**Logo

Description automatically generated with medium confidence**

**CORE FACT FIND**

|  |  |
| --- | --- |
| **Client(s) name** |  |
| **Adviser name** |  |
| **Fact find completed by** |  |
| **Date fact find completed** |  |
| **Date initial disclosure made (CIDD)** |  |
| **Date Data Privacy Statement issued** |  |
| **Date Client Agreement (including service & payment agreement) issued** |  |

**Client Categorisation**

I am required to classify clients, before conducting designated investment business, into one of 3 groups define as follows:

|  |  |
| --- | --- |
| **Retail Client** | Afforded the highest level of regulatory protection. Retail clients are generally individual clients and small businesses or trusts. |
| **Professional Client** | Considered to be more experienced, knowledgeable, and sophisticated, able to assess their own risk. The definition also includes “elective professional clients” who have chosen to “opt up” and be classified as professional clients. |
| **Eligible Counterparty** | Subject to a lighter touch regulatory regime – generally this will include regulated financial institutions, government bodies, central banks, supra national organisations. |

Based on these I have classified you as

|  |
| --- |
| **Retail Client  Professional Client  Eligible Counterparty** |

|  |  |
| --- | --- |
|  | |
| **A) Scope of Review** | |

Unless specifically requested by you, we will carry out a full review of your needs. If you wish us to restrict our advice to specific areas, you must provide us with sufficient information to ensure that any recommendations we make are suitable.

Do you want us to carry out a full review? Yes  No  \*

*\*Please complete the below table to indicate which areas are to be reviewed:*

|  | **Client 1** | **Client 2** |
| --- | --- | --- |
| **Personal protection (death, ill health, medical costs etc.)** |  |  |
| **Pension Planning** |  |  |
| **Retirement options** |  |  |
| **Investment planning (either regular, lump sum or both)** |  |  |
| **IHT Planning** |  |  |
| **Mortgage needs** |  |  |
| **Equity Release** |  |  |
| **Long Term Care** |  |  |
| **General Insurance needs** |  |  |
| **Notes – section A:** | | |

|  |
| --- |
| **B) Client(s) Details** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Core Details** | | | | |
|  | |  | **Client 1** | **Client 2** |
|  | | **Title** |  |  |
|  | | **Forename(s)** |  |  |
|  | | **Surname** |  |  |
|  | | **Previous name(s) / reason(s) for change** |  |  |
|  | | **Date of Birth (dd/mm/yy)** |  |  |
|  | | **Gender** |  |  |
|  | | **Relationship to other applicant** |  |  |
|  | |  |  |  |
|  | | **Full postal address** |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | | **Contact details** | Home:  Mobile:  Work:  Email: | Home:  Mobile:  Work:  Email: |
|  | |  |  |  |
|  | | **Preferred method(s) of contact** |  |  |
|  | |  |  |  |
|  | | **Marital status** |  |  |
|  | | | | |
|  | | **Nationality** |  |  |
|  | | **UK domiciled & UK tax resident?** | Yes  No  \* | Yes  No \* |
| *\*provide details in the notes section to confirm residential / tax status if not UK* | | | | | | |
|  | | **National Insurance number** |  |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Anticipated retirement age** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Have you smoked in the last 12 months?** | Yes  No  \* | Yes  No  \* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Are there specific details about the client’s circumstances that need to be considered?** | Yes  No \* | Yes  No \* |
|  |  | 🞎 Financial capability  🞎 Financial resilience  🞎 Health  🞎 Life event | 🞎 Financial capability  🞎 Financial resilience  🞎 Health  🞎 Life event |
|  | **Would you like us to consider any environmental, social, ethical or faith related issues when looking at where you might invest?** | Yes  No \* | Yes  No \* |

*\* Provide details in the notes section*

|  |
| --- |
| **Dependants** |

**Client 1 Client 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Do you have any dependants?** | Yes  No | Yes  No |

| **Dependant’s name** | **Age** | **Financially dependent on** | **Relationship to client(s) & reason for dependency** | **Dependent until (date / age)** |
| --- | --- | --- | --- | --- |
|  |  | Client 1:  Client 2: |  |  |
|  |  | Client 1:  Client 2: |  |  |
|  |  | Client 1:  Client 2: |  |  |
|  |  | Client 1:  Client 2: |  |  |
|  |  | Client 1:  Client 2: |  |  |
| **Notes – section B:** | | | | |

|  |
| --- |
| **C) Employment** |

|  |
| --- |
| **Employment Details** |

|  |  | **Client 1** | **Client 2** |
| --- | --- | --- | --- |
|  | **Current occupation** |  |  |
|  | **Job title** |  |  |
|  | **Status** |  |  |
|  | **Contract basis?** |  |  |
|  | **Hours worked** |  |  |
|  | **Start date (if within last 12 months, provide relevant details of previous employment in notes section)** |  |  |
|  | **Are you in a probationary period?**  **If yes, when does this end?** | Yes  No  N/A | Yes  No N/A |
|  | **Employer** |  |  |
|  | **Employer’s full address:**  **Telephone number:** |  |  |
|  | **Are you a member of a workplace pension?**  **If ‘yes’, provide details – including retirement age & expected pension income**  **If ‘no’, why not?** | Yes  No | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Are you expecting any changes to your employment?**  **If yes, provide details** | Yes  No | Yes  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **D) Income** | | | | | | |
|  | |  | | **Client 1** | **Client 2** | | **Joint** |
|  | | **Employed Income:** | | | | | |
|  | | **A** | **Gross employment income** | £  Annually / Monthly | £  Annually / Monthly | | £  Annually / Monthly |
|  | | **B** | **Additional guaranteed income (gross) (overtime, bonuses etc.)** | £  Annually / Monthly | £  Annually / Monthly | | £  Annually / Monthly |
|  | | **C** | **Additional regular income (gross) (overtime, bonuses etc.)** | £  Annually / Monthly | £  Annually / Monthly | | £  Annually / Monthly |
|  | | **D** | **Other earned income (gross)** | £  Annually / Monthly | £  Annually / Monthly | | £  Annually / Monthly |
|  | | **TOTAL ( A + B + C + D )** | | £ | £ | £ | |
|  | | **Can the level of income being declared be independently verified?** | | Yes  No  N/A | Yes  No  N/A | | Yes  No  N/A |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Self-employed Income:** | | | |
|  | **Are accounts available?** | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
|  | **Number of years accounts available** |  |  |  |
|  | **Last 3 years pre-tax profit figures (Year 3 being latest year)** | | | |
|  | **Year 3** |  |  |  |
|  | **Year 2** |  |  |  |
|  | **Year 1** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Other Income** | | | | |
|  | **Pension** | | £  Annually / Monthly | £  Annually / Monthly | £  Annually / Monthly |
|  | **Rental** | | £  Annually / Monthly | £  Annually / Monthly | £  Annually / Monthly |
|  | **State benefits** | | £  Annually / Monthly | £  Annually / Monthly | £  Annually / Monthly |
|  | **Maintenance / allowance** | | £  Annually / Monthly | £  Annually / Monthly | £  Annually / Monthly |
|  | **Other** | | £  Annually / Monthly | £  Annually / Monthly | £  Annually / Monthly |
|  | **TOTAL** | | £  Annually / Monthly | £  Annually / Monthly | £  Annually / Monthly |
|  | **Can the level of income being declared be independently verified?** | | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
|  |  |  | |  |  |
|  | **TOTAL GROSS ANNUAL INCOME** | **£** | | **£** | **£** |
|  | **TOTAL NET ANNUAL INCOME** | **£** | | **£** | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **What is your highest rate of tax?** | Nil  Lower  Basic  Higher | Nil  Lower  Basic  Higher |  |

|  |  |  |
| --- | --- | --- |
| **Do you expect your income change significantly within the foreseeable future?** | | |
| Approximate timescale | Click or tap here to enter text. | |
| Amount | £ Click or tap here to enter text. | |
| Reason(s) | Click or tap here to enter text. | |
| **Notes – Section D**  *Please provide the following documents to verify the income being declared: last 3 months payslips / latest P60 / bank statements / copy accounts.* | |

|  |
| --- |
| **E) Current Assets & Liabilities** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary – Current Assets** | | | |
|  | **Client 1** | **Client 2** | **Joint** |
| Residential property | **£** | **£** | **£** |
| Investments – non mortgage related | **£** | **£** | **£** |
| Investments – mortgage related | **£** | **£** | **£** |
| Pensions | **£** | **£** | **£** |
| Cash savings | **£** | **£** | **£** |
| Emergency Fund *(excluding costs set aside for new borrowing i.e., deposit / legal costs etc.)* | **£** | **£** | **£** |
| Business assets | **£** | **£** | **£** |
| Other assets | **£** | **£** | **£** |
| **Total assets** | **£** | **£** | **£** |

|  |
| --- |
| **Summary – Current Liabilities** |

|  | **Client 1** | **Client 2** | **Joint** |
| --- | --- | --- | --- |
| Outstanding mortgage (main residence) | **£** | **£** | **£** |
| Outstanding mortgage (any other property) | **£** | **£** | **£** |
| Credit / store cards | **£** | **£** | **£** |
| Overdraft | **£** | **£** | **£** |
| Loans/HP | **£** | **£** | **£** |
| Other lending (please provide details) | **£** | **£** | **£** |
|  |  |  |  |
| **Total liabilities** | **£** | **£** | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Net position (assets minus liabilities)** | **£** | **£** | **£** |
| **Notes – Section E** | | | | |

|  |
| --- |
| **F) Expenditure** |

Within appendix A, we have provided a template to enable you to carry out a more detailed analysis of your expenditure, if required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Expenditure** | **Client 1** | **Client 2** | **Joint** |
| Fixed Household Costs | **£** | **£** | **£** |
| Living Expenses | **£** | **£** | **£** |
| Transportation Costs | **£** | **£** | **£** |
| Insurance / Savings / Unsecured Loans | **£** | **£** | **£** |
| Schooling | **£** | **£** | **£** |
| Miscellaneous | **£** | **£** | **£** |
| **Total Monthly Expenditure** | **£** | **£** | **£** |

|  |
| --- |
| **Surplus Income** |

|  |  |
| --- | --- |
| **Total monthly net income *(from section D)*** | **£** |
| **Surplus income**  *(net monthly income less total monthly outgoings)* | **£** |

|  |  |
| --- | --- |
| **Do you expect your expenditure to change significantly within the foreseeable future?** | |
| Approximate timescale |  |
| Amount | **£** |
| Reason(s) |  |
|  |  |
| **Notes – Section F** | | |

|  |  |  |
| --- | --- | --- |
| **G) Wills and Estate** | | |
|  | **Client 1** | **Client 2** |
| **Have you made a will?** | Yes  No | Yes  No |
| **Date of will(s)** |  |  |
| **Have your circumstances changed since last updating your will e.g., divorce / remarried** | Yes  No | Yes  No |
| **Does your will reflect your current wishes?** | Yes  No | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Power of Attorney** | | | |
|  | **Client 1** | **Client 2** |
| **Is a Power of Attorney in place?** | Yes  No | Yes  No |
| **If yes, what type?** | Ordinary  Lasting  Enduring | Ordinary  Lasting  Enduring |
| **If LPA, what type?** | Property & Financials  Heath & Welfare | Property & Financials  Heath & Welfare |

|  |
| --- |
| **Notes – Section G** |
|  |
| **H) Identity & Verification** |

Please indicate the method in which the client’s identification has been confirmed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Client 1** | |  | **Client 2** |
|  | Government document with photo  *(complete table A only)* |  | Government document with photo  *(complete table A only)* |
|  | **OR** |  | **OR** |
|  | Government document without photo plus secondary confirmation  *(complete both table B & C)* |  | Government document without photo plus secondary confirmation  *(complete both table B & C)* |

|  |
| --- |
|  |
| **Table A** |

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Document** | Drivers licence  Passport  Residency permit  EEA State ID / Voters Card  Blue disabled drivers pass  Firearms / Shotgun Certificate | Drivers licence  Passport  Residency permit  EEA State ID / Voters Card  Blue disabled drivers pass  Firearms / Shotgun Certificate |
| Date of Issue |  |  |
| Place of Issue |  |  |
| Description |  |  |
| Date of Birth |  |  |
| Place of Residence |  |  |
| Expiry Date |  |  |
| Document No. |  |  |
| Document Issuer |  |  |
| Verified Date |  |  |
| Verified By |  |  |

|  |
| --- |
| **Table B** |

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Document** | State Pension or benefits book  Sub-Contractors Certificate  Old Style Drivers Licence  Local Authority Tax Bill  Tax Assessment  Statement of Account  Notice of Tax Coding  Electoral Roll Check | State Pension or benefits book  Sub-Contractors Certificate  Old Style Drivers Licence  Local Authority Tax Bill  Tax Assessment  Statement of Account  Notice of Tax Coding  Electoral Roll Check |
| Date of Issue |  |  |
| Place of Issue |  |  |
| Description |  |  |
| Date of Birth |  |  |
| Place of Residence |  |  |
| Expiry Date |  |  |
| Document No. |  |  |
| Document Issuer |  |  |
| Verified Date |  |  |
| Verified By |  |  |

|  |
| --- |
| **Table C** |

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Document** | Proof of land registration  Mortgage Statement  Bank/BS Statement  Home/Car Insurance Certificate  Utility Bill  Local Authority Rent Book  Home Visit | Proof of land registration  Mortgage Statement  Bank/BS Statement  Home/Car Insurance Certificate  Utility Bill  Local Authority Rent Book  Home Visit |
| Date of Issue |  |  |
| Place of Issue |  |  |
| Description |  |  |
| Date of Birth |  |  |
| Place of Residence |  |  |
| Expiry Date |  |  |
| Document No. |  |  |
| Document Issuer |  |  |
| Verified Date |  |  |
| Verified By |  |  |

|  |
| --- |
| **Notes – Section H** |

|  |
| --- |
| **Client Declaration (please read carefully and then sign and date below)** |

I / we confirm that the information I / we have provided is, to the best of my /our knowledge correct. I / we have provided this information understanding that it is used to form the basis of any advice and recommendation(s) made to me / us and that I / we am not under any obligation to take up any recommendation(s) made.

I / we understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I / we understand that I / we must be sure of the ability to meet that commitment having considered all other expenditure, and the provision for any emergencies, which may require access to funds.

I / we understand that I / we need to provide full information for the relevant area of advice to enable my adviser to make appropriate recommendations and that if any relevant information is withheld, it could influence the recommendation(s) made.

NB: Please understand that my firm / adviser reserves the right to decline to give advice if full relevant information is not provided.

**ADDITIONAL CLIENT DECLARATION** (Please tick this box if the following is applicable)

|  |
| --- |
| **PERMISSION TO MAKE CONTACT IN THE FUTURE**  **We would like to contact you from time to time by telephone or other interactive means to discuss your financial arrangements. For us to do this, we need to obtain permission from you.**  **By ticking the above box, you understand you are giving your permission for us to contact you by telephone or other interactive means when we deem necessary regarding your financial affairs.** |

|  |  |  |
| --- | --- | --- |
| **Client 1** | **Full Name** |  |
| **Signature** |  |
| **Date** |  |

|  |  |  |
| --- | --- | --- |
| **Client 2** | **Full Name** |  |
| **Signature** |  |
| **Date** |  |

**PLEASE PROVIDE DETAILS OF YOUR EXISITNG POLICIES ON THE NEXT PAGE**

**ONLY COMPLETE APPENDIX A IF SPECIFICALLY ASKED TO DO SO**

**Policies**

**Life Cover & Protection Policies**

Do you currently have any policies? Yes\*  No

| Owner | Provider | Policy number | Plan Type | Gross Premium pm | Term | Life Sum Assured (£) | CIC Sum Assured (£) |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Pension Policies**

Do you currently have any policies? Yes\*  No

| Owner | Provider | Policy Number | Pension Type | Last known valuation | Status | Current contribution if applicable |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Investment Policies**

Do you currently have any policies? Yes\*  No

| Owner | Provider | Policy Number | Product/Plan Type | Last known valuation | In Trust |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Savings & Bank Accounts**

Do you currently have any policies? Yes\*  No

| Owner | Provider | Product/Plan Type | Latest value (£) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Appendix A – detailed breakdown of expenditure (if requested)**

|  | Client 1 | Client 2 | Joint |
| --- | --- | --- | --- |
| **Fixed Household Costs** | **£** | **£** | **£** |
| Mortgage / Rent | **£** | **£** | **£** |
| Council Rates | **£** | **£** | **£** |
| Water Rates | **£** | **£** | **£** |
| Gas & Electricity | **£** | **£** | **£** |
| Telephone/Broadband/Mobile | **£** | **£** | **£** |
| Food shopping | **£** | **£** | **£** |
| Building/contents insurance | **£** | **£** | **£** |
| TV / Satellite / Cable | **£** | **£** | **£** |
| **Transportation Costs** | **£** | **£** | **£** |
| Fuel | **£** | **£** | **£** |
| Car Tax | **£** | **£** | **£** |
| Car insurance | **£** | **£** | **£** |
| Servicing and maintenance | **£** | **£** | **£** |
| Breakdown cover | **£** | **£** | **£** |
| Public Transport | **£** | **£** | **£** |
| **Financials** | **£** | **£** | **£** |
| Credit/Store Card repayments | **£** | **£** | **£** |
| Loans/HP/Rental agreements | **£** | **£** | **£** |
| Savings | **£** | **£** | **£** |
| Life Insurance | **£** | **£** | **£** |
| Pension contributions | **£** | **£** | **£** |
| Accident & Sickness Cover | **£** | **£** | **£** |
| Healthcare (dentist, etc) | **£** | **£** | **£** |
| **Miscellaneous** | **£** | **£** | **£** |
| Maintenance | **£** | **£** | **£** |
| School Fees | **£** | **£** | **£** |
| Holidays | **£** | **£** | **£** |
| Clothing | **£** | **£** | **£** |
| Socialising | **£** | **£** | **£** |
| **Total monthly expenditure** | **£** | **£** | **£** |