

Completed By:

Initial Date:

Update:

Client Information File

Your Financial Circumstances, Attitudes, & Objectives

CLIENT

TELEPHONE

POSTCODE

Advice Basis:

Information Status:

The purpose of this form is simply for us to share information about you, in order to provide you with the right Financial Advice. Please therefore take sufficient time to complete it carefully in as far as it is appropriate. Some questions and some item details may not be relevant to you.

You might like to include copies of any relevant Contract/Policy documents to ensure accuracy of information. We often find, on examining a document, that a policy or contract may not be what you think it is! These types of documents can be quite confusing; so let us help you check them over where necessary.

The more we know about you, and the better we understand you, the more we are able to help you. Too much information is better than too little. Therefore, please feel free to say as much as you like or what you consider relevant. You do not need to repeat any information already provided via an associated document.

In the interest of understandings and agreements, we will always provide you with file copies of this and all other documentation and transactions pertaining to you as our Client.

Financial Services & Markets Act 2000

As Independent Financial Advisers it is our duty, in accordance with the Financial Conduct Authority, to always act in your best interests. We must therefore ensure that we are fully aware of your relevant financial circumstances, attitudes, and objectives in order to provide you with appropriate and effective advice.

Data Protection Act 1998

The information recorded in this document will be retained by us, and will form the basis of your Client Information File. We will only use this information for its intended purpose of providing you with Independent Financial Advice and other associated services in our professional capacity. We will not otherwise disclose or share this information with anyone else for any other purpose.

About You / Your Partner / Your Family

Self

Title
Forenames
Surname

DOB / Age
N.I. Number

Gender
Marital Status
Nationality
Residency

Occupation
Job Title/Description
Employer/Business
Income Status
Gross Annual Income
Net Monthly Income
Monthly Cost of Living
Other Monthly Spending
Monthly Balance

Telephone

Home
Mobile

Email Address

Personal
Other

Bank Account

Account Name
Account No
Bank Name
Sort Code

Transact Account Number / Start Date

Partner

Title
Forenames
Surname

DOB / Age
N.I. Number

Gender
Marital Status
Nationality
Residency

Occupation
Job Title/Description
Employer/Business
Income Status
Gross Annual Income
Net Monthly Income
Monthly Cost of Living
Other Monthly Spending
Monthly Balance

Telephone

Home
Mobile

Email Address

Personal
Other

Bank Account

Account Name
Account No
Bank Name
Sort Code

Transact Account Number / Start Date

Home Address (Main Residence)

House / Street / Town
County

Post Code

Other Family Members / Financial Dependants / Future Beneficiaries					
Name	DOB	Age	Relationship	Dependant	Resident

Key Notes - Client / Family / Discussions / Contractual Events

Your Financial Needs & Objectives

Please tell us about your Financial Objectives. The more you can tell us the better we can help you. Therefore, please say too much rather than too little. Use the headings to prompt you for the information you should provide - which can include known objectives, preferred outcomes, financial attitudes, and anything else you choose.

What.. do you want to achieve?	Why.. do you want to do this?	Who.. is it for?	When.. do you want to do this?	How... important is it?
<u>Objective 1.</u>				
<u>Objective 2.</u>				
<u>Objective 3.</u>				
<u>Objective 4.</u>				

Your Assets & Liabilities	Please detail all your important Financial Accounts/Policies/Contracts including Bank Accounts, Savings Accounts, ISA's, Investments, Pensions, Mortgages, & Loans etc.	Valuation	
		Date:	

Asset/Debt	Detail	Provider	Acct No	Owner(s)	Capital Value	Monthly Credits	Monthly Debits
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Please input All Capital Value Debts and Monthly Debt Payments as a **Negative Value (-)**

Totals

All quoted values are as at the above Valuation Date or as Last Known; and are subject to change at any given future time, and in accordance with the nature of the asset/liability.

Notes: Please add any notes or complete any further details that may be useful.

Your Estate

Self

Partner

1. Wills: Do you have a Will?

Is it up-to-date?

Is it Registered and/or Stored Securely?

2. Lifetime Liabilities:

Are you due to pay out any significant sums of money at any time in the future? If yes, details?

3. Lifetime Receipts:

Are you expecting to receive any significant sums of money at any time in the future? If yes, details?

4. Estate Value:

*Please input Jointly Owned Assets / Liabilities as **50/50** Shared Value*

*Please also input ALL Liabilities / Debts as a Negative Value **(-)***

Self

Spouse

Total

Main Residence

Other Residence Properties

Home Contents & Personal Belongings

Cars/Boats/Caravans etc

Cash

Investments

Pensions

Assets in Trust

Mortgages & Secured Loans

Credit Cards & Personal Loans

Net Estate Value

IHT Estate Value

IHT Allowance (Single/Joint)

Taxable Value

Tax Liability @ 40%

Please tell us anything else you think we should know about the Valuation or Inheritance Arrangements of your Estate: