

Personal Details

Self

Partner

Title & Surname				
First Names				
	Male	Female	Male	Female
Date of Birth	/	/	Age	
Nationality				
Client Classification				

Current Address				
	Postcode		Postcode	
Time at this address	Years	Months	Years	Months

Contact details: Daytime				
Home				
Mobile				
Fax				
E-mail				

Marital status/relationship				
Dependants (including children)	Yes	No	Yes	No
Names and dates of birth.				

How is your health?	Poor	Average	Good	Poor	Average	Good
Do you smoke?	Yes	No		Yes	No	
If Yes, how much?						
Have you made a will?	Yes	No				

Occupation Details

Self

Partner

Are you: (Delete as applicable)	Employed/Self-Employed/Retired/ Unemployed	Employed/Self-Employed/Retired/ Unemployed
If a company director	% shareholding	% shareholding

Occupation		
Employer's name		
Time with current employer	Years Months	Years Months
Employer's Address		

Previous employer if less than 12 months with current employer		
Time with employer	Years Months	Years Months

National Insurance No.		
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Tax reference number		
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Annual Basic income (gross)	£	£
Mortgage subsidy	£	£
Car Allowance	£	£
Other income (detail below)	£	£
Total Annual Income		

How much and for how long would your employer pay you if you were unable to work due to illness or accident?

Amount	£	£
How long would benefit be payable?		

Assets & Liabilities

Assets	Self	Partner
Property	£	£
ISA/Unit Trust/PEP	£	£
Stocks & Shares	£	£
Other	£	£
Total	£	£

Liabilities

Mortgage	£	£
Car Loan	£	£
Overdraft	£	£
Other	£	£
Total	£	£

Monthly Income & Expenditure

Net monthly income	Self	Partner
Employment income after tax,NI	£	£
Investment income	£	£
Other income (Insert details below)	£	£
TOTAL NET INCOME	£	£

Monthly Outgoings	Self	Partner
Current mortgage/rent	£	£
Life assurances and pension	£	£
Household and other insurances	£	£
Loans (including credit cards)	£	£
Utilities (e.g. gas, phone, council tax)	£	£
Regular savings	£	£
Food	£	£
Other regular expenditure	£	£
	£	£
TOTAL EXPENDITURE	£	£
ESTIMATED SURPLUS	£	£

Existing Pension Arrangements

	Self	Partner
Are you in a pension arrangement?		
If yes, is it personal, company, AVC, FSAVC, other		
If Company, what kind e.g. Final Salary, Money Purchase, Group Personal		

If in Employers arrangement, what benefits are provided?

Death in Service		
Widows Pension		
Permanent Health Insurance		
Private Medical Insurance		
Employer Contribution or %	£ %	£ %
Employee Contribution or %	£ %	£ %
What is your normal retirement age?		
At what age would you like to retire?		
Do you have a preserved pension from any previous employment?*	YES NO	YES NO

*If 'YES' please provide full details on supplementary questionnaire.

Existing Pension and Life Assurance Policy Details

Type of policy	Product Provider	Benefit on Death	Start Date	Maturity or Expiry Date	Premium Yearly/ Monthly/ Single	Assigned or under Trust	Current Value
Self							
Partner							

Attitude To Investment Risk

What level of risk are you prepared to take to achieve your financial objectives?	Lump Sums	Mortgage	Pension	Savings
Cautious:- Deposit Based Investments (Bank/Building Society, National Savings)				
Medium/Cautious:- Balance of Investments (Guaranteed Bonds, With Profits Endowments, Gilts etc.)				
Medium:- Varied Investments (Unit-linked policies and bonds, unit trusts, investment trusts, PEPS etc.)				
Medium/Adventurous:- (Stocks and Shares etc.) Not always suitable for mortgage repayment purposes				
Adventurous:- (Venture Capital trusts, Enterprise Investment Zones etc. Smaller Emerging Markets) Not recommended for mortgage repayment purposes				
Are you prepared to invest for a 3-5 year term minimum?	YES	NO		

Note:- It is important to appreciate that the terms Cautious, Medium and Adventurous are intended to be a guide to your overall attitude to risk. It is worth noting that even the most Adventurous investor will have some portion of capital in the building society and many Cautious investors will have some exposure to the stock market.

Objectives

How important is the following to you? (please tick relevant boxes)	Self			Partner		
	LOW	MED	HIGH	LOW	MED	HIGH
Repayment/Protection of your mortgage						
Protecting your family and estate in the event of death						
Protecting your income in the event of sickness/disability						
Ensuring enough income in retirement						
Regular savings						
Investing capital						
School fees planning						
Building and contents insurance						

PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.

I/We confirm that the information given and recorded on this form is correct, and understand that it shall form the basis for all advice offered.

I HAVE ALSO RECEIVED A TERMS OF BUSINESS LETTER AND BUSINESS CARD FROM MY FINANCIAL ADVISER.

Signature

Signature

Date

Date