**CONFIDENTIAL**

**CLIENT FINANCIAL REVIEW**

**For**

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| **Client One** |  |
|  |  |
| **Client Two** |  |

**Financial Services and Markets Act 2000**

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

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| --- | --- |
| Date of First Meeting |  |
| Meeting Venue |  |
| Customers Present |  |
| Third Party Present |  |
| **Presale Documents Provided** |  |
| * Client agreement |  |
| * Customer Privacy Notice |  |
| * Service Proposition |  |
| Reference number of Client Agreement provided |  |
| Date the Client Agreement was provided |  |

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| **Aims and Objectives** |
| **Please describe your main aims and objectives** |

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| **Basic Details** | S | P |
| Title |  |  |
| First Name (s) |  |  |
| Surname |  |  |
| Date of Birth |  |  |
| Gender |  |  |
| National Insurance Number |  |  |
| Marital Status |  |  |
| Are you currently in good health? If no, please provide details in notes section |  |  |
| Occupation |  |  |
| What is your intended retirement age? |  |  |

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| **Family and Dependents** | | | |
| Full Name | Date of birth | Relationship | Dependent of |
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| **Address – (Include the client’s previous address if they have lived in their current address for 3 years or less)** | | |
|  | S | P |
| Home address |  |  |
| Post Code |  |  |

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| **Phone & E-Mail Contacts** | | | |
|  | S | P | Preferred |
| Home |  |  |  |
| Work |  |  |  |
| Mobile |  |  |  |
| E-Mail |  |  |  |

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| **Employment Details** | | |
| Current Employment Details | | |
|  | S | P |
| Main occupation |  |  |
| Business |  |  |

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| --- | --- | --- | --- | --- |
|  | S | | P | |
|  | Amount | Frequency | Amount | Frequency |
| Basic income | £ |  | £ |  |
| Overtime | £ |  | £ |  |
| Pension | £ |  | £ |  |
| State pension | £ |  | £ |  |
| Investment Income | £ |  | £ |  |
| Profit (pre tax) | £ |  | £ |  |
| Rental Income | £ |  | £ |  |
| Other | £ |  | £ |  |

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| **Assets (excluding Investments)** | | | | |
| Description | Owner (S,P,J) | Original Value | Asset Value Date | Asset Value |
| Main Home |  |  |  |  |
| Property |  |  |  |  |
| Business |  |  |  |  |
| Other (specify in notes) |  |  |  |  |
|  |  |  | Total |  |

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| **Cash Deposits/Savings (including cash ISAs)** | | | | |
| Owner (S,P,J) | Provider | Account Type | Current Balance | Interest Rate |
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|  |  | S Total |  |  |
|  |  | P Total |  |  |
|  |  | J Total |  |  |

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| **Investments** | | | | | | | |
| Owner  (S,P,J) | Provider | Policy Number | Investment Type | Regular Premium? | Current Value | Maturity Date | Income |
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|  |  |  |  | S Total |  |  |  |
|  |  |  |  | P Total |  |  |  |
|  |  |  |  | J Total |  |  |  |

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| **Liabilities** | |
| It is desirable that a greater priority be given to the repayment/reduction of your debt prior to making an investment or committing to a regular contribution. | |
| Do you have any liabilities? | Y/N |
| Do you wish to consider repaying or reducing any liabilities | Y/N |
| If No, why do you not want to consider this? | |

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| **Loans/ credit cards/ etc** | | | | | |
| Lender |  |  |  |  |  |
| Owner |  |  |  |  |  |
| Type (C/card, loan, mortgage, etc) |  |  |  |  |  |
| Original Amount |  |  |  |  |  |
| Amount O/s |  |  |  |  |  |
| Repayment? |  |  |  |  |  |
| Interest rate (if known) |  |  |  |  |  |
| Monthly amount |  |  |  |  |  |
| Start date |  |  |  |  |  |
| Term (years) |  |  |  |  |  |

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| **Affordability** | |
| I/ We confirm that following regular expenditure, I/We have an excess of income of approximately  £ per month and/ or £ as a lump sum | |
| Estimate of essential living costs | £ |
| Estimate of optional living expenses | £ |
| Estimate of total | £ |

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| **Personal Objectives (Investments)** |
| Goals / Needs – (In the clients own words) |

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| **How important is it to you to know that your funds you invest in only trade in socially responsible areas of investment?** | |
| Very Important |  |
| Neither Important or Not Important |  |
| Not Important |  |

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| **Summary of Savings and Investments/Goals and Needs** |
| Agreed amount for single investment - £  Details of the source of the investment monies –  Has the client(s) utilised their ISA allowance for the current tax year? YES / NO |

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| **Attitude to risk** |

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| **When it comes to investing, how would you describe yourself?** | |
| No understanding / knowledge |  |
| Very little understanding / knowledge |  |
| A fair degree of understanding / knowledge |  |
| A high level of understanding / knowledge |  |

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| **Risk Profile** | |
| What knowledge and experience do you have of retirement and investment products? | |
| S | P |
|  |  |
| Have you experienced losses in the past? Please describe how you lost and what your reaction was | |
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| **Capacity for loss** | |
| How would clients react to loss in capital value and can they cope with losses? | |
| S | P |
|  |  |

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| **Retirement** | |
| In today’s terms how much do you think you anticipate you will need in retirement?  Either as £ or a % of salary | |
| S | At age required: |
| P | At age required: |

|  |  |
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| **Existing Work Pension Plans** | |
| Are you, or have you been a member of a company pension scheme? | |
| S | Yes/No |
| P | Yes/No |
| If YES please provide as much information below about your company pension scheme(s) as you can | |
| Company | Information |
|  |  |
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| **Other Pension Plans** | | | | | | |
| Owner | Type | Provider | Policy No | Retirement  Age | Payment (M/S/A)  Self or employer | Value |
|  |  |  |  |  | £ | £ |
|  |  |  |  |  | £ | £ |
|  |  |  |  |  | £ | £ |
|  |  |  |  |  | £ | £ |
|  |  |  |  |  | £ | £ |
|  |  |  |  |  | £ | £ |

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| **Personal Objectives / Notes (Retirement)** |
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| **Accessing pension benefits** | | |
| Do you require a tax-free cash sum from your pension? | Y / N | Y / N |
| If **YES**, how much do you require? | £ | £ |
| What is the purpose of this lump sum? | | |
| Reasons for not taking TFC | | |
| Do you require your income to increase each year in retirement? | Y / N | Y / N |
| Do you require the maximum possible income throughout retirement? | Y / N | Y / N |
| Do you require the opportunity to vary your income according to your needs? | Y / N | Y / N |
| Do you foresee changes which may cause a greater or lesser income requirement? | Y / N | Y / N |
| Do you or your employer expect to carry on paying pension contributions in the future? If yes, please provide details in the Notes section on the next page including likely amounts. | Y/N | Y/N |
| Can the clients benefit from enhanced annuity rates? If yes please provide details below in the notes section. | Y/N | Y/N |

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| **Personal Objectives / Notes (Accessing pension benefits)** |
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| **Protection** | | | | | | |
| Do you or your partner have any cover in place to protect in the event of death and/ or critical illness, including any mortgage | | | | | | |
| S | | | | Yes/ No | | |
| P | | | | Yes/ No | | |
| Life Covered | | Provider | Policy Number | Life crit both | Sum assured | Cost & Freq |
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| How would you address death or a critical illness | | | | | | |
| What would you like to happen? | | | | | | |
|  | | | | | | |
| **Income Protection** | | | | | | |
| Do you or your partner have any cover in the event of being unable to work due to ill health or incapacity | | | | | | |
| S  P | | Yes /No | | | | |
| Yes/ No | | | | |
| Owner | | Provider | Policy Number | Deferred period | Cover | Cost & Freq |
|  | |  |  |  |  |  |
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| How long will your employer pay your salary in the event of ill health? | | | | | | |
| S |  | | | | | |
| P |  | | | | | |

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| --- | --- | --- | --- | --- |
| Are you a smoker | S | Yes/ No | P | Yes/ No |
| Are you generally in good health | S | Yes/ No | P | Yes/ No |
| Do you have private Medical Insurance | S | Yes/ No | P | Yes/ No |
| Who is it with? |  | |  |  |
| What is the premium and renewal date? |  | |  |  |

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| **Estate Planning** | | |
|  | S | P |
| Have you made a will | Yes/ No | Yes/ No |
| If yes, please give main details | | |
| Executors |  |  |
| Have made, or do you intend to make any gifts for IHT purposes? |  |  |
| Do you expect to receive any gifts of inheritance? |  |  |
|  |  |  |
| Do you have a Lasting Power of Attorney in place? | Yes/ No | Yes/ No |
| If NO, do you know what would happen if you lost mental capacity? | | |

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| **Declaration** | | | | | | | |
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| **PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.** | | | | | | | |
| I/We confirm that the information given and recorded on this form are is correct, and understand that it shall form the basis for all advice offered. | | | | | | | |
| **I HAVE ALSO RECEIVED A CLIENT AGREEMENT / INITIAL DISCLOSURE DOCUMENT AND BUSINESS CARD FROM MY ADVISER.** | | | | | | | |
|  | |  |  | |  |  | |
| Signature |  | | |  |  | |  |
| Date |  | | |  |  | |  |
|  | | | | | | | |
| Adviser Signature |  | | |  |  | | |
| Date |  | | |  |  | | |
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