

# Personal Financial Questionnaire

Strictly confidential

## Financial Planning

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Private Client

Intermediate Client

Market Counterparty

#### Financial Services & Markets Act 2000

Financial Advisers are required to have a 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 1998

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 1998. The information may also be used to provide you with the details of products suitable to your requirements.



# Introduction

## IMPORTANT NOTE - PLEASE READ CAREFULLY BEFORE COMPLETING

In order that we may advise you regarding your financial planning requirements, it is **essential** that we obtain from you current and relevant information. Please therefore complete the following details as comprehensively as you are able.

If you choose to omit sections you should be aware that our advice will be based only on the information provided.

Prior to completion you will find it useful to gather together the following:

- Payslip / P60 / accounts
- Bank, credit card, mortgage, savings and share statements
- Life assurance, savings, PEP/ISA statements and other policy details / documents
- Personal pension policy details / documents
- Company / occupational pension statements and booklets

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## Personal Details

	Client	Partner
Title / Surname		
Forename(s)		
Previous name		
Address		
Postcode		
Home telephone		
Mobile telephone no.		
Home Email address		
Living with partner		
Marital status / Date of marriage	/	/
Married to partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nationality		
Residency		
Tax domicile		
Gender (male/female)		
Date of birth		
Place 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
Height / Weight / Alcohol (units)	Mtrs Kg P/wk	Mtrs Kg P/wk
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		
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?		
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.		

# Family & Dependants

## FAMILY AND DEPENDANTS

Is there anyone over the age of 17 who is resident with you?  Yes  No

Is there anyone who is financially dependant on you?  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
					<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
<b>SOLICITOR</b>		
Company Name		
Address		
Postcode		
Telephone		
<b>ACCOUNTANT</b>		
Company Name		
Address		
Postcode		
Telephone		
<b>DOCTOR</b>		
Company Name		
Address		
Postcode		
Telephone		
<b>BANK</b>		
Company Name		
Address		
Postcode		
Telephone		
Account Number		
Account Name		
Sort Code		
<b>OTHER</b>		
Service provided / function		
Company Name		
Address		
Postcode		
Telephone		

# Income Analysis

EARNED INCOME	Client		Partner	
	Amount	Freq.	Amount	Freq.
<b>Basic annual income</b>		<b>A</b>		<b>A</b>
Basic salary				
Bonus				
Overtime				
Director's dividends				
Net Relevant Earnings (self employed)				
Business Profits (self employed)				
Profit Related Pay				
P11d (beneficial) income (list below)				
P11d Details				
<b>Pension income</b>		<b>A</b>		<b>A</b>
Private pension income				
State pension income (gross)				
<b>Investment income</b>		<b>A</b>		<b>A</b>
Shares		A		A
Fixed interest stocks		A		A
Unit trusts		A		A
Offshore funds		A		A
Guaranteed Income Bonds		A		A
Rental profit		A		A
Investment annuities		A		A
Bank deposits		A		A
Building Society deposits		A		A
Lloyd's underwriting		A		A
Trust income		A		A
<b>Tax free income</b>		<b>A</b>		<b>A</b>
PEPs / ISAs		A		A
Investment Bond withdrawals		A		A
National Savings		A		A
TESSAs		A		A
Social Security benefits		A		A
Other		A		A
<b>Total income</b>		<b>A</b>		<b>A</b>
Unrealised but taxable investment income		A		A
Do you anticipate any significant changes in income?				
When is your salary review date / the end of your trading year?				

## Income Deductions

	Client		Partner	
	Amount	Freq.	Amount	Freq.
<b>Deductions</b>		A		A
Highest tax rate paid				
Tax code				
Tax		A		A
National Insurance		A		A
Occupational pension contributions		A		A
Company loans		A		A
Other		A		A
<b>Total income</b>		A		A
<b>Net income</b> (Total income - deductions)		A		A
<b>Joint net income</b>				A

### NOTES

## Expenditure

	Client		Partner		Joint	
	Amount	Freq.	Amount	Freq.	Amount	Freq.
<b>Mortgage / Rent</b>		<b>M</b>		<b>M</b>		<b>M</b>
Mortgage payment / Rent						
<b>Other financial commitments</b>		<b>M</b>		<b>M</b>		<b>M</b>
Personal loans / credit cards						
Home improvement loans						
Overdraft repayment						
School fees						
Maintenance payments						
Child support payments						
<b>Pension contributions</b>		<b>M</b>		<b>M</b>		<b>M</b>
Voluntary / Personal Pension contributions						
<b>Regular savings</b>		<b>M</b>		<b>M</b>		<b>M</b>
Regular Savings						
<b>Personal insurances</b>		<b>M</b>		<b>M</b>		<b>M</b>
Life Insurance						
Critical illness assurance						
Permanent Health Insurance						
Private Medical Insurance						
<b>Other insurances</b>		<b>M</b>		<b>M</b>		<b>M</b>
Mortgage related Insurance						
Building & contents insurance						
Car insurance						
<b>Utilities and household bills</b>		<b>M</b>		<b>M</b>		<b>M</b>
Property maintenance						
Council tax*						
Water rates*						
Gas / Oil						
Electricity						
Telephone & Internet (standing charges)						
Telephone (call charges)						
T V Licence & Pay channels						
<b>Living costs</b>		<b>M</b>		<b>M</b>		<b>M</b>
Food and drink						
Clothing						
Spending money						
Bank charges etc.						
Gifts						
Professional fees						
Childcare						
Care for dependants						
Pets and Pet care						
Subscriptions						

\* Typically paid monthly over 10 months

## Expenditure cont...

	Client		Partner		Joint	
	Amount	Freq.	Amount	Freq.	Amount	Freq.
<b>Transport and travel</b>		<b>M</b>		<b>M</b>		<b>M</b>
Travel						
Car exp. (services etc.)						
Petrol						
<b>Leisure</b>		<b>M</b>		<b>M</b>		<b>M</b>
Entertainment						
Holidays						
Dining out						
Clubs and societies						
Health and beauty						
<b>Other</b>		<b>M</b>		<b>M</b>		<b>M</b>
Other variable items						
Other fixed items						
<b>Total expenditure</b>		<b>M</b>		<b>M</b>		<b>M</b>

### NOTES

## Events Analysis

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.

ANNUAL EXPENDITURE	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 & Internet (standing charges)								
T V Licence & Pay channels								
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)								
<b>Totals</b>								

## Assets

	Client		Partner		Joint	
	Asset	✓	Asset	✓	Asset	✓
<b>Cash accounts</b>						
Bank Accounts						
Building Society Accounts						
Offshore bank accounts						
TESSAs						
<b>Non-liquid assets (excl Life Assurance)</b>						
Private home						
Other property						
Share in partnership / Business assets						
Private company shares						
Farmland / Woodland						
Life Assurance (death benefit, incl. discounted FIB) in trust						
Life Assurance (not written in trust)						
<b>Realisable assets</b>						
Shares						
Fixed interest stocks						
Unit trusts / OEICs						
Investment trusts						
Personal Equity Plans / ISAs						
Investment bonds						
Offshore bonds						
VCT / EIS						
National Savings						
Endowments / Savings plans (Life Assurance cash value)						
<b>Pension funds</b>						
Pensions (current fund value)						
<b>Other (personal effects)</b>						
Chattels						
Motor cars / Boat / Caravan etc.						
Antiques / Jewellery / Works of art						
Entitlement from Trust (s)						
Other items						
<b>Total Assets on survival</b>						
<b>Total Assets on death</b>						

Please state approximate current values and insert a tick (✓) 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			
<b>Totals</b>			

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	_____ / _____	_____ / _____
Early repayment charge		
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		

## CREDIT HISTORY

	Client	Partner
Have you had any credit problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been in default of a mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a County Court Judgment issued against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever entered into an Individual Voluntary Arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been in default of any other loan payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes regarding your credit history		

## 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	
Increase in total income	
Investment return for pension funds	
Investment return for non pension fund assets	
Increase in residential property values (excl. income)	
Investment return for cash	
Effective rate of tax before retirement	
Effective rate of tax after retirement	
Reduction in expenditure on first death	
Reduction / increase in expenditure on incapacity	

# Mortgage planning

## 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
Are you intending to repay some or all of you debts with the mortgage? (If yes, please give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Key Requirements</b>	
Are you:	<input type="checkbox"/> First time buyer <input type="checkbox"/> Taking a further advance <input type="checkbox"/> Mover <input type="checkbox"/> Buying a 2nd property <input type="checkbox"/> Remortgage	
Purpose of loan (e.g. debt consolidation*, home improvements, etc.)		
Address to be mortgaged		
Postcode		
Property type	<input type="checkbox"/> Flat <input type="checkbox"/> Terraced <input type="checkbox"/> Maisonette <input type="checkbox"/> Bungalow <input type="checkbox"/> Detached <input type="checkbox"/> Former local authority <input type="checkbox"/> Semi-detached	
Property details	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> Lounge <input type="checkbox"/> 2 Bedrooms <input type="checkbox"/> Dining Room <input type="checkbox"/> 3 bedrooms <input type="checkbox"/> Additional Rooms <input type="checkbox"/> 4 Bedrooms <input type="checkbox"/> Garage <input type="checkbox"/> 5+ Bedrooms <input type="checkbox"/> Central Heating	
Reason for property	<input type="checkbox"/> Main home <input type="checkbox"/> Council right to buy <input type="checkbox"/> 2nd home <input type="checkbox"/> Concessionary purchase <input type="checkbox"/> Holiday home <input type="checkbox"/> Buy to let	
Tenure	<input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Not Disclosed	
If leasehold: unexpired term of lease (yrs)		
Ground rent (£ p.a.)		
Service charge (£ p.a.)		
Is the property built of brick or stone with tile or slate roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "no" provide details in property notes
Has the property more than one kitchen, any agricultural restrictions, tie bars or suffered from subsidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" provide details in property notes
At your own expense, would you want a more comprehensive property inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purchase price of property		
Property valuation		
Amount you wish to borrow		
Over what term do you wish the borrowing to be arranged?	Years	
Do you have a deposit available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of deposit available		
What is the origin of the deposit that you have available?		
How much capital is available for mortgage setup costs / fees?		
Are you borrowing an extra amount to cover costs / fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, how much?		
Borrowers	<input type="checkbox"/> Client <input type="checkbox"/> Partner <input type="checkbox"/> Joint	
If Joint, subject to	<input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenants in Common	

\* If the main purpose of the mortgage contract involves debt consolidation, consideration must be given to the following and the outcome of those discussions:  
 - the costs associated with increasing the period of the debt  
 - the appropriateness of securing unsecured debt; and  
 - whether it is more appropriate to make arrangements with the creditors, rather than take out a mortgage.

# Mortgage planning

		Key Requirements
If 'council right to buy' or 'concessionary purchase': Do you require additional funds above discounted price?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much?		
If 'buy to let', expected monthly rental income?		
If 'buy to let', is the property to be leased to a related person?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the borrower's future intentions regarding the property? For example, future occupancy.		
Certain factors (e.g. requirement for a 100% loan, previous credit problems, lender's status, purchase of a specialist or second property, how quickly you require a loan) may be highly relevant to our advice and choice of product. Your adviser will record any such issues here.		
Are you likely to move home for any reason within the foreseeable future (say within 3-7 years other than your current purchase)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate time scale / reason		
Is it a realistic possibility that you may pay off some or all of your new mortgage within the foreseeable future (say 3-7 years)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Approx. amount		
Approximate time scale / reason		
Certain types of mortgage may apply an early redemption charge for early, partial or full repayment.		
a) Are you happy to accept such a charge in order to obtain the most competitive product?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If yes, do you require that this charge expires at the same time as the discount / fixed / capped offer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
It is recommended that you protect your house purchase with the following associated products*. Please indicate who you would prefer to arrange each of the following:		Protection
Building and Contents Insurance		<input type="checkbox"/> Mortgage broker <input type="checkbox"/> Lender <input type="checkbox"/> Declined
Permanent health insurance		<input type="checkbox"/> Mortgage broker <input type="checkbox"/> Lender <input type="checkbox"/> Declined
Accident, Sickness and Unemployment Cover		<input type="checkbox"/> Mortgage broker <input type="checkbox"/> Lender <input type="checkbox"/> Declined
Life cover		<input type="checkbox"/> Mortgage broker <input type="checkbox"/> Lender <input type="checkbox"/> Declined

\*If you choose to exclude conditional insurances, this may reduce your choice of mortgage product.

Please provide details of all insurances / Investments which are to be used in connection with this mortgage on the attached schedule.

## CONTACTS

	Estate Agent	Solicitor
Contact		
Company Name		
Address		
Postcode		
Telephone		

## Mortgage planning

Having discussed the main types of mortgage interest rate options with your adviser please use the following questions to advise us of the most important considerations to you.

	Features required and reasons
An upper limit on your mortgage costs for a specified period	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Reason:	
To fix your mortgage costs for a certain period	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
How long would you want mortgage costs to be fixed for?	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-4 years <input type="checkbox"/> 3-5 years
Reason:	
Access to an initial cash sum (known as a Cash back)	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
If important, how much?	
Reason:	
A discount on your mortgage repayments in the early years	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
If important how long would you want the discount to last?	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-4 years <input type="checkbox"/> 3-5 years
Reason:	
No early redemption charge on full or part repayment	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Reason:	
No tie-in after a fixed, discounted or capped interest period	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Reason:	
No higher lending charge	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Reason:	
Speed of mortgage completion	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Reason:	
Ability to add fees to the loan	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Reason:	
The lender's policy on further lending in the future	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Reason:	
Ability to link your mortgage to your savings / current account	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Reason:	

## Mortgage planning

	Features required and reasons
Meets the Governments CAT standards, Reason:	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Free legal fees Reason:	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Valuation refunded Reason:	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
No booking or arrangement fees Reason:	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance
Ability to vary the repayment amount / take repayment holidays Reason:	<input type="checkbox"/> High importance <input type="checkbox"/> Low importance

### ATTITUDE TO MORTGAGE RISK

Please indicate whether :

	Concerns
You are concerned about the possibility of future interest rate movements	<input type="checkbox"/> Yes <input type="checkbox"/> No
You want the certainty of your mortgage being repaid at the end of the term	<input type="checkbox"/> Yes <input type="checkbox"/> No
You are comfortable if all or part of your mortgage is repaid from an investment product, i.e. an endowment, ISA or Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
You require the ability to self-certify your income Reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do / Will you have any funds available to reduce the mortgage in the future? When:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Mortgage planning

A mortgage is one of the largest financial purchases you will make. We believe it is important that you receive advice to help you select a mortgage that fits your needs and is relevant to your personal circumstances. We are authorised and regulated by the Financial Services Authority and will comply with their rules and guidance. In order to give you mortgage advice, we need to understand your requirements and objectives.

The following has been explained to the client(s)	Explained
1 The different types of products and interest rate arrangements which might meet the client's needs (including future repayments after any fixed or discounted period).	
2 The main repayment methods.	
3 For interest only mortgages, the various methods available for repaying the mortgage.	
4 The consequences of failing to make suitable arrangements to repay the mortgage.	
5 That it is the client's responsibility to ensure a repayment product is maintained for the duration of the mortgage.	
6 That client's account details may be passed to credit reference agencies.	
7 If the proposal includes redeeming the client's existing mortgage, all the associated costs and other possible consequences.	
8 Confirmation that a 'mortgage packager' has been used (if applicable).	
9 What will happen next, together with anything he/she has to do with regards to the mortgage.	
10 Debt consolidation issues	
11 Tax implications	

### ADDITIONAL NOTES REGARDING THE PROPERTY

### ADDITIONAL NOTES REGARDING THE MORTGAGE REQUIRED

## Protection

### IN THE EVENT 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
Lump sum required on death		
Do you wish for the lump sum to increase ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes %		
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 term is cover required ? (yrs)		
Would you want to supplement income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target income in today's terms		
Do you wish for the income to increase ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes %		
Over what period should the income be payable (years)		
Attitude to risk (1 lowest 5 highest )		

### CURRENT OCCUPATIONAL PROVISION

	Client	Partner
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		
Do you want to exclude this benefit from the calculations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		

### NOTES

# Protection

## IN THE EVENT OF CRITICAL 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
Lump sum required on the critical illness		
Do you wish for the lump sum to increase ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes %		
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 term is cover required (years)?		
Would you want to supplement income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target income in today's terms		
Over what period should the income be payable (years)?		
Attitude to risk (1 lowest 5 highest )		

## CURRENT OCCUPATIONAL PROVISION

	Client	Partner
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		
Amount of cover		

## NOTES

## Protection

### IN THE EVENT OF LONG TERM ILLNESS

(Consider the financial impact of inability to work)

	Client	Partner
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		
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
What is the income you would require in today's terms?		
For how long could you support yourself / spouse before the income was required (answer in weeks)?		
Are any of your committed monthly outgoings protected in the event of long term illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details		
To what age should protection be in place?		
Attitude to risk (1 lowest 5 highest)		

### CURRENT OCCUPATIONAL PROVISION

	Client	Partner
Would your employer pay your salary in the event of you being absent from work due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the income you would receive from your employer?		
For how long would your employer pay your salary in the event of you being absent from work due to illness?		
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		

### NOTES

# Protection

## PRIVATE MEDICAL EXPENSES - NEEDS AND EXPECTATIONS

	Client	Partner
Do you consider private medical insurance a current requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Now	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Now
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		

## CURRENT OCCUPATIONAL PROVISION

	Client	Partner
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		

## NOTES

## PLANNING PRIORITIES

Please show the comparative 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.

	Client's priorities		Agreed priorities	
	Client	Partner	Client	Partner
Ensure that your debts are repaid in the event of death				
Ensure that your debts are repaid in the event of a serious illness				
Ensure that in the event of your death your family will be able to maintain their current standard of living				
Ensure that your outgoings are maintained in the event of you being unable to work due to long term illness				
Protect against the cost of medical or hospital bills				

# Savings & Investments

## INVESTMENT PLANNING - NEEDS AND EXPECTATIONS

(Consider current and desired rate of investment return)

	Client	Partner
Do you wish to save / invest for a particular purpose ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details:		
Adviser comments		
Do you have a lump sum available for investment ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much do you have to invest?		
What is the source of the funds available for investment ?		
How much capital should be retained for emergencies?		
Over what period do you wish to invest ?	years	years
Do you want access to the capital?	<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
For what purpose do you wish to use the capital?		
Will you accept capital volatility ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to invest for income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of income required ?		
For what purpose do you require the income?		
Do you want the income to be guaranteed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you accept income volatility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attitude to risk (1 lowest 5 highest )		

## YOUR STATUS AS AN INVESTOR

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

## NOTES

# Savings & Investments

## REGULAR SAVINGS

(Consider current and desired rate of investment return)

Is regular saving a current priority?

Yes  No

Yes  No

Adviser comments

How much do you want to save?

Over what period (yrs) do you want to save?

years

years

How much capital should be retained for emergencies?

p.m.

p.m.

For what purpose do you want to save?

Attitude to risk (1 lowest 5 highest)

Where you are saving for more than one purpose, are the various priorities recorded in the savings notes section?

Will these policies be written in trust?

Yes  No

Yes  No

Is the plan to be used to mitigate Inheritance Tax or Capital Gains Tax?

Yes  No

Yes  No

If yes, please provide details

## NOTES

# Retirement

## 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?		
What is the latest age you would wish to retire?		
Would you like to fund your retirement planning to reach a specified income ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what income would you want in today's terms?		
What is the least amount of income you would require in today's terms?		
Would you want to protect your pension contributions against accident or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want these premiums to increase each year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please specify %		
Do you wish to contribute a single premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please specify £		
Attitude to risk (1 lowest 5 highest )		

## BUDGET

	Client	Partner
How much can you afford to contribute towards retirement planning?		
Who will be the beneficiaries of your retirement plans?		

## NOTES

## Retirement

### EMPLOYER SPONSORED SCHEMES

	Client	Partner
Does your employer offer a pension arrangement?	<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"/> No <input type="checkbox"/> Member Currently <input type="checkbox"/> Member Future <input type="checkbox"/> Non Joiner <input type="checkbox"/> Opted Out	<input type="checkbox"/> No <input type="checkbox"/> Member Currently <input type="checkbox"/> Member Future <input type="checkbox"/> Non Joiner <input type="checkbox"/> Opted Out
Are you eligible to join this arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide date of joining (or date eligible to join)		

### DEFINED BENEFIT SCHEME

	Client	Partner
If final salary, accrual rate	<input type="checkbox"/> 30th <input type="checkbox"/> 60th <input type="checkbox"/> 80th <input type="checkbox"/> Other...	<input type="checkbox"/> 30th <input type="checkbox"/> 60th <input type="checkbox"/> 80th <input type="checkbox"/> Other...
Contracted in or out?	<input type="checkbox"/> Contracted Out <input type="checkbox"/> Contracted In	<input type="checkbox"/> Contracted Out <input type="checkbox"/> Contracted In
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 (%) **		
Do you contribute to an AVC scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, 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)

### MONEY PURCHASE SCHEME

	Client	Partner
Are you a member of your employer's scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group personal pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stakeholder plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Product Provider		
Start date		
Retirement age		
Employer contribution		
Employee contribution		
Fund		
Did you contract out of S2P using this plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently contracted out of S2P?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Retirement

	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)?		

### OPT OUTS

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

### NOTES

# Retirement

## RETAINED BENEFITS

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

Client

Partner

## NOTES

# 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 contribution could you make towards capital?		
Would you want to receive care (home / nursing / residential)?		
Attitude to risk (1 lowest 5 highest)		
Over what period should cover / investment extend?		

## 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		

## NOTES

# 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

# Wills & Inheritance Tax

## 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 lowest 5 highest )		
Over what term should cover extend?		

## NOTES

## General Notes

## 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

consent to being contacted in the future to review arrangements.

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:

# Investment Risk

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

## CATEGORY

### 1: Ultra cautious

You would prefer to have no investment in stock markets whatsoever and are prepared to accept the inflationary risk that this implies. Investments in this area will include: Deposit Accounts and Cash ISAs

### 2: Cautious to realistic

You would like to benefit from long term investment returns but are wary of stock market volatility and would like to make some compensation by means of lower risk investments. Investments in this area will include: With Profits Funds, Cautious Managed Funds and Corporate Bond Funds.

### 3: Realistic

You would like to take advantage of equity investments with the prospect of good long term returns and can accept increased short term volatility, but not to the detriment of either your long term or short term financial security. Investments in this area will include: EU and UK Equity Funds, Distribution Funds and Equity Managed Funds.

### 4: Speculative

You would like some investment in higher risk investments which carry the risk of potential loss of capital. Investments in this area will include: Global Collective Investments and Offshore Bonds.

### 5: Highly speculative

You are willing to accept the risk of considerable loss of capital in order to gain potentially higher returns. Investments in this area will include: Enterprise Investment Schemes, Venture Capital Trusts, Film Partnerships, direct Equities and Unregulated Collective Investments.

## 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.

## Summary of attitude to investment risk

	Investment		Savings		Retirement	
	Client	Partner	Client	Partner	Client	Partner
Attitude to risk (1 lowest 5 highest )						
Do you wish to invest in specialist or ethical investments?						

## **Current Provisions**









# 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

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

Would you like to review your existing investment / savings ?

If Yes, please give details:





