

Core Financial Information

Client Reference

Client 1

Client 2

In order for you to be in a position to offer your client advice regarding their financial planning requirements, it is essential that you obtain current and relevant information i.e. to satisfy the FSA's 'know your client' requirements. Therefore, please complete the following details as comprehensively as you are able to.

If the client chooses to omit various sections, they should be made aware that your advice will be based only on the information they provide.

Date of completion

Update 1

Update 2

Date of issue

IDD

Client agreement

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Reasons for Meeting

Unless requested by the client, a full review will be carried out. If your client wishes to restrict advice to specific areas then you must ensure that sufficient / key information is obtained in that area in order for you to ensure that any recommendations made, are suitable.

Restricted review/Limited advice Yes* No

*Please complete the below table to indicate which areas are to be reviewed:

	Client 1	Client 2
Personal protection (death, ill health, medical costs etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Pension Planning	<input type="checkbox"/>	<input type="checkbox"/>
Retirement options	<input type="checkbox"/>	<input type="checkbox"/>
Investment planning (either regular, lump sum or both)	<input type="checkbox"/>	<input type="checkbox"/>
IHT Planning	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage needs	<input type="checkbox"/>	<input type="checkbox"/>
Equity Release	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>
General Insurance needs	<input type="checkbox"/>	<input type="checkbox"/>

Notes regarding your clients needs:

Core Details

Client One

Client Two

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Forenames		
Surname		
Full Postal Address		
Postcode		
Email address		
Home/Mobile Telephone	H: M:	H: M:
Date of Birth		
Sex		
Marital Status		
Are you in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Do you smoke?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
UK domiciled & UK tax resident	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Employment Status	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Job Seeker <input type="checkbox"/> Other* <input type="checkbox"/>	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Job Seeker <input type="checkbox"/> Other* <input type="checkbox"/>
Occupation		
Employer's Name		
National Insurance Number		
Intended Retirement Age		

*provide details in the notes section including items like medication, residence status etc.

Do you have any dependents? Yes No

Dependant's Name	D.O.B	Dependent On	Relationship & Reason for Dependency

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Income

	Client 1	Client 2
Gross employment income (monthly)	£	£
Gross self-employed income* (monthly)	£	£
Gross pension income (monthly)	£	£
Any additional gross income received including bonuses* (monthly)	£	£
Total gross income (monthly)	£	£
Total net income (monthly)	£	£
Current tax position	Nil Rate <input type="checkbox"/> Lower Rate <input type="checkbox"/> Basic Rate <input type="checkbox"/> Higher Rate <input type="checkbox"/>	Nil Rate <input type="checkbox"/> Lower Rate <input type="checkbox"/> Basic Rate <input type="checkbox"/> Higher Rate <input type="checkbox"/>
Are you aware of any likely changes to your income or employment status?	<input type="checkbox"/> Yes** <input type="checkbox"/> No	<input type="checkbox"/> Yes** <input type="checkbox"/> No
Salary review date		

* full details need to be recorded in the 'Detailed Self Employed Income' section below

** full details need to be recorded in the notes section.

Detailed Self Employed Income

	Client 1	Client 2
Number of years in business		
Last 3 years pre tax net profit		
Year 1	£	£
Year 2	£	£
Year 3	£	£
Any additional income received*	£	£
Are accounts available?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No

*full details need to be recorded in the notes section.

Monthly Expenditure Details

	Client 1	Client 2	Joint
Fixed Household Costs	£	£	£
Mortgage / Rent	£	£	£
Council Rates	£	£	£
Water Rates	£	£	£
Gas	£	£	£
Electricity	£	£	£
Telephone/Broadband/Mobile	£	£	£
Food shopping	£	£	£
Building/contents insurance	£	£	£
TV / Satellite / Cable	£	£	£
Transportation Costs	£	£	£
Fuel	£	£	£
Car Tax	£	£	£
Car insurance	£	£	£
Servicing and maintenance	£	£	£
Breakdown cover	£	£	£
Public Transport	£	£	£
Financials	£	£	£
Credit/Store Card repayments	£	£	£
Loans/HP/Rental agreements	£	£	£
Savings	£	£	£
Life Insurance	£	£	£
Pension contributions	£	£	£
Accident & Sickness Cover	£	£	£
Healthcare (dentist, etc)	£	£	£
Miscellaneous	£	£	£
Maintenance / Alimony	£	£	£
School Fees	£	£	£
Holidays	£	£	£
Clothing	£	£	£
Socialising			
Other Ad Hoc costs i.e. presents	£	£	£
Total Monthly Outgoings	£	£	£
Surplus Income	£	£	£

(net monthly income less total outgoings)			
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Summary of Assets (further details need to be provided in the policy schedule)

	Client 1	Client 2	Joint
Home	£	£	£
Other property	£	£	£
Cash	£	£	£
Investment Bonds	£	£	£
Pension Funds	£	£	£
ISA/PEP's	£	£	£
Unit/Investment Trusts OEICS	£	£	£
Shares	£	£	£
Business Assets	£	£	£
All Other Assets	£	£	£
Total Assets	£	£	£

Summary of Liabilities

	Client 1	Client 2	Joint
Mortgage (main residence)	£	£	£
Credit cards	£	£	£
Overdraft	£	£	£
Loans/HP	£	£	£
Mortgage (other property)	£	£	£
Any Other Lending*	£	£	£
*please provide details in the notes section			
Total Debt	£	£	£

Breakdown of Liabilities

Does your client have a mortgage? Yes* No

Provider	Mortgage Owner	Type	Repayment Date	Interest Basis	Amount O/S	Interest rate payable	Current deal end date	Redemption penalty end date
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/> Both <input type="checkbox"/>		Fixed <input type="checkbox"/> Discount <input type="checkbox"/> Variable <input type="checkbox"/> Other* <input type="checkbox"/>	£			
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/> Both <input type="checkbox"/>		Fixed <input type="checkbox"/> Discount <input type="checkbox"/> Variable <input type="checkbox"/> Other* <input type="checkbox"/>	£			
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/> Both <input type="checkbox"/>		Fixed <input type="checkbox"/> Discount <input type="checkbox"/> Variable <input type="checkbox"/> Other* <input type="checkbox"/>	£			
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/> Both <input type="checkbox"/>		Fixed <input type="checkbox"/> Discount <input type="checkbox"/> Variable <input type="checkbox"/> Other* <input type="checkbox"/>	£			

Does your client have any Credit/Store cards? Yes* No

Provider	Card Owner	Amount O/S	Interest rate %	Introductory rate?	Monthly repayment
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	£		<input type="checkbox"/> Yes* <input type="checkbox"/> No	£
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	£		<input type="checkbox"/> Yes* <input type="checkbox"/> No	£
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	£		<input type="checkbox"/> Yes* <input type="checkbox"/> No	£
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	£		<input type="checkbox"/> Yes* <input type="checkbox"/> No	£

Does your client have any Loans? Yes* No

Provider	Loan Owner	Amount O/S	Repayment date	Interest rate %	Secured loan?	Monthly repayment
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	£			<input type="checkbox"/> Yes* <input type="checkbox"/> No	£
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	£			<input type="checkbox"/> Yes* <input type="checkbox"/> No	£
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	£			<input type="checkbox"/> Yes* <input type="checkbox"/> No	£
	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>	£			<input type="checkbox"/> Yes* <input type="checkbox"/> No	£

*please provide details in the notes section.

Will

Client 1

Client 2

Have you made a will?

Yes No*

Yes No*

Please confirm the main provisions in the notes section.

*If no, please explain why this has not been considered in the notes section.

Below are some example questions relating to wills:

Are the wills up to date?

Do they reflect your client's ongoing requirements?

Is your client's children's guardianship catered for in the will?

Does your client own a foreign property? (UK will may not be valid for foreign property)

Has your circumstances changed since last updating your will? E.g. remarried

Notes

Please detail here any additional information for answers marked with an * and any other relevant details felt pertinent such as potential impending employment changes.

Investor Risk Profile

Establishing the level of risk a client is willing and able to take is the cornerstone of any investment recommendation and is critical to assessing suitability.

A client's investment risk profile will change based on their age, the length of the investment term, the reason(s) for the investment (i.e. goals) and the importance of the investment.

Due to the importance in determining your client's correct investment risk profile, we have specially developed an 'Investor Risk Profiler' document to assist you in establishing a client's risk profile.

If the recommended 'Investor Risk Profiler' document is used to determine your client's investment risk profile, please confirm / record the overall risk profile and any goal-driven risk profiles(s) below.

The below overall risk profile / goal-driven risk profile(s) have been agreed following the completion of the 'Investor Risk Profiler' document dated: _____

Confirmation of overall risk profile

Agreed overall risk profile

Goal-driven risk profile(s)

Goal 1

Goal description

Agreed goal risk profile

Goal 2

Goal description

Agreed goal risk profile

Policies

For employer benefits please include these where possible in the following tables (for PHI these need to be included in the notes section) with the owner as employer, with plan types such as DIS – death in service, FS - final Salary scheme.

Protection And General Insurance Policies

Do you currently have any policies? Yes*

No

Owner	Provider	Policy Number	Product/Plan Type	Gross Premium (£)	Premium Frequency	In Force	Waiver	In Trust

If you wish to provide details of the funds invested in refer to next page.

Pension Policies

Do you currently have any policies? Yes* No

Owner	Provider	Policy Number	Product/Plan Type	Premium (£)	Premium Frequency	In Force	W

If you wish to provide details of the funds invested in refer to next page.

Savings And Investment Policies

Do you currently have any policies? Yes* No

Owner	Provider	Policy Number	Product/Plan Type	Premium (£)	Premium Frequency	In For

Funds

Policy Number	Owner	Fund Name	Amount (£)

Client Categorisation

I am required to classify clients, before conducting designated investment business, into one of 3 groups define as follows:

Retail Client Afforded the highest level of regulatory protection. Retail clients are generally individual clients and small businesses or trusts.

Professional Client Considered to be more experienced, knowledgeable and sophisticated, able to assess their own risk. The definition also includes “elective professional clients” who have chosen to “opt up” and be classified as professional clients.

Eligible Counterparty Subject to a lighter touch regulatory regime – generally this will include regulated financial institutions, government bodies, central banks, supra national organisations.

Based on these I have classified you as:

Retail Client <input type="checkbox"/>	Professional Client <input type="checkbox"/>	Eligible Counterparty <input type="checkbox"/>
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Declarations

Client Declaration (please read carefully and then sign and date below)

I/we confirm that the information I/we have provided is, to the best of my /our knowledge correct. I/we have provided this information understanding that it is used to form the basis of any advice and recommendations made to me/us and that I/we are not under any obligation to take up any recommendation made.

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

I/we understand that I/we need to provide full information for the relevant area of advice to enable the adviser to make appropriate recommendations and that if any relevant information is withheld it could have an effect on the recommendations that have been made.

NB: Please understand that we reserve the right to decline to give advice if full information is not provided.

ADDITIONAL CLIENT DECLARATION (Please tick this box if the following is applicable)

PERMISSION TO CONTACT MORTGAGE CUSTOMERS IN FUTURE

We would like to contact you from time to time by telephone or other interactive means to discuss your mortgage arrangements (and home reversion or sale and rent back schemes where relevant). This will enable us to ensure your mortgage is suitable for you at all times, remind you when any special introductory rates you may have are due to end and to check you are happy with your mortgage. In order for us to do this, we need to obtain permission from you.

By ticking the above box you understand you are giving your permission for us to contact you by telephone or other interactive means when we deem necessary regarding your mortgage arrangements over the next _____ months/years.

Client Declaration

Client 1 - Name	Signature	Date
Client 2 - Name	Signature	Date

Adviser Declaration

Adviser	Signature	Date
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