

# Client Financial Information Form



## Office Use

Date of Meeting	<input type="text"/>	Identification	<input type="text"/>
Persons Present at Meeting	<input type="text"/>	Privacy Policy Issued/Discussed	<input type="text"/>
Source of Introduction/Referral	<input type="text"/>	Terms of Business Issued	<input type="text"/>
Scope of Advice	<input type="text"/>		

## Personal Details

**SELF**

Title  Forenames  Surname  Known As

Date of Birth  Marital Status  NI No.  Retirement Age

Address

Post Code  Country of Residence  Domicile

Tel. (Home)  Tel. (Work)  Mobile No.  Email

Are you in good health? YES  NO  Do you smoke? YES  NO  Have you smoked in the last 12 months? YES  NO

Have you made a Will? YES  NO

**PARTNER**

Title  Forenames  Surname  Known As

Date of Birth  Marital Status  NI No.  Retirement Age

Address

Post Code  Country of Residence  Domicile

Tel. (Home)  Tel. (Work)  Mobile No.  Email

Are you in good health? YES  NO  Do you smoke? YES  NO  Have you smoked in the last 12 months? YES  NO

Have you made a Will? YES  NO

If yes, what are the main provisions of the Wills of yourself and your partner?

Children	Dependent	Living with Client	Ages	DOB
<input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Any other Dependents?

## Attitude to Risk

### General Views

## Employment Details

**SELF** Occupation

Employment Status  Employer's Name/Name of Company

Income Details Gross (p.a.)  £ Dividends  £ Bonuses  £

State Pension  £ Other Pension Income  £ State Benefits  £

**TOTAL**  £

**PARTNER** Occupation

Employment Status  Employer's Name/Name of Company

Income Details Gross (p.a.)  £ Dividends  £ Bonuses  £

State Pension  £ Other Pension Income  £ State Benefits  £

**TOTAL**  £

## Assets (Please Give Approximates)

### MAIN RESIDENCE

Current Value:  £ Ownership  Mortgage Provider

Mortgage Cost  £ Type of Mortgage/Term  Outstanding Mortgage Balance  £

### SECOND PROPERTY

Current Value:  £ Purchase Price  Ownership

Mortgage Provider  Mortgage Cost  £ Type of Mortgage/Term

Outstanding Mortgage Balance  £ Monthly Rental Income  £

### ADDITIONAL PROPERTY

Current Value:  £ Purchase Price  Ownership

Mortgage Provider  Mortgage Cost  £ Type of Mortgage/Term

Mortgage Provider  £ Monthly Rental Income  £

INVESTMENT TYPE	SELF/PARTNER	PROVIDER	CURRENT VALUE	TERM/MATURES
Emergency Funds	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>
Current Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>
Savings Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>
Cash ISAs	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>
Premium Bonds	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>
Stocks & Shares ISAs	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>
Shares	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>
Unit/Investment Trust	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>
Investment Bonds	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/> £	<input type="text"/>

Have you used your ISA Allowance this tax year? **SELF** YES  NO  **PARTNER** YES  NO

If 'Yes' how much have you used **SELF**  £ **PARTNER**  £

## Personal Liabilities

INVESTMENT TYPE	SELF	PARTNER	JOINT
Monthly Expenditure	£	£	£
Personal Bank Loans	£	£	£
Credit Card Balance	£	£	£
Other Liabilities			

## Pension Arrangements

Have you joined your Employer Pension Scheme? **SELF** YES  NO  **PARTNER** YES  NO

### Type of Pension & Insurance Company

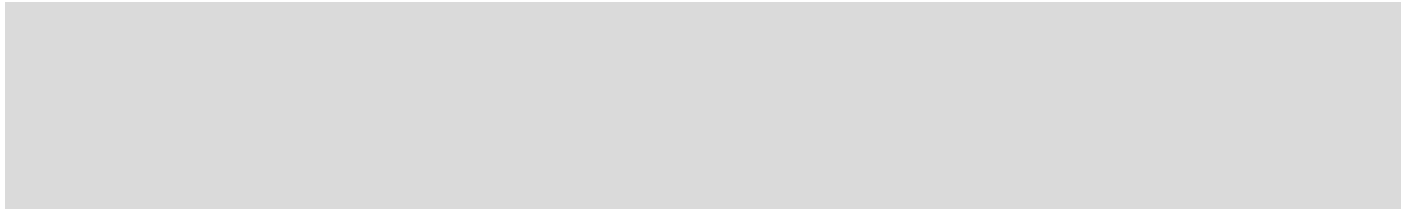
	POLICY NUMBER	POLICY STATUS	RETIREMENT AGE	PERSONAL CONTRIBUTIONS	OTHER CONTRIBUTIONS	PRESENT VALUE/ESTIMATE
<b>SELF</b>						
<b>PARTNER</b>						

Retirement Income Target/Requirement **SELF** £  **PARTNER** £   
(net – in today's money)

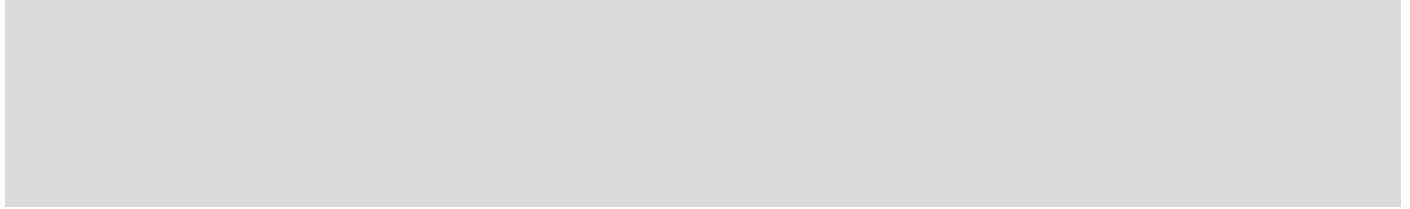
## Life Cover/Critical Illness Cover

	INSURANCE COMPANY	TYPE OF POLICY	START DATE	TERM	SUM ASSURED	PREMIUM
<b>SELF</b>						
<b>PARTNER</b>						
<b>OTHER PROTECTION ARRANGEMENTS</b>						

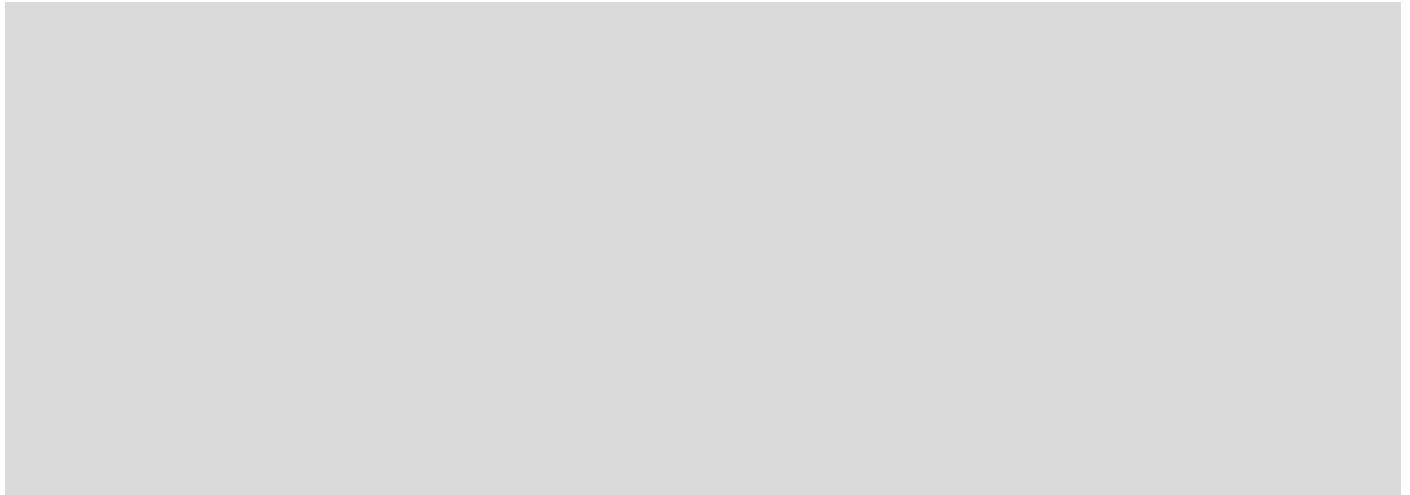
Time Horizon for Investment



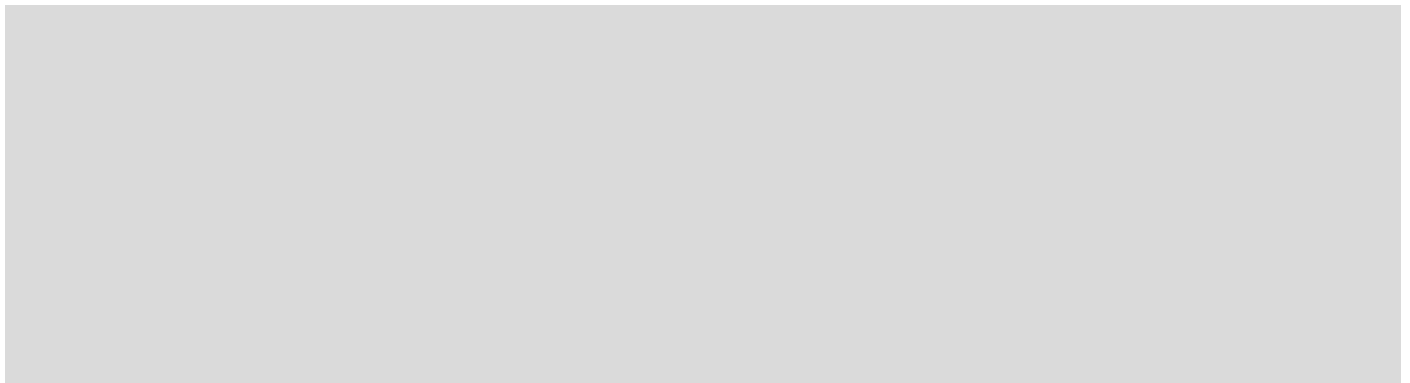
Income or Growth



General Objectives



Additional Information



The information requested is required to ensure that the financial advice offered is appropriate to your personal circumstances. Failure to provide some information may lead to inappropriate advice being given. Not all of the information supplied to us will be necessarily essential. This information will be held on our database as the basis for future advice.

If there are any changes to this information after our recommendations have been put into effect tell us as soon as possible so that we can let you know what action, if any, will be best for you. We strongly recommend that you let us know before changes occur so that we can advise you of the various alternatives available to you and where there is a choice recommend a suitable method of making the change.

This information is provided on the understanding that it will be used in strict confidence and that it places you under no obligation to take any suggested recommendations.

**NAME:**

**Signature:**

**Date:**

**NAME:**

**Signature:**

**Date:**