Client Information File

Your Financial Circumstances, Attitudes, & Objectives

The sole purpose of this form is for you to tell about yourelf, so that we van 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 are often less than obvious; 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 you've already given to us.

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

Financial Services & Markets Act 2000

As Independent Financial Advisres 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	
Greeting	
Surname	

Partner	
Title	
Forenames	
Greeting	
Surname	

DOB / Age		
N.I. Number		

DOB / Age		
N.I. Number		

Gender	
Marital Status	
Nationality	
Residency	

Gender	
Marital Status	
Nationality	
Residency	

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

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

Joint Net Monthly Balance		Joint Net Monthly Balance

Telephone	
Mobile	
Landline	

Telephone	
Mobile	
Landline	

Email Address	
Personal	
Other	

Email Address	
Personal	
Other	

Bank Account	
Account Name	
Bank Name	

Bank Account	
Account Name	
Bank Name	

Home Address (Main Residence)			
Address 1		Address 2	
District/Locality		Postal Town	
County		Post Code	

Other Family Members / Financial Dependants / Future Beneficiaries

Name	DOB	Age	Relationship	Dependant	Resident

Notes / Further Information:

Your Financial Considerations & Objectives

Please tell us about your Financial Considerations & 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>				
Review and analyse all current and imminent Personal Finances.	Maximise immediate and future Financial Benefits and minimise potential losses and taxation liabilities.		Now	Firm Preference
<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 **

Note	Asset/Debt	Class *	Provider	Account No:	Owner(s)	Status	End Date	Source/Origin	Capital Value	Income Value	Monthly Credits	Monthly Debits

Please input All Capital Value Debts and Monthly Debt Payments as a ***Negative Value (-)***

Totals	Cash: **£0**	Investments: **£0**	Pensions: **£0**	Debts: **£0**	£0	£0	£0	£0

*** Pension Classes:** **PPA** = Personal Pension Account. **GPP** = Company (Group) Personal Pension. **PRO** = Protected Rights (Only) Personal Pension. **FSP** = Final Salary (Company) Pension.

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

** All quoted values are as at the above Valuation Date or as Last Known.

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 enter Jointly Owned Assets @ 50/50 Shared Value

	Self	Spouse	Total
Main Residence		£0	£0
Other Properties *		£0	£0
Personal Belongings,Cars/Boats/Collections etc	£0	£0	£0
Cash	£0	£0	£0
Investments	£0	£0	£0
Pensions	£0		£0
Assets in Trust	£0	£0	£0
Mortgages & Secured Loans	£0	£0	£0
Credit Cards & Personal Loans	£0	£0	£0
Net Estate Value	£0	£0	£0

* Please tell us anything else you think we should know about the Valuation or Inheritance Arrangements of your Estate, including primary details of any Other Properties.