

Confidential Financial Review Form

Name

Completed by



Lovewell Blake Financial Planning Limited

Financial Services and Markets Act

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 2018 and General Data Protection Regulation. The information may also be used by Lovewell Blake Financial Planning Limited to provide you with the details of products suitable to your requirements. Please refer to our website for full details of our Privacy Policy.

Lovewell Blake Financial Planning Limited is authorised and regulated by the Financial Conduct Authority



Lovewell Blake Financial Planning Limited

1. Personal Details

	Self	Partner
Title Mr / Mrs / Miss / Ms / Other	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Address Valid From	<input type="text"/>	<input type="text"/>
Residential Status	<input type="text"/>	<input type="text"/>
Telephone No.	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
Fax No.	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Website	<input type="text"/>	<input type="text"/>
Special Mailing Instructions	<input type="text"/>	<input type="text"/>
Date Of Birth	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>
Place Of Birth	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
UK Resident for tax purposes	<input type="text"/>	<input type="text"/>
Residency for tax purposes	<input type="text"/>	<input type="text"/>
Passport Number	<input type="text"/>	<input type="text"/>
Domicile / Citizenship	<input type="text"/>	<input type="text"/>
Country of Nationality	<input type="text"/>	<input type="text"/>
National Insurance No.	<input type="text"/>	<input type="text"/>
Sex (M/F)	<input type="text"/>	<input type="text"/>
Client Classification	<input type="text"/>	<input type="text"/>
Former Name	<input type="text"/>	<input type="text"/>
Previous Address	<input type="text"/>	<input type="text"/>
Previous Post Code	<input type="text"/>	<input type="text"/>

Notes (for office use only)

2. Dependants/Children

Do you have dependants?

Education Funding (inc. College/University Expenses)

Please complete this section if you are considering educational funding.

Name	Relationship	DOB	Start Year	Years	Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>

Notes

Education Funding (inc. College/University Expenses)

Please complete this section if you are considering educational funding.

Name	Relationship	DOB	Start Year	Years	Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>

Notes

Education Funding (inc. College/University Expenses)

Please complete this section if you are considering educational funding.

Name	Relationship	DOB	Start Year	Years	Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>

Notes

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 the contact have Power of Attorney?			
	Date Given	<input type="text"/>	<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"/>		
Mortgage Amount	<input type="text"/>		
Repayment Method	<input type="text"/>		
Lender	<input type="text"/>		
Mortgage Ref	<input type="text"/>		
Amount Outstanding	<input type="text"/>		
Original Term	<input type="text"/>		
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	<input type="text"/>	
Deposit Available	<input type="text"/>	
Deposit Available	<input type="text"/>	
Repayment term required	<input type="text"/>	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	<input type="checkbox"/>
A lower early redemption penalty	<input type="checkbox"/>
A lower mortgage rate	<input type="checkbox"/>

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

6. Income Details

	Self	Partner
Basic Annual Income	<input type="text"/>	<input type="text"/>
Regular Overtime	<input type="text"/>	<input type="text"/>
Bonus/Commission	<input type="text"/>	<input type="text"/>
Car Allowance	<input type="text"/>	<input type="text"/>
P11D Benefit (please describe)	<input type="text"/>	<input type="text"/>
Bank/B.Soc. Interest	<input type="text"/>	<input type="text"/>
Investment Income	<input type="text"/>	<input type="text"/>
Trust Income	<input type="text"/>	<input type="text"/>
Rental Income	<input type="text"/>	<input type="text"/>
PHI Income	<input type="text"/>	<input type="text"/>
State Benefits	<input type="text"/>	<input type="text"/>
Maintenance	<input type="text"/>	<input type="text"/>
Pension Income	<input type="text"/>	<input type="text"/>
Tax Free Income	<input type="text"/>	<input type="text"/>
Other Income (please describe)	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Annual Income	<input type="text"/>	<input type="text"/>
Tax Rate	<input style="text-align: center; font-size: small; vertical-align: middle;" type="text" value="%"/>	<input style="text-align: center; font-size: small; vertical-align: middle;" type="text" value="%"/>
Tax Allowance	<input type="text"/>	<input type="text"/>
P11D Benefit Description	<input type="text"/>	<input type="text"/>
Salary Review Date	<input type="text"/>	<input type="text"/>
Trading Year End	<input type="text"/>	<input type="text"/>
Do you anticipate any changes to your income?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

7. Employment Details

7a Main Employment

	Self	Partner
Occupation	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>
Employment Status	<input type="text"/>	<input type="text"/>
Salary Last Updated	<input type="text"/>	<input type="text"/>
Length of time in Employment	<input type="text"/>	<input type="text"/>
Business Name	<input type="text"/>	<input type="text"/>
Business Address	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Business Telephone No.	<input type="text"/>	<input type="text"/>
Business Fax No.	<input type="text"/>	<input type="text"/>
Business Email Address	<input type="text"/>	<input type="text"/>
Business Website	<input type="text"/>	<input type="text"/>
Tax District	<input type="text"/>	<input type="text"/>
Tax Reference	<input type="text"/>	<input type="text"/>

How long would you continue to be paid in the event of an accident or sickness?	On full pay	<input type="text"/>	days	On full pay	<input type="text"/>	days
	then reduced pay for	<input type="text"/>	days	then reduced pay for	<input type="text"/>	days
	at	<input type="text"/>	% of full pay	at	<input type="text"/>	% of full pay

	Self	Partner
Do you anticipate any changes to your circumstances or employment? If yes, please give details	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	<input type="text"/>

7b Additional Employments

Owner

Employee Status

Salary Last Updated

Address

Firm

Post Code

Phone

Fax

Notes

8. Business Details

8a Business Interests

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

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

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

	Self	Partner	Joint
Property			
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

Regular Property Commitments: Specified items

Property Cost	Amount	Frequency	Next Payment
Description			
Property Cost	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Council Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Rent / Board	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Ground Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Lease	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Service Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		

Utilities	Amount	Frequency	Next Payment
Description			
Utilities	<input type="text"/>	<input type="text"/>	<input type="text"/>

Personal Fact Find

> Electricity	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Gas	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Fuel	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Water	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Internet	<input type="text"/>	<input type="text"/>	<input type="text"/>
> TV licence	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		

Property Maintenance

Description	Amount	Frequency	Next Payment
Property Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Decorating & DIY	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Cleaning	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Gardening	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		

Regular Household Commitments: Specified items

Living

Description	Client	Partner	Joint	Total
Living	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Groceries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Footwear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Cosmetics / Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Personal Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Dependants Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Pets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Medical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Other-Living	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Travel

Description	Client	Partner	Joint	Total
Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Vehicle Servicing / MOT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Vehicle Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Vehicle Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Parking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Road Toll / Congestion Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Personal Fact Find

> Leasing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Breakdown / Recovery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Fuel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Rail Fares	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Bus Fares	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Taxis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Flights	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Other-Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Leisure

Description	Client	Partner	Joint	Total
Leisure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Hobbies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Books / Magazines / Subscriptions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Cinema / Theatre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Multimedia (DVD, CD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Restaurants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Electronic Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Health / Sports Club	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Sports Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Holidays	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Personal Discretionary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Other-Leisure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> TV Subscriptions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other-Other

Description	Client	Partner	Joint	Total
Other-Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Advisers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Debt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Other-Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Regular Commitments: Specified Items

Capital Expenditure:

Owner

Personal Fact Find

Description

Expenditure
Type

Purchase
Date

Repurchase Every

Months

Purchase Cost

Depreciation

% pa

Keep Until

Or Client Aged

Years

Notes

10. Affordability

What amount can you reasonably afford to invest?	Self <input type="text"/>	Partner per month <input type="text"/>	<input type="text"/>	per month <input type="text"/>
	<input type="text"/>	lump sum <input type="text"/>	<input type="text"/>	lump sum <input type="text"/>
For how long can you make this investment?	<input type="text"/>	years <input type="text"/>	<input type="text"/>	years <input type="text"/>

Please explain the source of these funds

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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 (please describe)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Assets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Assets	<input type="text"/>		

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"/>	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"/>	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"/>	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"/>
Loans 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"/>
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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
Has a certificate of enhanced protection been granted?	<input type="text"/>	<input type="text"/>
Protection valid from	<input type="text"/>	<input type="text"/>
Form of 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

Employer's Name	<input type="text"/>	<input type="text"/>
Manager's 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"/>
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)	<input type="text" value="ths"/>	<input type="text" value="ths"/>
Lump Sum in addition/by Commutation	<input type="text" value="£"/>	<input type="text" value="£"/>
Benefit Escalation rate in retirement	<input type="text" value="%"/>	<input type="text" value="%"/>

Money Purchase Schemes

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

Current Fund Value	<input type="text" value="£"/>	<input type="text" value="£"/>
Employer's Contribution	<input type="text" value="£"/> <input type="text" value="%"/>	<input type="text" value="£"/> <input type="text" value="%"/>

Additional Voluntary Contributions

AVC Contribution	<input type="text" value="£"/> <input type="text" value="%"/>	<input type="text" value="£"/> <input type="text" value="%"/>
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List Group Pensions here:-

Employer Name	Policy Type	Insurance Company	Policy No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Premium/Freq	Employer's Contribution	Start Date	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust/Beneficiary	Death Benefit	Other Benefits	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Escalation	Current Value	Date Paid Up *	Contracted Out <input type="text"/> Waiver <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Life Assured/Policy Beneficiary	<input type="text"/>		
<input type="text"/>			

* Date contributions ceased or date left employment

16. Personal Pensions

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

Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Your Premium/Freq	Employer's Contribution	Start Date	Maturity Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Trust/Beneficiary	Death Benefit	Other Benefits		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Escalation	Current Value	Date Paid Up *	Contracted Out	Waiver
<input type="text"/>	<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"/>	
Your Premium/Freq	Employer's Contribution	Start Date	Maturity Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Trust/Beneficiary	Death Benefit	Other Benefits		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Escalation	Current Value	Date Paid Up *	Contracted Out	Waiver
<input type="text"/>	<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"/>	
Your Premium/Freq	Employer's Contribution	Start Date	Maturity Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Trust/Beneficiary	Death Benefit	Other Benefits		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Escalation	Current Value	Date Paid Up *	Contracted Out	Waiver
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 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	<input type="text"/>		

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	<input type="text"/>		

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"/>	<input type="text"/>	(per day)	<input type="text"/>	<input type="text"/>	(per day)
Do you Drink alcohol?	<input type="text"/>	<input type="text"/>	(Units/Week)	<input type="text"/>	<input type="text"/>	(Units/Week)
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?	<input type="text"/>	<input type="text"/>
If yes, what are the main provisions?	<input type="text"/>	<input type="text"/>
On what date was it made?	<input type="text"/>	<input type="text"/>
Does it reflect your current wishes?	<input type="text"/>	<input type="text"/>
Are you expecting an inheritance of any kind?	<input type="text"/>	<input type="text"/>
If yes, please give details	<input type="text"/>	<input type="text"/>
Where is the will kept?	<input type="text"/>	<input type="text"/>
Has Existing Spousal Nil Rate Transfer	<input type="text"/> % of nil rate band	<input type="text"/> % of nil rate band

22a Lifetime Gift history

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

Date	Value	£	Tax Paid	£
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>			

22b Connection with Trusts

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

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="text"/>	Beneficiary	
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="text"/>	Beneficiary	
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="text"/>	Beneficiary	
Settlement Date	<input type="text"/>	Entitlement	Assets Value	<input type="text"/>	%	Income	<input type="text"/>	%
Terms of the Trust	<input type="text"/>							

23. Objectives

23a 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

23b 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

Personal Fact Find

Date

Amount

Money Basis

Priority

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 type="text"/>	<input type="text"/>	<input type="text"/>
If your partner were to die.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If you were disabled, sick or redundant.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If your partner were disabled, sick or redundant.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If you retire.	<input type="text"/>	<input type="text"/>	
If your partner retires.	<input type="text"/>	<input type="text"/>	

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

25. Capital Gains Tax

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

	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. Attitude to Investment Risk

Risk Level 2 - Finametrica

Risk Level 3 - Finametrica

Risk Level 4 - Finametrica

Risk Level 5 - Finametrica

Risk Level 6 - Finametrica

Risk Level 7 - Finametrica

Risk Level 1 - Dynamic Planner

Risk Level 2 - Dynamic Planner

Risk Level 3 - Dynamic Planner

Risk Level 4 - Dynamic Planner

Risk Level 5 - Dynamic Planner

Risk Level 6 - Dynamic Planner

Risk Level 7 - Dynamic Planner

Risk Level 8 - Dynamic Planner

Risk Level 9 - Dynamic Planner

Client Attitude to Risk:

Default

Personal Fact Find

Client

Partner

Pension

Client

Partner

Client

Partner

27. 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	Partner
Method	<input type="text"/>	<input type="text"/>
<i>(Telephone / Post / Email / Fax / Visit)</i>		
Details	<input type="text"/>	<input type="text"/>
Time	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Notes	<input type="text"/>	<input type="text"/>
Contact and Marketing Options	<input type="checkbox"/> Do Not Telephone <input type="checkbox"/> Do Not Email	<input type="checkbox"/> Do Not Telephone <input type="checkbox"/> Do Not Email
	<input type="checkbox"/> Do Not Mail <input type="checkbox"/> Do Not Fax	<input type="checkbox"/> Do Not Mail <input type="checkbox"/> Do Not Fax
	<input type="checkbox"/> Do Not Visit	<input type="checkbox"/> Do Not Visit

Consent Given

No Active Consent Record		No Active Consent Record	
Marketing Consent	<input type="text" value="Not Known"/>	Marketing Consent	<input type="text" value="Not Known"/>
Data consent	<input type="text" value="Not Known"/>	Data consent	<input type="text" value="Not Known"/>
Data offshore consent	<input type="text" value="Not Known"/>	Data offshore consent	<input type="text" value="Not Known"/>
3rd party consent	<input type="text" value="Not Known"/>	3rd party consent	<input type="text" value="Not Known"/>