

Completion Date:

Completed By:

## Client Information File

Your Financial Circumstances, Attitudes, & Objectives

Client:	
Forename	Surname
Town/Postcode	Tel No

Advice Basis: **Full (Objective) Review**

Information Status: **First Fact File**

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.

### 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.

# 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, and your financial attitudes.

**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 Family Tree

Please tell us about your relevant family as regards to your Financial Planning requirements:

Name	Age	Relationship	Status	Location	General Information

## About You & Your Family

Please tell us anything else you think we should know about you or your relevant family as regards to your Financial Planning requirements:


## Communication Options

Both we, and many of our 3rd Party Providers, use email and the internet quite extensively. Therefore, please tell us to what extent you are able to communicate in this way?

Post Only

Email & Internet

If you are able to communicate by email/internet, are you also able to do any of the following?

Send/Receive Attachments

Print

Scan

We will communicate with you by email and/or internet whenever possible, in the interests of both expediency, and the conservation of our environment. Please let us know if this is not ok with you. Thank you.

Your Occupation & Income	Yourself	Your Partner
--------------------------	----------	--------------

Job Title/Position		
Occupational Status		
Employer/Business Name		
Employee Ref No		
Start Date (Month/Year)		
Primary Gross Annual Income		
Payroll Pension Contribution		
Other Gross Annual Income		
Total Gross Income		
Income Tax Allowance		
Income Taxation Rate		
Nat Ins Rate		
Annual Net Income		
Monthly Net Income		

Total Household Income:		
-------------------------	--	--

This is the sum total of your combined net monthly income.

Total Household Expenditure		
-----------------------------	--	--

This is the sum total of your essential monthly living costs

Net Disposable Income		
-----------------------	--	--

This is your combined total income minus your total household costs.

Your Current/Household Bank Account	Self/Joint	Partner (if different)
-------------------------------------	------------	------------------------

Account Name (Owners)		
Bank/Building Society (Name)		
Branch (Name/Location)		
Branch Post Code		
Account Number (8 Digits)		
Sort Code (6 Digits)		

Occupation/Income Notes	Please itemise any income values and sources if you have more than one:	
-------------------------	---	--

Yourself	Your Partner

Your Health	Yourself	Your Partner
-------------	----------	--------------

What is your <b>Height</b> ?	<input type="text"/>	<input type="text"/>
What is your <b>Weight</b> ?	<input type="text"/>	<input type="text"/>
Are you in <b>Good Health</b> ?	<input type="text"/>	<input type="text"/>

If <u>not</u> please give details:	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
------------------------------------	---	---

Do you take any <b>Medication</b> ?	<input type="text"/>	<input type="text"/>
-------------------------------------	----------------------	----------------------

If <u>yes</u> please give details:	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
------------------------------------	---	---

Do you drink <b>Alcohol</b> ?	<input type="text"/>	<input type="text"/>
-------------------------------	----------------------	----------------------

If <u>yes</u> please give details:	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
------------------------------------	---	---

Do you <b>Smoke Tobacco</b> ?	<input type="text"/>	<input type="text"/>
-------------------------------	----------------------	----------------------

If <u>yes</u> please give details:	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
------------------------------------	---	---

Doctor	What is the Name/Address/Phone Number of your Doctor/Surgery?
--------	---

Yourself	Your Partner
Doctor:	Doctor:
Surgery:	Surgery:
Address:	Address:
Post Code:	Post Code:
Tel:	Tel:

Health Notes	Please tell us anything else you think we should know about your General Health...
--------------	--

Yourself	Your Partner
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

**Your Assets & Liabilities**

Please detail all your important Financial Accounts including Bank Accounts, Savings Accounts, ISA's, Investments, Pensions, Mortgages, Loans, Credit Cards, Life & Health Insurances..

Account/Asset	Acct No	Provider	Account Owner(s)	Start Date (Mth/Yr)	End Date (Mth/Yr)	Value/Benefit	Interest Rate	Monthly Credits/Debits	Purpose/Notes
<b>Totals</b>									

**Monthly Credits** are the amounts you receive from or deposit into an account. They are poitives. **Monthly Debits** are what an account costs you. They are negatives. Please write them as minus amounts.

You only need to summarise the aproximate **Account Values** including only summary **Monthly Credits & Debits**.

**Client Notes**

Please add any notes or complete any further details you wish us to consider..

## Your Estate

	Self	Partner
<b>1. Wills:</b> Do you have a Will?		
Is it up-to-date?		
Is it Registered and/or Stored Securely?		

	Self	Partner
<b>2. Lifetime Liabilities:</b>		
Are you due to pay out any significant sums of money at any time in the future? If yes, please give details...		

	Self	Partner
<b>3. Lifetime Receipts:</b>		
Are you expecting to receive any significant sums of money at any time in the future? If yes, please give details...		

**4. Estate Value:**

Please summarise the value of your Estate as follows:

	Self	Spouse	Total
Main Residence			
Other Properties			
Home Contents & Personal Belongings			
Cars/Boats/Caravans etc			
Cash Savings			
Investment Assets			
Pension Plans			
Other Assets			
Assets in Trust			
Mortgages & Secured Loans			
Credit Cards & Personal Loans			
<b>Total Estate Value</b>			
IHT Allowance *			
<b>Taxable Value</b>			
<b>Tax Liability @ 40%</b>			

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