

1 - PERSONAL DETAILS:

<u>YOU</u>		<u>PARTNER</u>	
Title: Name:		Title: Name:	
Address:		Address:	
Phone:H) W)		H) W)	
Fax) Email)		Fax) Email)	
Status:	Health:	Status:	Health:
Date of Birth:	Smoker: Y/N	Date of Birth:	Smoker: Y/N
Will Details:		Will Details:	
Occupation:		Occupation:	
NI Number:		NI Number:	

2 - DEPENDANTS:

Name:	Age:	M/F	Name:	Age:	M/F
Name:	Age:	M/F	Name:	Age:	M/F

3 - ASSETS:

	<u>YOU</u> <u>Please give value and fund name etc</u>	<u>PARTNER</u> <u>Please give value and fund name etc</u>	<u>JOINT</u> <u>Please give value and fund name etc</u>
Your House_	£	£	£
Other property	£	£	£
Bank	£	£	£
Building Society	£	£	£
TESSA/Nat Savings	£	£	£
ISA/PEP/Unit Trusts	£	£	£
	£	£	£
	£	£	£
	£	£	£
Investment Bonds	£	£	£
	£	£	£
	£	£	£
	£	£	£
Shares/Investment Trusts	£	£	£
Regular savings	£	£	£
Other	£	£	£
Total (Assets)	£	£	£

4 - LIABILITIES - (outstanding amounts)

Mortgage	£	£	£
Loans/H.P.	£	£	£
Overdraft	£	£	£
Other	£	£	£
Total (L)	£	£	£

5 - INHERITANCE TAX LIABILITY

(A) - (L)	£	£	£
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6 - Income:- Gross

Expenditure:

	<u>YOU</u>	<u>PARTNER</u>		<u>YOU</u>	<u>PARTNER</u>
Basic Income	£ pa	£ pa	Mortgage	£ pa	£ pa
Bonus	£ pa	£ pa	Loan/Overdraft	£ pa	£ pa
Dividend	£ pa	£ pa	Pension Contrib	£ pa	£ pa
Other	£ pa	£ pa	Insurances	£ pa	£ pa
			Living Costs	£ pa	£ pa
TOTAL (I)	£ pa	£ pa	TOTAL (E)	£ pa	£ pa

TAX RATE:

% %

DISPOSABLE INCOME (I - E) = £ _____ pa

7 - MORTGAGE:

Repayment or Interest Only	Is It Held Joint or Single Life?
Repayment Date/ Remaining Term:	Is It Repaid On Death (Y/N) or Illness (Y/N)

8 - PROTECTION:

	Type:(Term/Life/Critical Illness/Income Protection/etc)	Level of Cover	Term/Maturity Date	Under Trust	Insurance Company	Policy Nos
<u>YOU</u>						
<u>PARTNER</u>						
<u>JOINT</u>						

9 - PENSIONS:

	Type:(Personal/Company/FSAVC/Executive/Contracting Out)	Contribution Regular/Single	Pension Age	Current Value	Pension Provider	Policy Nos	Last Review
<u>YOU</u>		£		£			
		£		£			
		£		£			
<u>PARTNER</u>		£		£			
		£		£			
		£		£			

10 - SAVINGS PLANS:

	Type:(Endowment/PEP/U.T./Ofshore Plans/etc)	Contribution Regular/Single	Maturity Date	Current Value	Sum Assured	Provider	Policy Nos
<u>YOU</u>		£		£	£		
		£		£	£		
<u>PARTNER</u>		£		£	£		
		£		£	£		
<u>JOINT</u>		£		£	£		
		£		£	£		

11 - HOW WOULD YOU DESCRIBE YOUR ATTITUDE TO RISK? - PLEASE TICK

Managing investment risk is key to ensuring the appropriate investment strategy. The questionnaire below will help profile your attitude towards risk and this can then be refined against a number of **risk levels**.

1	<p>I would feel comfortable if my investments could easily rise and fall by a quarter (25%) or more in a year.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Somewhat agree</p> <p><input type="checkbox"/> Somewhat disagree</p> <p><input type="checkbox"/> Strongly disagree</p>
2	<p>If my investments fell significantly in value I might see this as an opportunity to buy more at cheaper prices.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Somewhat agree</p> <p><input type="checkbox"/> Somewhat disagree</p> <p><input type="checkbox"/> Strongly disagree</p>
3	<p>I would feel uncomfortable if my investments could fall in value at all.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Somewhat agree</p> <p><input type="checkbox"/> Somewhat disagree</p> <p><input type="checkbox"/> Strongly disagree</p>
4	<p>I prefer the security of bank accounts to stock market related investments.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Somewhat agree</p> <p><input type="checkbox"/> Somewhat disagree</p> <p><input type="checkbox"/> Strongly disagree</p>
5	<p>I can sleep at night knowing that my investments might rise and fall quite rapidly in the short term.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Somewhat agree</p> <p><input type="checkbox"/> Somewhat disagree</p> <p><input type="checkbox"/> Strongly disagree</p>

12 - ABOUT YOUR INVESTMENT AIMS AND OBJECTIVES - PLEASE COMPLETE

<p>Do you anticipate a need to withdraw a lumpsum (representing a third or more of your account) during the next:</p> <p>1-3 years () 3-5 years () 5-7 years () 7years + ()</p>	<p>What do you feel is your long-term investment time horizon?</p> <p>3-5 years () 5-7 years () 7-10 years () 10+ years ()</p>
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<p>Do you require Capital Appreciation to maximize long-term returns while accepting likelihood of short term losses? ()</p> <p>Do you have a target in mind? Amount £ When?</p>	<p>Do you require some Capital Appreciation with some regular income/withdrawals? ()</p>
<p>Do you require a high regular income/withdrawals? ()</p>	<p>Rank the following three investment objectives in order of importance: (1= most important)</p> <p>1 2 3 Safety of principal 1 2 3 Current income 1 2 3 Growth of capital</p>
<p>If you require income at what level? % or £ Paid how regularly? Please note high income can lead to capital erosion</p>	<p>Do you wish further advice on mitigating potential Inheritance tax? ()</p>

13 - PLEASE PROVIDE DETAILS OF ANY FUTURE ANTICIPATED CHANGES?

(I.E.:- WEDDINGS, SCHOOL FEES, GIFTS, LARGE EXPENSES, INHERITANCES, EXPECTED LIABILITIES, ANY OTHER RELEVANT FACTS)

Important note: we will restrict our advice to investment of the funds you have requested we will not advise on any other area unless you specifically request this and we agree how we are to be remunerated.
You need to retain a sufficient cash fund to meet expected and unexpected expenditure and consider paying off debts before investing

CLIENT DECLARATION

I HAVE READ AND AGREE WITH THE CONDITIONS OF THE TERMS OF BUSINESS LETTER AND RECEIVED A BUSINESS CARD INITIAL DISCLOSURE DOCUMENT AND COST OF OUR SERVICES DOCUMENT. I CONFIRM THAT THE ABOVE INFORMATION IS AN ACCURATE REPRESENTATION OF MY/OUR CURRENT FINANCIAL POSITION AS REQUIRED BY THE FINANCIAL SERVICES & MARKETS ACT 2000.

THE COMPLETION OF THE FORM INCURS NO OBLIGATION TO TAKE UP ANY RECOMMENDATION.

YOUR SIGNATURE:	PARTNER'S SIGNATURE:
DATE:	DATE: