

CLIENT FACT FIND

Date:Time:Source:

Consultant:Meeting Venue:

CLIENT NAME:

SECTION 1: BUSINESS RECORDS

Compliance Dates: Fact-find completed:.....

Terms of Business:

AOS: KF's (CIDD):.....

AOC: KF's (MENU):.....

Reason for meeting:

Full financial review	
Providing for family/dependants in the event of death or ill health.	
Saving for a specific purpose	
New mortgage/ transferring existing mortgage	
Retirement planning	
Reducing tax liability	
Investing lump sums over the short/ medium/ long term	
Investing lump sums to provide income	
Increase income from existing investments	
Saving for school fees	
Mitigating inheritance tax	
Raising capital/ consolidating debts	
Others	

Restricted advice – confirm which areas only being considered;

.....
.....

Restricted personal information – confirm which details withheld;

.....
.....

Miscellaneous:

.....
.....

Things to do:

1.
2.
3.
4.
5.
6.
7.

2: PERSONAL INFORMATION

2.1: BASIC DETAILS

	<u>CLIENT 1</u>	<u>CLIENT 2</u>
Title
Surname
First name(s)
Address

Postcode
Owner/Rented/Other
Telephone (home)
Telephone (work)
Telephone (mobile)
E-mail
Date of birth
Place of birth
Domicile/residence
Tax band	Higher/Standard/Lower	Higher/Standard/Lower
Marital status	Single/married/separated/divorced/ Widowed/cohabitating	Single/married/separated/divorced/ widowed/cohabitating
Health	Good/fair/poor	Good/fair/poor
State of health
Smoker	Yes/No	Yes/No
Type/consumption
National Insurance No
Interests/Hobbies/Any dangerous activities

2.2: FAMILY DETAILS

Children and other dependants

Name	Age/Date of Birth	Relationship	Health	Occupation	Financially dependent?

Other immediate family

Parents	Relationship	Status	Age	Health	Wealth
<u>Client 1</u>	Father	Alive/Deceased	.....	.....	.....
	Mother	Alive/Deceased			
<u>Client 2</u>	Father	Alive/Deceased	.....	.....	.....
	Mother	Alive/Deceased	.....	.....	.....
<u>Client 1</u>	Brother	Alive/Deceased	.....	.....	.....
	Brother	Alive/Deceased	.....	.....	.....
<u>Client 1</u>	Sister	Alive/Deceased	.....	.....	.....
	Sister	Alive/Deceased	.....	.....	.....
<u>Client 2</u>	Brother	Alive/Deceased	.....	.....	.....
	Brother	Alive/Deceased	.....	.....	.....
<u>Client 2</u>	Sister	Alive/Deceased	.....	.....	.....
	Sister	Alive/Deceased	.....	.....	.....

3: FINANCIAL INFORMATION

3.1: EMPLOYMENT DETAILS

	<u>CLIENT 1</u>	<u>CLIENT 2</u>
Employment		
Occupation/Position	.....	.....
Occupation Status	Employed/Director/ Self employed/Other	Employed/Director/ Self employed/Other
Employer's name and address	....................	....................
Length of service	.....	.....
Own company: shareholders%%
%%
%%
%%
Directors	....................	....................
Date established	.....	.....%
Career: Any planned changes	.....	.....

Remuneration	<u>CLIENT 1</u>	<u>CLIENT 2</u>
Gross income	.....	.....
Bonus	.....	.....
Overtime	.....	.....
Commission	.....	.....
Dividends	.....	.....
Profit related pay	.....	.....
Benefits in kind	.....	.....
Any other source of regular income:	.....	.....
Employment	.....	.....
Investments	.....	.....
 Benefits		
Pension scheme (refer to 3.2)	.....	.....
Eligible Member	Yes/No/Waiting period	Yes/No/Waiting period
Life cover	.....	.....
Health insurance (PMI)	.....	.....
Salary protection (PHI)	.....	.....
Share options	.....	.....
Company Car:	Yes/No/Value.....	.....
Company Petrol:	Yes/No/Value.....	.....
Personal Petrol:	Yes/No/Value.....	.....

Previous employers

CLIENT 1

CLIENT 2

Employer's name
and address

.....

.....

.....

.....

.....

.....

Position held

.....

.....

Length of service

.....

.....

Pension benefits
(refer to 3.2)

.....

.....

3.2: PENSION DETAILS

Occupational pension scheme

CLIENT 1

CLIENT 2

Are you eligible for a pension scheme?

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.....

Are you a member?

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.....

Date joined

.....

.....

Retirement date

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Pension benefits

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Dependant's benefits

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Contracted in/out

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Contribution level

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Any imminent changes?

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Additional voluntary contributions
(including FSAVC)

Type

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.....

Company and fund

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Amount and regularity

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.....

Current value

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.....

Personal pension	<u>CLIENT 1</u>	<u>CLIENT 2</u>
Type
Company and fund
Regular amount
Current & projected value
NRD
Previous pension arrangements		
Employer
Type of scheme
Length of service
Preserved benefits
State pension		
Anticipated - basic pension
- SERPS
- graduated pension
 TOTAL	

3.3: ASSETS

Used assets

Current home – date purchased	.....
- price paid	.....
- current value	.....
Contents & personal effects	.....
Value of other property	.....
Antiques and valuables	.....
Motor vehicles	.....

Invested assets

	Client 1	Joint	Client 2
Current & deposit accounts

Stocks and shares

Unit trusts

TESSAs

Pep's

ISA's

Prem. Bonds

National Savings Certificates

Other [i.e. family trusts]

3.4: INVESTMENTS/REGULAR SAVINGS

	INVESTMENT/ REGULAR SAVINGS 1	INVESTMENT/ REGULAR SAVINGS 2	INVESTMENT/ REGULAR SAVINGS 3
Client [1,2, joint]			
Company			
Investment type/term			
Start date			
In trust			
Original investment			
Current value			
Purpose			

3.5: LIABILITIES

Mortgage details

Lender

Type of mortgage

Start date

Amount originally borrowed

Purpose

Amount o/s and term

Further advances - amount/date

Monthly payment

Interest rate

Life policies (refer to 3.6)

Are mortgage repayments and/or loans covered against sickness, accident or redundancy?
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Other loans (including credit cards and overdrafts)

Lender

Type of loan

Date of advance

Amount originally borrowed

Original term

Amount outstanding

Term remaining

Monthly payment

Interest rate

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Other liabilities (i.e. tax)

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3.6 ASSETS & LIABILITIES SUMMARY

CLIENT 1

CLIENT 2

Assets (approx value)

Property – Main Residence
Other property	.....	.....
Business Assets	.....	.....
Bank Accounts	.....	.....
Building Society Accounts	.....	.....
Liquid cash funds – what amount is required For this purpose	.....	.....
PEPs	.....	.....
ISAs – Maxi/ Mini	.....	.....
TESSAs	.....	.....
Stocks/Shares/UT/IT	.....	.....
Other Assets	.....	.....
Total Assets	.....	.....

Liabilities (approx value)

Mortgage – Main Residence Term to completion	.....	.....
Mortgage – other property	.....	.....
Bank overdraft	.....	.....
Unsecured Loan	.....	.....
Credit Cards/ Store Card Debts
Other liabilities
Total liabilities

Total Net Worth

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Inheritance Tax Planning – Plans to date:

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Any gifts made/ Assets transferred/ into Trusts:

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3.7: LIFE ASSURANCE POLICIES

	<u>POLICY 1</u>	<u>POLICY 2</u>	<u>POLICY 3</u>	<u>POLICY 4</u>
Client (1, 2, joint)
Life assured
Company
Policy type
Policy number
Benefit/sum assured
Start date
Maturity date
Original term
Outstanding term
Premium/frequency
In trust: Y/N
Original investment
Current value
Purpose

	<u>POLICY 5</u>	<u>POLICY 6</u>	<u>POLICY 7</u>	<u>POLICY 8</u>
Client (1,2,joint)
Life assured
Company
Policy type
Policy number
Benefit/sum assured
Start date
Maturity date
Original term
Outstanding term
Premium/frequency
In trust: Y/N
Original investment
Current value
Purpose

3.8: HEALTH INSURANCE POLICIES

	<u>CLIENT 1</u>	<u>CLIENT 2</u>
Permanent health insurance
Private medical insurance
Critical illness insurance
Accident and sickness insurance
Long-term care insurance

Income Protection

	<u>CLIENT 1</u>	<u>CLIENT 2</u>
What lump sum would employer pay on death	.....	.....
What income would employer pay to surviving spouse	.....	.....
What income is required to dependents on your death	.....	.....
What lump sum, if any, is required to repay debts on death	.....	.....
What lump sum, if any, is required should you be critically ill	.....	.....
Would you be paid if you were unable to work due to illness/disability	.....	.....
Would you be paid?	Full/ Half/ Other	Full/ Half/ Other
After how long ill?	4/12/26/52 weeks	4/12/26/52 weeks
When would this change, at what period?	.....	.....
Any existing income protection plans	Yes/ No	Yes/ No
Do any existing plans have waiver of premium	Yes/ No	Yes/ No

Details/Further information:

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3.9: INHERITANCE

CLIENT 1

CLIENT 2

Wills

Do you have a will?

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If yes, give details

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Are you likely to inherit any wealth?

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Trusts

Are you a beneficiary under a trust?

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If yes, give details

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Are you a trustee?

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If yes, give details

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Gifts

Give details of gifts received

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and made

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4: CLIENT PLANS, OBJECTIVES, AIMS AND ASPIRATIONS

4.1: EXISTING ARRANGEMENTS

What are your views on the following existing arrangements?

Investments

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Loans/mortgage

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Life assurance

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Health insurance

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Savings/investments

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Pensions

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Wills

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4.2: INVESTMENT RISK ATTITUDE

How speculative are you prepared to be when considering investments?

		Little risk					Very speculative				
		1	2	3	4	5	6	7	8	9	10
Mortgages	Client 1										
Mortgages	Client 2										
Pensions	Client 1										
Pensions	Client 2										
Short term savings	Client 1										
Short term savings	Client 2										
Medium term savings	Client 1										
Medium term savings	Client 2										
Long term savings	Client 1										
Long term savings	Client 2										
Investments – lump sums	Client 1										
Investments – lump sums	Client 2										

What level of risk are you prepared to take to achieve your financial objectives?

None (1) (Bank/Building Society deposits, National Savings, gilts, cash ISAs, TESSA-Only ISAs)

Low Risk (2-3) (Guaranteed Bonds, With-Profit Bonds, Endowments)

Medium Risk (4-6) (Unit-linked policies and bonds, Unit Trusts, Investment Trusts, ISAs using managed and distribution funds)

Medium – High Risk (6-8) (Stocks and shares, Unit Trusts, ISAs using specialised funds, single shares)

High Risk (8-10) (Specialised funds, Commodities, Traded options)

How accessible do you need your money to be?

Do you need income from your investments?

Are you happy to invest in asset-backed investments whereby the unit price can go down as well as up?

Notes regarding the client’s understanding of investment risk attitude:

4.3 CAPITAL INVESTMENTS:

Are you looking for: Growth/Income/Both

If income is required, how much:

.....
.....

When would you require access to the lump sum being invested:

1-2 years/ 2-3 years/ 3-4 years/ 4-6 years/ 6-8 years/ 8 years +

Tick a box(es)

Do you require a bias towards any one particular asset allocation:

Cash

Fixed Interest

Property

Equities

Do you require a bias towards any one particular market, i.e:

UK

Europe

America

Latin America

Far East

Pacific

Japan

Australasia

Emerging Markets

4.4: CLIENT OBJECTIVES

Do you foresee any changes in the near future in your:

- residence
- marital status
- occupation or earnings
- assets or spread of assets (eg, an inheritance)
- liabilities (eg, new loan commitments)
- regular savings or pension plans (eg, commencing new savings plans, or cancelling existing ones)
.....
- monthly income and/or expenditure

Over the longer term, what (if any) are your plans or ambitions regarding:

- your family
- your family home (eg, move to another house or area)
- your career, occupation or business
- financial arrangements (investments and liabilities)
- your retirement, realistic age
- if retiring tomorrow, how much income would you require
-
-
- your estate (including brief details of wills, if any)
- other ambitions
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4.5: AREAS OF INTEREST

Indicate specific areas of interest:

- mortgages
- investment
- life assurance
- health insurance
- regular savings
- pensions
- estate planning
- other

4.6: NEW HOUSE DETAILS

- Purchase price
- Mortgage requiredLoan to value%
- Deposit
- Loan term
- Address
- Freehold/LeaseholdUnexpired lease for years

6.0 AFFORDABILITY

Disposable Income – Summary

Income:	Net per mth	Outgoings:	Per month
Earnings – Client 1	Mortgage/ C Tax/Rent	.....
Earnings – Client 2	Utility Bills	.....
Other	Food/ Housekeeping etc	.....
Investment Income	Loans/ Credit cards/ HP	.....
Maintenance	Life Cover	.....
State Benefits	Pensions	.....
State Pension	Savings	.....
Company Pension	General Ins (House/Car etc)	.....
Private Pension	Maintenance	.....
Other	School Fees	.....
		Holidays/ Luxuries	.....
		Other	.....
Total Net Monthly Income	Total Outgoings	.....
- less monthly outgoings		
-			
= Disposable Income/ Surplus		

Notes re income: Any further tax to pay/ investment income paid net/ gross

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APPENDIX 1

	CLIENT 1 (ANNUAL)	CLIENT 2 (ANNUAL)	TOTAL TOTAL (ANNUAL)	(MONTHLY)
Income				
Earned
Unearned
State benefits
Overtime
Commission
Bonus
Profit share
Gross income
Income tax				
Personal allowance
Taxable income
Tax
National insurance
Net income
Expenditure				
Mortgage/rent		
Building & contents insurance		
Life assurance		
Gas/water/electricity		
Telephone		
Car tax & insurance		
Loans		
Council tax		
Savings		
TV licence		
Petrol		
Subscriptions		
Food & drink		
Magazines/newspapers		
Spending money		
Clothes		

Holidays	.....	.....
Other (please specify)	.....	.....
Total expenditure	.....	.....
Budgeting		
Net income (brought forward)	.....	.....
Less total expenditure	.....	.....
Balance +/-	.....	.....

APPENDIX 2

	POLICY 9	POLICY 10	POLICY 11
Client (1,2, joint)
Life assured
Company
Policy type
Policy number
Benefit/sum assured
Start date
Maturity date
Original term
Outstanding term
Premium/frequency
In trust: Y/N
Original investment
Current value
Purpose

	POLICY 12	POLICY 13	POLICY 14
Client (1,2, joint)
Life assured
Company
Policy type
Policy number
Benefit/sum assured
Start date
Maturity date
Original term
Outstanding term
Premium/frequency
In trust: Y/N
Original investment
Current value
Purpose

APPENDIX 3: OTHER PROFESSIONAL ADVISERS

	CLIENT 1	CLIENT 2
Bank
Building Society
Solicitor
Accountant
Stockbroker
Estate agent
Insurance agent
Doctor
Financial adviser

Who is consulted on a regular basis?

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Would you like any of the advisers to be consulted regarding the recommendations?

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