

Confidential Financial Review Form

Name

Completed by

on



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 1988. The information may also be used by Howard Financial Services Limited, to provide you with the details of products suitable to your requirements.

Howard Financial Services Limited are regulated by the Financial Services Authority

1. Personal Details

Self

Partner

Title Mr/Mrs/Miss/Ms/Other

First Name(s)

Surname

Home Address

Post Code

Address valid from

Residential Status

Telephone No.

Mobile No.

Fax No.

Email Address

Special Mailing

Instructions

Age	DOB
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Age	DOB
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Age and Date of Birth

Place of Birth

Marital Status

UK Resident for tax purposes

Residency for tax purposes

Passport Number

Domicile/Citizenship

National Insurance No.

Sex

Male

Female

Male

Female

Client Classification

Former Name

Previous Address

Notes For office use only

2. Dependants/Children

Education Funding inc College/University Expenses
 Please complete this section if you are considering educational funding.

Name	Relationship	Date Of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes

Start Year	Years	Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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Notes

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

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 this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

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 this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<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	Repayment <input type="checkbox"/>	Interest Only <input type="checkbox"/>	
Lender	<input type="text"/>		
Mortgage Ref.	<input type="text"/>		
Amount Outstanding	£ <input type="text"/>		
Original Term	<input type="text"/> Years		
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. Income Details

	Self	Partner
Basic Annual Income	£	£
Regular Overtime	£	£
Bonus/Commission	£	£
Car Allowance	£	£
P11D Benefit <small>Please describe</small>	£	£
Bank/ B.Soc. Interest	£	£
Investment Income	£	£
Trust Income	£	£
Rental Income	£	£
PHI Income	£	£
State Benefits	£	£
Maintenance	£	£
Pension Income	£	£
Tax Free Income	£	£
Other Income <small>Please Describe</small>	£	£
	£	£
	£	£
Total Annual Income	£	£
Tax Rate	%	%
Tax Allowance	£	£

Salary Review Date

Self

Partner

Trading Year End

Self

Partner

P11D Benefit Description

Self

Partner

Do you anticipate any changes to your Income?

6a. Main Employment Details

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 days
 then reduced pay for days
 at % of full pay.

On Full Pay days
 then reduced pay for days
 at % of full pay.

Do you anticipate any changes to your circumstances or employment?

<input type="text"/>	<input type="text"/>
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If yes, please give details

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

<input type="text"/>	<input type="text"/>
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6b. Additional Employments

Owner <input type="text"/>	Employee Status <input type="text"/>	Salary Last Updated <input type="text"/>
Address <input type="text"/>		Firm <input type="text"/>
<input type="text"/>		Phone <input type="text"/>
<input type="text"/>		Fax <input type="text"/>
Notes <input type="text"/>		

7a. Business Interests

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

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

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

7b. 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"/>		

8. Expenditure Details

Property

Self

Partner

Joint

Mortgage / Insurance

£

£

£

Property Costs

£

£

£

Utilities

£

£

£

Property Maintenance

£

£

£

Household

Living Expenses

£

£

£

Travel Expenses

£

£

£

Leisure

£

£

£

Other

£

£

£

All insurance / Pensions

£

£

£

Regular Savings

£

£

£

Loans / Credit / HP

£

£

£

Total

£

£

£

Do you anticipate any changes to your Expenditure?

Self

Partner

Please provide details

Notes

Regular Property Commitments: Specified items

Property Cost

Description	Amount	Frequency	Next Payment
Property Cost			
Council Tax			
Rent / Board			
Ground Rent			
Lease			
Service Charge			

Utilities

Description	Amount	Frequency	Next Payment
Utilities			
Electricity			
Gas			
Fuel			
Water			
Telephone			
Internet			
TV licence			

Property Maintenance

Description	Amount	Frequency	Next Payment
Property Maintenance			
Maintenance			
Decorating & DIY			
Cleaning			
Gardening			
Other			

Regular Household Commitments: Specified items**Living**

Description	Client	Partner	Joint	Total
Living				
Groceries				
Clothing				
Footwear				
Cosmetics / Personal Care				
Personal Communication				
Dependants Expenses				
Pets				
Medical				
Other-Living				

Travel

Description	Client	Partner	Joint	Total
Travel				
Vehicle Servicing / MOT				
Vehicle Tax				
Vehicle Insurance				
Parking				
Road Toll / Congestion Charge				
Leasing				
Breakdown / Recovery				
Fuel				
Rail Fares				
Bus Fares				
Taxis				
Flights				
Other-Travel				

Leisure

Description	Client	Partner	Joint	Total
Leisure				
Hobbies				
Books / Magazines / Subscriptions				
Cinema / Theatre				
Multimedia (DVD, CD)				
Restaurants				
Electronic Equipment				
Health / Sports Club				
Sports Equipment				
Holidays				

Personal Discretionary				
Other-Leisure				
TV Subscriptions				

Other-Other

Description	Client	Partner	Joint	Total
Other-Other				
Advisers				
Gifts				
Debt				
Insurance				
Savings				
Tax				
Other-Other				

Regular Commitments: Specified Items

Capital Expenditure:

Owner

Description

Expenditure Type

Purchase Date Repurchase every Months Purchase Cost

Depreciation % pa

Keep Until Or Client Aged Years

Notes

9. Affordability

Self

Partner

What amount can you reasonably afford to invest?

per month

per month

lump sum

lump sum

For how long can you make this investment?

years

years

Please explain the source of these funds

10. 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 <small>Please describe</small>	£ <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"/>		

11. Liabilities

Owner	<input type="text"/>	Type	<input type="text"/>				
Lender	<input type="text"/>	Balance	<input type="text"/>	£	<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"/>	£	<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"/>	£	<input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>						

12. Investments

	Self	Partner	Joint
Bank Account	£	£	£
Building Society	£	£	£
National Savings	£	£	£
Shares/Equities	£	£	£
Loan Stocks & Gilts	£	£	£
TESSAs	£	£	£
ISAs	£	£	£
PEPs	£	£	£
Unit Trusts	£	£	£
Investment Trusts	£	£	£
Bonds	£	£	£
Other Investments	£	£	£
Total	£	£	£

Owner	Description	Premium / Freq	Cost	Value	Date Acquired

13. Pension Schemes

Self

Partner

At what age do you wish to retire?

Does your company operate a pension scheme?

Are you now, or will you become eligible to join?

Have you joined or do you intend to join?

From what date will you be eligible to join?

Has the information in the previous four questions been verified with your employer?

Were you once a member but have now left the scheme?

Why have you decided not to join or leave the scheme?

Does your company intend to operate a pension scheme in the near future?

Have you applied for enhanced protection?

Have you applied for primary protection?

If yes, what is your primary protection factor ?

 %

 %

Lifetime Allowance

 £

 £

Employer Sponsored Pensions

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

Employers Name

Managers Name

Retirement Date

Pensionable Service start date

Date Joined Scheme

Contracted out

Yes No

Yes No

Your Gross Contribution

 £ %

 £ %

Death in Service

 £

 £

Widow(er)'s Pensions

 %

 %

Final Salary Schemes

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

Pension Basis (e.g. 60ths/80ths/Other)

 ths

 ths

Lump Sum in addition/by Commutation

 £

 £

Benefit Escalation rate in retirement

 %

 %

Money Purchase Schemes

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

Current Fund Value

 £

 £

Employer's Contribution

 £

 %

 £

 %

Additional Voluntary Contributions

AVC Contribution

 £

 %

 £

 %

List Group Pensions here:-

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="checkbox"/>	<input type="checkbox"/>
Life Assured/Policy Beneficiary	<input type="text"/>			

14. 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="checkbox"/>	<input type="checkbox"/>

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="checkbox"/>	<input type="checkbox"/>

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="checkbox"/>	<input type="checkbox"/>

* Date contributions ceased or date left employment

15. 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

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

16. 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"/>

17. Additional Notes

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18. 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"/> <small>per day</small>	<input type="text"/> <small>per day</small>
Do you drink alcohol?	Yes <input type="checkbox"/> <input type="text"/> <small>Units/week</small> No <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="text"/> <small>Units/week</small> No <input type="checkbox"/>
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"/>

19. Estate Planning and Inheritance

Self

Partner

Have you made a will?

If yes, what are the main provisions?

On what date was it made?

Does it reflect your current wishes?

Are you expecting an inheritance of any kind?

If yes, please give details.

Where is the will kept ?

19 (Cont'd). Lifetime Gift History

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

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

19 (Cont'd). Connection with Trusts

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

20. 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

20 (Cont'd). 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

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

21. 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 style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
If your partner were to die	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
If you were disabled, sick or redundant	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
If your partner were disabled, sick or redundant.	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
When you retire	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	
When your partner retires	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	

	Client	Partner
How much money do you need as an emergency fund?	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>
Are you making any provision for your long term care ?	<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>

22. Data Protection Act 1998

Do you have any objection to your details being stored on computer?

Yes No

Preferred Contact Method

Self

Method

Details

Time

Morning Afternoon Evening

Notes

Contact and
Marketing Options

Do Not Telephone Do Not Email
 Do Not Mail Do Not Fax
 Do Not Visit

Partner

(Telephone / Post /
Email / Fax / Visit)

Morning Afternoon Evening

Do Not Telephone Do Not Email
 Do Not Mail Do Not Fax
 Do Not Visit

23. Declaration

PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.

I/We confirm that the information given and recorded on this form is correct, and understand that it shall form the basis for all advice offered.

* I/We also confirm that the details given in Section 13. Pension Schemes regarding *my/our Company pension scheme are correct, and that *I/We have verified these with *my/our employer.

* Delete as applicable.

I HAVE ALSO RECEIVED THE INITIAL DISCLOSURE DOCUMENT, TERMS OF BUSINESS LETTER, DATA PROTECTION STATEMENT AND BUSINESS CARD FROM MY FINANCIAL ADVISER.

Signature

Signature

Date

Date