<input type="text"/>
From what date will you be eligible to join?	<input type="text"/>	<input type="text"/>
Has the information in the previous four questions been verified with your employer?	<input type="text"/>	<input type="text"/>
Were you once a member but have now left the scheme?	<input type="text"/>	<input type="text"/>
Why have you decided not to join or leave the scheme?	<input type="text"/>	<input type="text"/>
Does your company intend to operate a pension scheme in the near future?	<input type="text"/>	<input type="text"/>
Have you applied for enhanced protection?	<input type="text"/>	<input type="text"/>
Have you applied for primary protection?	<input type="text"/>	<input type="text"/>
If yes, what is your primary protection factor ?	<input type="text"/> %	<input type="text"/> %
Lifetime Allowance	<input type="text"/>	<input type="text"/>

Employer Sponsored Pensions

Only to be completed if you are a member of such a scheme

Employers Name	<input type="text"/>	<input type="text"/>
Managers Name	<input type="text"/>	<input type="text"/>
Retirement Date	<input type="text"/>	<input type="text"/>
Pensionable Service start date	<input type="text"/>	<input type="text"/>
Date Joined Scheme	<input type="text"/>	<input type="text"/>
Contracted out	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your Gross Contribution	£ <input type="text"/> % <input type="text"/>	£ <input type="text"/> % <input type="text"/>
Death in Service	£ <input type="text"/>	£ <input type="text"/>
Widow(er)'s Pensions	<input type="text"/> %	<input type="text"/> %

Final Salary Schemes

Only to be completed if you are a member of such a scheme

Pension Basis (e.g. 60ths/80ths/Other)

 ths

 ths

Lump Sum in addition/by Commutation

 £

 £

Benefit Escalation rate in retirement

 %

 %

Money Purchase Schemes

Only to be completed if you are a member of such a scheme

Current Fund Value

 £

 £

Employer's Contribution

 £

 %

 £

 %

Additional Voluntary Contributions

AVC Contribution

 £

 %

 £

 %

16. Personal Pensions

e.g. PPPs, Retirement Annuities and FSAVCs (include Pension Term Assurances)

Life Assured/Policy Beneficiary

Policy Type

Insurance Company

Policy No.

Your Premium/Freq

Employer's Contribution

Start Date

Maturity Date

Trust/Beneficiary

Death Benefit

 £

Other Benefits

Escalation

Current Value

 £

Date Paid Up *

Contracted Out

Waiver

Life Assured/Policy Beneficiary

Policy Type

Insurance Company

Policy No.

Your Premium/Freq

Employer's Contribution

Start Date

Maturity Date

Trust/Beneficiary

Death Benefit

 £

Other Benefits

Escalation

Current Value

 £

Date Paid Up *

Contracted Out

Waiver

Life Assured/Policy Beneficiary

Policy Type

Insurance Company

Policy No.

Your Premium/Freq

Employer's Contribution

Start Date

Maturity Date

Trust/Beneficiary

Death Benefit

 £

Other Benefits

Escalation

Current Value

 £

Date Paid Up *

Contracted Out

Waiver

* Date contributions ceased or date left employment

17. Retained/Paid Up Benefits

Owner	Scheme Name	Fund Value
<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Date of Last Valuation	Deferred Pension p.a.	Revalued at %	Retirement Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes

Owner	Scheme Name	Fund Value
<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Date of Last Valuation	Deferred Pension p.a.	Revalued at %	Retirement Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes

18. Insurance Details

e.g. Life Assurance, Permanent Health Insurance, Critical Illness, Long Term Care etc.

Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

19. General Insurance Details

Life Assured/Policy Beneficiary

Policy Type

Plan Number

Insurance Company

Start Date

Maturity Date

Sum Insured

Premium / Frequency

Life Assured/Policy Beneficiary

Policy Type

Plan Number

Insurance Company

Start Date

Maturity Date

Sum Insured

Premium / Frequency

20. Additional Notes

21. Health

	Self	Partner
General state of health	Good <input type="checkbox"/> Poor <input type="checkbox"/> Disabled <input type="checkbox"/>	Good <input type="checkbox"/> Poor <input type="checkbox"/> Disabled <input type="checkbox"/>
Do you smoke?	<input type="text"/> <small>per day</small>	<input type="text"/> <small>per day</small>
Do you drink alcohol?	Yes <input type="checkbox"/> <input type="text"/> <small>Units/week</small> No <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="text"/> <small>Units/week</small> No <input type="checkbox"/>
What is your height?	<input type="text"/> ft <input type="text"/> in	<input type="text"/>
What is your weight?	<input type="text"/> st <input type="text"/> lb	<input type="text"/>
Medical Notes	<input type="text"/>	<input type="text"/>
Are you involved in any hazardous pastimes?	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	<input type="text"/>

22. Estate Planning and Inheritance

Self

Partner

Have you made a will?

If yes, what are the main provisions?

On what date was it made?

Does it reflect your current wishes?

Are you expecting an inheritance of any kind?

If yes, please give details.

Where is the will kept ?

22 (Cont'd). Lifetime Gift History

Please detail below any large gifts made in the last 14 years

Date	<input type="text"/>	Value	£ <input type="text"/>	Tax Paid	£ <input type="text"/>
To Whom	<input type="text"/>		By Whom	<input type="text"/>	
Type	<input type="text"/> (Exempt, Potentially Exempt, Non-Exempt)				
Description	<input type="text"/>				
Notes	<input type="text"/>				

22 (Cont'd). Connection with Trusts

Name of Trust	<input type="text"/>	Type of Trust	<input type="text"/>					
Owner	<input type="text"/>	Are you	Settlor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>
Settlement Date	<input type="text"/>	Entitlement	Assets Value	<input type="text"/> %	Income	<input type="text"/> %		
Terms of the Trust	<input type="text"/>							

Name of Trust	<input type="text"/>	Type of Trust	<input type="text"/>					
Owner	<input type="text"/>	Are you	Settlor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>
Settlement Date	<input type="text"/>	Entitlement	Assets Value	<input type="text"/> %	Income	<input type="text"/> %		
Terms of the Trust	<input type="text"/>							

Name of Trust	<input type="text"/>	Type of Trust	<input type="text"/>					
Owner	<input type="text"/>	Are you	Settlor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>
Settlement Date	<input type="text"/>	Entitlement	Assets Value	<input type="text"/> %	Income	<input type="text"/> %		
Terms of the Trust	<input type="text"/>							

23. General Financial Objectives

Please specify your financial objectives by assigning a priority from 1 to 5 to the following need areas

(1 = High Priority, 5 = No Priority)

- On death of yourself or your partner
- If you were unable to work through long term illness or disability
- Following diagnosis of a critical illness
- Providing the benefits of Private Health cover
- Providing cover for long term care
- Maintaining your standard of living in retirement
- Providing for your children's education
- Repaying your Mortgage
- Reducing your tax burden
- Mitigating your estate's liability to Inheritance Tax
- Investment Planning
- Long Term savings
- Protecting your income
- Raising Capital/(Re)Mortgage
- Insurance for your business

Notes

23 (Cont'd). Specific Objectives

Date	Amount	Money Basis	Priority
<input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Description

Notes

Date	Amount	Money Basis	Priority
<input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Description

Notes

Date	Amount	Money Basis	Priority
<input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Description

Notes

24. Income Requirements

Please enter the lump sum and income that you require in the following circumstances -

	Lump Sum	Annual Income	Term (years)
If you were to die	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
If your partner were to die	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
If you were disabled, sick or redundant	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
If your partner were disabled, sick or redundant.	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
When you retire	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	
When your partner retires	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	

	Client	Partner
How much money do you need as an emergency fund?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
Are you making any provision for your long term care ?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

25. Capital Gains Tax

Self

Partner

Have you used any part of your current years Capital Gains Tax Allowance?	<input type="text"/>	<input type="text"/>
Have you realised capital gains (exceeding the allowance) or losses within the past three years?	<input type="text"/>	<input type="text"/>
Do you have significant unrealised capital gains or losses?	<input type="text"/>	<input type="text"/>
Do you agree that capital gains may be taken in excess of your annual allowance?	<input type="text"/>	<input type="text"/>
CGT Losses B/Fwd	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	<input type="text"/>

26. Approach to Investment

	Self		Partner
How much investment experience do you have?			
- Very little knowledge and experience	<input type="checkbox"/>		<input type="checkbox"/>
- Some investment knowledge and understanding	<input type="checkbox"/>		<input type="checkbox"/>
- Experienced private investor with good investment knowledge	<input type="checkbox"/>	(Please tick 1 answer only)	<input type="checkbox"/>
- Business Investor	<input type="checkbox"/>		<input type="checkbox"/>
- Professional Investor	<input type="checkbox"/>		<input type="checkbox"/>
If the stock market declined by 20%, would you -			
- Sell immediately to avoid further worry	<input type="checkbox"/>		<input type="checkbox"/>
- Do nothing and wait for investment returns to improve	<input type="checkbox"/>	(Please tick 1 answer only)	<input type="checkbox"/>
- Buy to take advantage of lower share prices in anticipation of future gains	<input type="checkbox"/>		<input type="checkbox"/>
Which of the following features do you require from your investment portfolio? Please enter a priority for each from 1 to 5 (1 being the most important).			
- Growth	<input type="checkbox"/>		<input type="checkbox"/>
- Income	<input type="checkbox"/>		<input type="checkbox"/>
- Tax-efficiency	<input type="checkbox"/>		<input type="checkbox"/>
- Access	<input type="checkbox"/>		<input type="checkbox"/>
- Guarantees	<input type="checkbox"/>		<input type="checkbox"/>
Do you have any strong moral views on where your money should be invested?	<input type="text"/>		

Notes		
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27. Attitude to Investment Risk

Low

LOW

You would generally prefer to avoid the volatility of stock market investment, but would accept some stock market investment if essential to provide long term security.

MEDIUM LOW

You would prefer to have most of your investments in cash and fixed interest securities but are happy to have some stock market investment in order not to sacrifice too much long term return.

MEDIUM

You would like to ensure your short term financial security through low risk investment but also wish to benefit from long term investment returns to provide for future security.

MEDIUM HIGH

You would like to maximise long term returns and are not concerned by short term volatility, but still wish your short term financial security to be provided by low risk investments.

HIGH

You would like some investment in higher risk investments which carry the risk of potential loss of capital, but not to the detriment of either your long term or short term financial security.

Default

Client	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
Partne	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>

Additional Comments

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28. Data Protection Act 1998

Do you have any objection to your details being stored on computer?

Yes No

Information supplied may be used for marketing and statistical purposes by members of the group of companies. Please indicate that you do not consent to this by ticking this box.

We like to take care to keep clients informed of only those products that may be of interest to them. If you do not wish to receive this information, please tick this box.

Preferred Contact Method

Self

Method

Details

Time

Morning Afternoon Evening

Notes

Contact and Marketing Options

Do Not Telephone Do Not Email
 Do Not Mail Do Not Fax
 Do Not Visit

Partner

(Telephone / Post / Email / Fax / Visit)

Morning Afternoon Evening

Do Not Telephone Do Not Email
 Do Not Mail Do Not Fax
 Do Not Visit

29. Declaration

PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.

I/We confirm that the information given and recorded on this form is correct, and understand that it shall form the basis for all advice offered.

* I/We also confirm that the details given in Section 15. Pension Schemes regarding *my/our Company pension scheme are correct, and that *I/We have verified these with *my/our employer.

* Delete as applicable.

I HAVE ALSO RECEIVED THE INITIAL DISCLOSURE DOCUMENT, CLIENT AGREEMENT LETTER, DATA PROTECTION STATEMENT AND BUSINESS CARD FROM MY FINANCIAL ADVISER.

Signature

Signature

Date

Date