



Personal Financial Questionnaire

Strictly confidential

Strover Leader & Co.

Barry House
20-22 Worple Road
Wimbledon
London
SW19 4DH

Telephone: 020 8947 2345
Fax: 020 8947 2233
www.stroverleader.co.uk

Personal Details

	Client	Partner
Title / Surname		
Forename(s)		
Address		
Postcode		
Home telephone		
Mobile telephone no.		
Home Email address		
Living with partner	<input type="checkbox"/> Yes - at my address <input type="checkbox"/> Yes - at our address <input type="checkbox"/> Yes - at partner's address <input type="checkbox"/> No	<input type="checkbox"/> Yes - at my address <input type="checkbox"/> Yes - at our address <input type="checkbox"/> Yes - at partner's address <input type="checkbox"/> No
Marital status		
Married to partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nationality		
Residency		
Gender (male/female)		
Date of birth		
Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cigars only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cigars only
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when was it last reviewed?		
State of health		
Details		
Do you engage in any hazardous sports or pastimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details		
	Client	Partner
Employment status		
Occupation		
Occupation description		
Business name		
Business address		
Business post code		
Business Email address		
Business telephone no. / fax no.		
Date employment commenced		
NI number		
Tax Office		
Tax reference no.		
Tax domicile		
Do you anticipate any significant changes in income?		
If yes, notes		

Family & Dependants

FAMILY AND DEPENDANTS

Do you have any dependants? Yes No

Dependant's name	Date of birth	Dependant of	Relationship	Reason for dependency	Living at home
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

	Both	
Is anyone in the family getting married in the near future?		
Are any children or grandchildren going to fee paying schools now or in the future?		
Do any of your children have income or capital ? If so, approximately how much?		
Have you any dependants other than those listed above?		
Are any dependants mentally or physically ill?		
	Client	Partner
Do you intend to leave the UK?		
Are your parents UK nationals?		

NOTES

Professional Advisers

	Client	Partner
SOLICITOR		
Company Name		
Address		
Postcode		
Telephone		
ACCOUNTANT		
Company Name		
Address		
Postcode		
Telephone		
DOCTOR		
Company Name		
Address		
Postcode		
Telephone		
BANK		
Company Name		
Address		
Postcode		
Telephone		
Account Number		
Account Name		
Sort Code		
OTHER		
Service provided / function		
Company Name		
Address		
Postcode		
Telephone		

Income Analysis

EARNED INCOME	Client		Partner	
	Amount	Freq.	Amount	Freq.
Basic salary				
Bonus				
Overtime				
Director's dividends				
Net Relevant Earnings (self employed)				
Business Profits (self employed)				
Pension income				
Profit Related Pay				
P11D (beneficial) income (list below)				
Total				
P11d Details				
Salary review date / trading year end				
ANNUAL UNEARNED INCOME				
Social Security benefits		A		A
Shares		A		A
Fixed interest stocks		A		A
Unit trusts		A		A
PEPs / ISAs		A		A
Offshore funds		A		A
Investment Bond withdrawals		A		A
Guaranteed Income Bonds		A		A
Rental profit		A		A
Annuities		A		A
Bank deposits		A		A
Building Societies		A		A
National Savings		A		A
TESSAs		A		A
Lloyd's underwriting		A		A
Trust income		A		A
Other		A		A
Total unearned		A		A
Total income		A		A

NOTES

Deductions & Expenditure

TAX	Client		Partner	
	Amount	Freq.	Amount	Freq.
Highest tax rate paid				
Tax code				
DEDUCTIONS				
Tax		A		A
National Insurance		A		A
Occupational pension contributions		A		A
Company loans		A		A
Other		A		A
Total deductions		A		A
Total net income		A		A
Joint income total, NET				A

Expenditure

ACCOMMODATION	Client		Partner		Joint	
	Amount	Freq.	Amount	Freq.	Amount	Freq.
Mortgage payment / Rent						
Property maintenance						
Personal loans / credit cards						
Mortgage related Insurance						
Building & contents insurance						
Home improvement loans						
Council tax						
Water rates						
Gas / Oil						
Electricity						
Telephone (standing charges)						
T V Licence						
Total (per annum)						
FINANCIAL	Amount	Freq.	Amount	Freq.	Amount	Freq.
Life Insurance						
Critical illness assurance						
Voluntary / Personal Pension contributions						
Permanent Health Insurance						
Private Medical Insurance						
Car insurance and road tax						
Subscriptions						
Regular Savings						
Overdraft repayment						
Professional fees						
Childcare						
Care for dependants						
Other						
Total (per annum)						

Expenditure cont...

	Client		Partner		Joint	
	Amount	Freq.	Amount	Freq.	Amount	Freq.
LIFESTYLE						
Telephone						
Travel						
Car exp. (services etc.)						
Petrol						
Food and drink						
Clothing						
Entertainment						
Holidays						
Dining out						
Gifts						
Clubs and societies						
Spending money						
Bank charges etc.						
Pets and Pet care						
Health and beauty						
Other						
Total (per annum)						

NOTES

Events Analysis

ANNUAL EXPENDITURE

What would be the annual, ongoing expenditure commitment in each of the events shown. For example; were you to retire today, what would be the ongoing annual expenditure of the household? Were you to die today, what would be the ongoing annual expenditure to meet the costs of supporting any surviving dependants? This analysis should ordinarily be completed with your adviser.

	Client				Partner			
	Retirement	Death	Critical Illness	Incapacity from work	Retirement	Death	Critical Illness	Incapacity from work
Mortgage payment / Rent								
Property maintenance								
Personal loans / credit cards								
Mortgage related Insurance								
Building & contents insurance								
Home improvement loans								
Council tax								
Water rates								
Gas								
Electricity								
Telephone (standing charges)								
T V Licence								
Life Insurance								
Critical illness assurance								
Voluntary / Personal Pension contributions								
Permanent Health Insurance								
Private Medical Insurance								
Car insurance and road tax								
Subscriptions								
Regular Savings								
Overdraft repayment								
Professional fees								
Childcare								
Care for dependants								
Other (fixed)								
Telephone								
Travel								
Car exp. (services etc.)								
Petrol								
Food and drink								
Clothing								
Entertainment								
Holidays								
Dining out								
Gifts								
Clubs and societies								
Spending money								
Bank charges etc.								
Pets and Pet care								
Health and beauty								
Other (variable)								
Totals								

Assets

Assets	Client		Partner		Joint	
	Asset	ü	Asset	ü	Asset	ü
Private home						
Other property						
Shares						
Fixed interest stocks						
Unit trusts						
Investment trusts						
Personal Equity Plans / ISAs						
Offshore bank accounts						
TESSAs						
Investment bonds						
Offshore bonds						
VCT / EIS						
National Savings						
Endowments / Savings plans (Life Assurance cash value)						
Life Assurance (death benefit, incl. discounted FIB)						
Pensions (current fund value)						
Bank Accounts						
Building Society Accounts						
Share in partnership / Business assets						
Private company shares						
Farmland / Woodland						
Chattels						
Motor cars / Boat / Caravan etc.						
Antiques / Jewellery / Works of art						
Entitlement from Trust (s)						
Other items						
Total Assets on survival						
Total Assets on death						

Please state approximate current values and insert a tick (ü) next to value for assets written under trust

NOTES

Liabilities

	Client	Partner	Joint
Mortgage on private residence			
Mortgage on other property			
Bank loans			
Building Society loans			
Overdraft			
Hire purchase			
Other significant liabilities			
Capital expenditure expected			
Assets charged / encumbered			
Deeds of covenant			
Credit cards			
Store cards			
Other items			
Totals			

Please state approximate current values and use the notes space below if required.

NOTES

Large empty space for notes.

Mortgages & Loans

MORTGAGES

	1st Property	2nd Property
Do you own a property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tenure of property		
Property value		
Ownership (joint, etc)		
Held as tenants in common (%)		
Do you have a mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is the Lender?		
Loan type		
Amount of loan outstanding		
Mortgage start date		
Mortgage term		
Current interest rate		
Current rate expiry date (if appropriate)		
Repayment month / year	/	/
Redemption Penalty		
What protection do you have relating to the mortgage?	<input type="checkbox"/> Life assurance <input type="checkbox"/> Critical illness <input type="checkbox"/> Sickness <input type="checkbox"/> Unemployment	<input type="checkbox"/> Life assurance <input type="checkbox"/> Critical illness <input type="checkbox"/> Sickness <input type="checkbox"/> Unemployment
Is the mortgage portable to a new property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOANS*

	Client	Partner
Do you have any personal loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, total amount outstanding		
Main purpose of loan/s		
Earliest loan repayment date		
Amount secured on property		
Other assets encumbered		
Total monthly loan repayment		
Remaining term of loan		

* If you have more than one loan, then please complete the Loans / Credit cards schedule

CREDIT / STORE CARDS

	Client	Partner
Total amount outstanding		
Total monthly repayment commitment		

MORTGAGE PLANNING

	Client	Partner
Would you like to investigate remortgage options?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you looking to buy a new property or move soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you need a new mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details		
Attitude to risk (1 lowest 5 highest)	1 2 3 4 5	1 2 3 4 5

NOTES

Existing Mortgages

Client

Lender	Loan type	Rate type	Effective	Term	Repayment	Rate expiry	Repay. vehicle	Loan	Outstanding
Total									

Partner

Lender	Loan type	Rate type	Effective	Term	Repayment	Rate expiry	Repay. vehicle	Loan	Outstanding
Total									

Record jointly held contracts under both the Client and Partner

Loans / Credit Cards

Client									
Lender	Loan type	Rate type	Effective	Term	Repayment	Rate expiry	Repay. vehicle	Loan	Outstanding
Totals									

Partner									
Lender	Loan type	Rate type	Effective	Term	Repayment	Rate expiry	Repay. vehicle	Loan	Outstanding
Totals									

Occupational Schemes

EMPLOYER SPONSORED SCHEMES

	Client	Partner
Does your employer run a pension scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is the scheme Defined Contribution or Defined Benefit?		
Are you a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of joining (or date expected to join)		
Scheme normal retirement age		
Definition of pensionable salary		
Early retirement penalties		
Approximately what pension benefits are payable on retirement (state benefit type: final salary, annuity purchase, etc and lump sum, commutation and benefit escalation in retirement)? *		
State level of PERSONAL contribution (%) **		
State level of COMPANY contribution (%) **		
Is the scheme contracted out of S2P? ***		
Do you contribute to an AVC scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State level of contribution (£)		

* Also state accrual rate for final salary schemes

** Percentage of pensionable salary contributed to the company pension scheme

*** (note: if you are contracted out via a personal pension, please record in the Current Provisions - Pensions Sections

NOTE: If money purchase, scheme membership details should be recorded in current provision - pensions (page 14)

OPT OUTS

	Client	Partner
Have you ever chosen not to join a company pension scheme? (if yes, please provide details in the notes section at the end of this document)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEFERRED OCCUPATIONAL PENSIONS / POTENTIAL TRANSFERS

If you have multiple deferred pensions, please use the notes space on the next page

	Client	Partner
Do you have pension scheme benefits in the scheme of a previous employer?		
(If so, please confirm with whom, benefit type and NRA)		
Name and address of pension scheme manager (This question relates to any past employer with whom you may have pension benefits remaining)		
Date of joining scheme		
Date of leaving service		
Was the scheme Contracted In / Out		
The accrual rate of the scheme		
Scheme retirement date		
Current transfer value		
Current deferred pension (p.a.)		
Projected pension at NRD		

Occupational Schemes Cont...

	Client	Partner
Do you imminently expect to leave your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the date on which you expect to leave your current employer?		
How long do you anticipate staying with your current employer?		
When will you be entitled to join any new employer's pension scheme (if you are yet to join)?		

ADDITIONAL EMPLOYEE BENEFITS

	Client	Partner
Does your employer provide any other employee benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you entitled to any lump sum death in service benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of cover		
Nominated beneficiaries		
Will your spouse or dependants be entitled to any pension benefit in the event of your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of cover per annum		
Are you entitled to critical illness cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of cover		
Are you entitled to income protection cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of cover		
Are you entitled to medical insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of cover		

OCCUPATIONAL SCHEME NOTES

Existing Protection Policies

Client

Provider	Policy type	Start	Expiry	Premium	Frq.	WOP	Index'n	Status	Death	Critical illn.	FIB*	PHI**	
Totals													

Partner

Provider	Policy type	Start	Expiry	Premium	Frq.	WOP	Index'n	Status	Death	Critical illn.	FIB*	PHI**	
Totals													

Record jointly held contracts under both the Client and Partner

Do you think that the above arrangements are adequate?

Client	Partner
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

When were the arrangements last reviewed?

Would you like us to investigate improving the above policies?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

* FIB = Family Income Benefit..**PHI = Permanent Health Insurance

Existing Savings Plans

Client

Provider	Plan type	Plan number	Start	Maturity	Premium	Frq.	Status	Purpose	Value date	Value
Total										

Partner

Provider	Plan type	Plan number	Start	Maturity	Premium	Frq.	Status	Purpose	Value date	Value
Total										

Record jointly held contracts under both the Client and Partner

Existing Investment Contracts

Client

Provider	Plan type	Contract No.	Fund/s	Purpose	Effective	Maturity	Investment	Value
Total								

Partner

Provider	Plan type	Contract No.	Fund/s	Purpose	Effective	Maturity	Investment	Value
Total								

Record jointly held contracts under both the Client and Partner

Other contracts

Client								
Provider	Product type	Policyholder	Policy number	Effective	Maturity	Premium	Frq.	Status

Partner								
Provider	Product type	Policyholder	Policy number	Effective	Maturity	Premium	Frq.	Status

Record jointly held contracts under both the Client and Partner

Planning Objectives - Priorities

Please indicate the relative importance of the following needs/objectives on a scale of 1 to 5. Insert 1 to indicate very important and 5 to indicate that you attach little importance to that item.

	Clients priorities		Adviser's priorities		Agreed priorities	
	Client	Partner	Client	Partner	Client	Partner
Mortgage planning						
Life assurance						
Critical Illness Cover						
Permanent Health Ins.						
Private Medical Ins.						
Pension planning						
Lump sum investments						
IHT planning						
Long Term Care						
Regular savings						

NOTES REGARDING YOUR PRIORITY NEEDS INCLUDING OTHER FINANCIAL PRIORITIES NOT LISTED ABOVE.

How much can you afford to contribute towards your financial planning needs?

	Client	Partner
Monthly		
Lump sum		

SPECIFIC FUTURE EVENTS FOR WHICH YOU WISH TO PLAN

(E.G. holiday home, early retirement, inheritance tax, school fees, children's wedding, new car, Long Term Care.)

Date	Event	Any existing provision

KEY PLANNING ASSUMPTIONS

	% Growth
Inflation	
Earnings growth	
Asset value growth	
Fixed interest growth	
PEP / Pension growth	

Planning Objectives - Life Assurance

LIFE ASSURANCE - NEEDS AND EXPECTATIONS

(Consider the financial impact of death)

	Client	Partner
Is life assurance a current priority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		
In the event of death would you want to clear all debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you want to supplement income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Over what period would you want the income payable (years)?		
Do you require additional capital - beyond debt repayment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much additional capital would you require?		
Over what period is cover required?		
Attitude to risk *	1 2 3 4 5	1 2 3 4 5
What net income is required in today's terms?		
Current available annual income		
Shortfall for target income		
Current liabilities		
Current life cover		
Sub total (shortfall for debt repayment)		
Sum assured required in order to meet income need (if applic.)		
Additional cover (as above)		
Total life cover required		

Please note that reference to previous sections and separate analysis calculations may be needed

* 1 lowest 5 highest

LIFE ASSURANCE NEEDS ANALYSIS NOTES

Planning Objectives - Critical Illness

CRITICAL ILLNESS - NEEDS AND EXPECTATIONS

(Consider the financial impact of serious illness)

	Client	Partner
Do you consider critical illness cover a current requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		
Would you want to clear all debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you want to supplement income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What income would you require (in today's terms)?		
Over what period should the income be payable (years)		
Do you require additional capital - beyond debt repayment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much additional capital would you require?		
Over what period is cover required?		
Attitude to risk *	1 2 3 4 5	1 2 3 4 5
Current liabilities		
Current cover		
Shortfall		

Please note that reference to previous sections and separate analysis calculations may be needed

* 1 lowest 5 highest

CRITICAL ILLNESS NEEDS ANALYSIS NOTES

Planning Objectives - Health

PERMANENT HEALTH INSURANCE - NEEDS AND EXPECTATIONS

(Consider the financial impact of inability to work)

	Client	Partner
Would you want to maintain income in the event of illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Permanent Health Insurance a current priority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		
If in employment, what entitlement to sick pay do you have?		
For how long could you support yourself / spouse before the income was required (answer in weeks)?		
To what age should protection be in place?		
Attitude to risk *	1 2 3 4 5	1 2 3 4 5
POTENTIAL SHORTFALLS		
What is the income you would require in today's terms?		
What is the income you would receive from your employer?		
What income could you receive from your permanent health policies?		
Shortfall		

* 1 lowest 5 highest

PERMANENT HEALTH INSURANCE NEEDS ANALYSIS NOTES

PRIVATE MEDICAL EXPENSES - NEEDS AND EXPECTATIONS

	Client	Partner
Do you consider private medical insurance a current requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Now <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not Now <input type="checkbox"/> No
Is family cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What level of excess are you prepared to pay?		
Adviser comments		

PRIVATE MEDICAL EXPENSES NEEDS ANALYSIS NOTES

Planning Objectives - Pensions

RETIREMENT PLANNING - NEEDS AND EXPECTATIONS

(Consider client's anticipated lifestyle in retirement years)

	Client	Partner
Is retirement planning a current priority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		
Are you retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly
At what age would you choose to retire?		
In today's terms, how much income would you require?		
In today's terms, how much lump sum would you require?		
At what rate do you expect your earnings to increase?		
Would your employer contribute to a PPP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
What degree of personal choice do you wish to exercise over the investment strategy?		
Would you value your ability to phase retirement?		
Are you a Controlling Director?		
Attitude to risk *	1 2 3 4 5	1 2 3 4 5
What is the income you require in today's terms? (stated above)		
What pension income could you expect in today's terms? (existing provision and state)		
Shortfall		

* 1 lowest 5 highest

PENSION NEEDS ANALYSIS NOTES

Planning Objectives - Investments

INVESTMENT PLANNING - NEEDS AND EXPECTATIONS

(Consider current and desired rate of investment return)

	Client	Partner
Do you want to invest a lump sum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		
How much do you have to invest?		
Source of funds for investment		
How much capital should be retained for emergencies?		
Do you want access to capital?		
How long do you want to invest for?		
Do you want to invest for income?		
Purpose		
Can you accept income volatility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to invest for capital growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose		
Can you accept capital volatility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attitude to risk *	1 2 3 4 5	1 2 3 4 5
Where you are investing for more than one purpose, are the various priorities recorded in the savings notes section?		

* 1 lowest 5 highest

YOUR STATUS AS AN INVESTOR

	Client	Partner
Are you a: Professional investor		
Business investor		
Ordinary investor		
Experienced investor		

LUMP SUM INVESTMENT NOTES

Planning Objectives - Wills / Inheritance Tax

MAIN WILL PROVISIONS

(Are you aware of the need to provide a will?)

	Client	Partner
Have you made a will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Main provisions (Indicate to whom the assets are to go on death)		
Date last updated		
Have you made an Enduring Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, who are the Attorneys?		
Have you made a Discretionary Will Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES REGARDING WILL (MATERIAL FACTS WE SHOULD BE AWARE OF)

GIFTS MADE / RECEIVED

	Client	Partner
Have you made any potentially exempt transfers in the last 7 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate the potentially exempt transfers made by you or your partner in the past 7 years

	Client		Partner	
	Year	Gift	Year	Gift
Total				

	Client	Partner
Are you the beneficiary of a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of entitlement*		
Type of trust		
Was the trust created in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you benefit from a trust soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you receive an inheritance soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital or income receivable?		

* Details of the entitlement means your personal entitlement, expressed as a capital sum.
Note, under a discretionary trust there is no absolute entitlement to any capital amount

Planning Objectives - Inheritance Tax Cont...

ESTATE VALUE / LIABILITY

	Client	Partner
Is your estate likely to be subject to IHT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you concerned about the implications of IHT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		

PLANNING OBJECTIVES

	Client	Partner
Attitude to risk *	1 2 3 4 5	1 2 3 4 5
Over what term should cover extend?		

* 1 lowest 5 highest

NOTES REGARDING IHT

Planning Objectives - Long Term Care

NEEDS AND EXPECTATIONS

(Consider the cost of receiving long term care)

	Client	Partner
Is planning for the costs of Long Term Care a current requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		
Would you want to protect your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much income would you need to fund care costs?		
Would you realise assets to provide income to fund care costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What level of assets would you be prepared to realise?		
What monthly contribution can you afford?		
Would you want to receive care (home / nursing / residential)?		
Attitude to risk *	1 2 3 4 5	1 2 3 4 5
Over what period should cover / investment extend?		

* 1 lowest 5 highest

POTENTIAL SHORTFALLS

	Client	Partner
What is the income you would require for LTC in today's terms?		
What income could you currently expect from LTC policies, investments, income and state benefits?		
Shortfall		

LONG TERM CARE NEEDS ANALYSIS NOTES

A large, empty rectangular area with a light gray background, intended for the user to write general notes. It occupies the majority of the page's vertical space.

Summary & Declaration

ARE YOUR CIRCUMSTANCES LIKELY TO CHANGE IN THE FORESEEABLE FUTURE ?

(e.g. employment, moving abroad, inherit wealth, etc.)

IN SUMMARY, WHAT YOU HOPE TO ACHIEVE FROM THIS FINANCIAL PLANNING REVIEW?

SUMMARY OF AGREED OBJECTIVES

Client Declaration - please read carefully then sign and date below

confirm that the information have provided is to the best of knowledge correct. have provided this information understanding that it is used to form the basis of any advice and recommendations made to and that not under any obligation to take up any recommendations made.

understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, understand that must be sure of ability to meet that commitment having given consideration to all other expenditure, and the provision for any emergencies, which may require access to funds.

confirm that have received an Initial Disclosure Document, business card, a Terms of Business Letter and a written statement of the service provided by

ADDITIONAL CLIENT DECLARATION (delete if not applicable)

further declare that did not wish to disclose certain personal/financial information and aware that this may prevent Adviser from being able to identify areas where it might have been appropriate to make recommendations, or, which could have an effect on any recommendations made. NOTE: please understand that we reserve the right to decline to give advice if full information is not provided.

Data protection

will be storing the information from this document on computer, which will be subsequently covered by the provisions of the Data Protection Act, the purpose being to enable accurate advice to be offered to you. may wish to write to you informing you of products or services available.

However, if you do not wish to benefit from this service, please tick the box

Client	Partner	Consultant
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Recommendations

To be completed by your Financial Adviser

Need identified	Client	Product recommended	Provider recommended	Premium	Frq.

Financial Adviser

Has any contract / policy been amended, converted, cancelled, lapsed or realised, directly or indirectly, by the proposed transaction?

Yes No

If yes to above, reasons:

Financial Adviser

If yes to above, was the cancellation referred to above the result of your advice?

Yes No

If yes to above, reasons:

Recommendations actioned

Consultant

Name:

Signature:

Date:

Contacts who may benefit from financial advice

	Referral 1	Referral 2
Title / Surname		
Forename(s)		
Address		
Postcode		
Home telephone		

	Referral 3	Referral 4
Title / Surname		
Forename(s)		
Address		
Postcode		
Home telephone		

ADDITIONAL NOTES SPACE (if required)

Guide to Investment Risk

The actual attitude to risk for each need area is recorded under the specific planning objective section of the Fact Find.

CATEGORY	INVESTMENTS
<p>1: Cautious Investor - Minimal Risk</p> <p>Suitable where the capital invested is guaranteed not to decrease in value but is not readily accessible. The rate of return may be or not be guaranteed.</p>	<ul style="list-style-type: none"> ● Cash ● Bank Account (instant access) ● Building Society (instant access) ● Guaranteed Income/Growth Bond ● National Savings Certificates ● National Savings Income Bonds ● TESSAs ● Annuities
<p>2: Fairly Cautious - Modest Risk</p> <p>For the investor where there may be some fluctuation in value and growth. However these would be limited to guarantees built into the investment.</p>	<ul style="list-style-type: none"> ● With Profit Bonds ● Stock Market Linked Bonds ● Friendly Society Bonds (with profits) ● Corporate Bond PEPs / ISAs ● With Profit Personal Pensions
<p>3: Medium Risk</p> <p>Suitable for the investor requiring long term growth or income but without offering guarantees. Values may rise and fall and the investor may not receive back the amount invested.</p>	<ul style="list-style-type: none"> ● Capital Investment Bonds (managed) ● General Unit Trusts ● PEPs / ISAs (general funds) ● Distribution Bonds ● Unit Linked (managed or balanced funds)
<p>4: Fairly Adventurous</p> <p>Suitable for the investor requiring specialist equity funds where the probability of long term growth is balanced by the possibility of short/medium term losses. Values may fall as well as rise and the investor may not receive back the amount invested.</p>	<ul style="list-style-type: none"> ● Capital Investment Bonds (specialist funds) ● Unit Trusts ● Investment Trusts ● PEPs / ISAs (specialist funds) ● Unit Linked PPP's (Specialist funds)
<p>5: Adventurous</p> <p>For the more adventurous investor who already has a diversified portfolio and wishes to expose a small portion to adventurous investment. Risk 5 are investments in foreign currencies, options and derivatives, certain shares and emerging markets.</p>	<ul style="list-style-type: none"> ● Shares ● Foreign currencies ● Options / derivatives ● Emerging market funds

Comments on client's historical vs. current investment risk profile

If existing savings, pensions, investment or deposits differ or are at variance to stated risk profile of the client above please give explanation/comments, particularly with regard to differences of the past against future risk profiles.

Also, please state any emphasis to be placed on one or more types of fund (e.g. ethical funds)