

**MR / MRS / MISS / DR / OTHER** .....

**ADDRESS** .....

.....  
.....

**DATE OF BIRTH** ..... / ..... / .....

**NATIONAL INSURANCE NUMBER** ..... - ..... - ..... - ..... - ...

**TELEPHONE NUMBER** .....

**MOBILE NUMBER** .....

**EMAIL ADDRESS** .....

**MR / MRS / MISS / DR / OTHER** .....

**ADDRESS** .....

.....  
.....

**DATE OF BIRTH** ..... / ..... / .....

**NATIONAL INSURANCE NUMBER** ..... - ..... - ..... - ..... - ...

**TELEPHONE NUMBER** .....

**MOBILE NUMBER** .....

**EMAIL ADDRESS** .....

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**NOTES**

**DEPENDENTS & CHILDREN**

**AGE**

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**EMPLOYMENT STATUS**

**MR** .....

**MRS** .....

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<b>INCOME</b>	<b>GROSS</b>	<b>NET</b>
SALARY / PENSION BENEFITS	£	£
BONUS / COMMISSION	£	£
SELF-EMPLOYED EARNINGS	£	

IF SELF EMPLOYED, DO YOU HAVE AN ACCOUNTANT? YES / NO

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**NOTES**



## NOTES

**PROTECTION – LIFE / HEALTH / INCOME / CRITICAL ILLNESS**

**EXISTING COVER**

<b>CO. &amp; POLICY NO.</b>	<b>REASON FOR COVER</b>	<b>A/C</b>
.....		YES / NO
.....		YES / NO
.....		YES / NO
.....		YES / NO
.....		YES / NO

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**NOTES**

**RETIREMENT**

**CURRENT PERSONAL PENSION PLANS**

<b>COMPANY</b>	<b>POLICY NUMBER</b>	<b>A/C</b>
.....	.....	YES / NO
.....	.....	YES / NO
.....	.....	YES / NO
.....	.....	YES / NO

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**CURRENT COMPANY PENSION ARRANGEMENTS**

<b>COMPANY &amp; TELEPHONE NUMBER</b>	<b>A/C</b>
.....	YES / NO
.....	YES / NO

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**PREVIOUS EMPLOYMENT / OTHER POSSIBLE PENSION SCHEMES**

<b>COMPANY &amp; TELEPHONE NUMBER</b>	<b>A/C</b>
.....	YES / NO
.....	YES / NO
.....	YES / NO
.....	YES / NO

## **NOTES FOR PENSION ARRANGEMENTS**

**DEPOSITS - CURRENT ACCOUNTS / BONDS**

<b>COMPANY</b>	<b>AMOUNT</b>	<b>TERM (IF ANY)</b>
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.....		
.....		
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**SAVINGS - NON DEPOSIT**

<b>COMPANY</b>	<b>PLAN NUMBER</b>	<b>TERM (IF ANY)</b>	<b>A/C</b>
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.....			YES / NO
.....			YES / NO
.....			YES / NO
.....			YES / NO

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**CASH ISA's**

<b>COMPANY</b>	<b>AMOUNT</b>	<b>TERM (IF ANY)</b>	<b>A/C</b>
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.....			YES / NO
.....			YES / NO
.....			YES / NO
.....			YES / NO

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**NOTES**



**MORTGAGE & MAIN RESIDENCE FINANCE**

**EXISTING MORTGAGE / FURTHER ADVANCE**

<b>PROVIDER</b>	<b>TERM</b>	<b>RATE / END DATE</b>	<b>COST P/M</b>	<b>BALANCE O/S</b>
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**PERSONAL LOANS / CREDIT**

<b>PROVIDER</b>	<b>TERM</b>	<b>RATE / END DATE</b>	<b>COST P/M</b>	<b>BALANCE O/S</b>
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**REDUNDANCY COVER**

YES

NO

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**NOTES**

**ESTATE PLANNING**

HAVE YOU MADE A WILL? YES / NO

IF NO, LEAFLET PROVIDED? YES / NO

DOES YOUR WILL STILL MEET YOUR CURRENT NEEDS? YES / NO

HAVE YOU TAKEN OUT A LASTING / ENDURING POWER OF ATTORNEY? YES / NO

IF NO, LEAFLET PROVIDED? YES / NO

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**RISK PROFILE / ATTITUDE TO RISK** **DONE**

**PENSIONS** YES / NO

**INVESTMENTS (BONDS / UNIT TRUSTS)** YES / NO

**ISA's / PEP's** YES / NO

**REGULAR SAVINGS** YES / NO

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**NOTES**

## NOTES

**DATA PROTECTION ACT 1998**

Information supplied may be stored on computer records and may be used for marketing and statistical purposes by members of the group of companies. Details may be passed to our regulatory authorities for the purposes of compliance.

We like to take care to keep clients informed of only those products that may be of interest to them.

**DECLARATION**

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/We also confirm that the details given in the Pensions Schemes section regarding \*my/our Company pension scheme are correct, and that \*I/We have verified these with \*my/our employer.

(\* Delete as applicable)

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

**CLIENT SIGNATURE** .....

**CLIENT NAME** .....

**CLIENT SIGNATURE** .....

**CLIENT NAME** .....

**REP SIGNATURE** .....

**REP NAME** .....

**DATE** ...../ ...../ .....