



## CORE FACT FIND

<b>Client(s) name</b>	
<b>Adviser name</b>	Choose an item.
<b>Fact find completed by</b>	
<b>Date fact find completed</b>	Click or tap to enter a date.
<b>Date initial disclosure made (CIDD)</b>	Click or tap to enter a date.
<b>Date Data Privacy Statement issued</b>	Click or tap to enter a date.
<b>Date Client Agreement (including service &amp; payment agreement) issued</b>	Click or tap to enter a date.

### Client Categorisation

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

- |                              |   |
|------------------------------|---|
| <b>Retail Client</b>         | Afforded the highest level of regulatory protection. Retail clients are generally individual clients and small businesses or trusts.  |
| <b>Professional Client</b>   | 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. |
| <b>Eligible Counterparty</b> | 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 <input type="checkbox"/>	Professional Client <input type="checkbox"/>	Eligible Counterparty <input type="checkbox"/>
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## 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.)	<input type="checkbox"/>	<input type="checkbox"/>
Pension Planning	<input type="checkbox"/>	<input type="checkbox"/>
Retirement options	<input type="checkbox"/>	<input type="checkbox"/>
Investment planning (either regular, lump sum or both)	<input type="checkbox"/>	<input type="checkbox"/>
IHT Planning	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage needs	<input type="checkbox"/>	<input type="checkbox"/>
Equity Release	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>
General Insurance needs	<input type="checkbox"/>	<input type="checkbox"/>

## B) Client(s) Details

### Core Details

	Client 1	Client 2
<b>Title</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Forename(s)</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Surname</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Previous name(s) / reason(s) for change</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Date of Birth (dd/mm/yy)</b>	Click or tap to enter a date.	Click or tap to enter a date.
<b>Gender</b>	Choose an item.	Choose an item.
<b>Relationship to other applicant</b>	Choose an item.	Choose an item.
<b>Full postal address</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Contact details</b>	Home: Click or tap here to enter text. Mobile: Click or tap here to enter text. Work: Click or tap here to enter text. Email: Click or tap here to enter text.	Home: Click or tap here to enter text. Mobile: Click or tap here to enter text. Work: Click or tap here to enter text. Email: Click or tap here to enter text.
<b>Preferred method(s) of contact</b>	Choose an item.	Choose an item.
<b>Marital status</b>	Choose an item.	Choose an item.
<b>Nationality</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>UK domiciled &amp; UK tax resident?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *

*\*provide details in the notes section to confirm residential / tax status if not UK*

<b>National Insurance number</b>		
<b>Anticipated retirement age</b>		

<b>Have you smoked in the last 12 months?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *
<b>Are there specific details about the client's circumstances that need to be considered?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *
	<input type="checkbox"/> Financial capability <input type="checkbox"/> Financial resilience <input type="checkbox"/> Health <input type="checkbox"/> Life event	<input type="checkbox"/> Financial capability <input type="checkbox"/> Financial resilience <input type="checkbox"/> Health <input type="checkbox"/> Life event
<b>Would you like us to consider any environmental, social, ethical or faith related issues when looking at where you might invest?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *

\* Provide details in the notes section

## Dependants

	<b>Client 1</b>	<b>Client 2</b>
<b>Do you have any dependants?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Dependant's name	Age	Financially dependent on	Relationship to client(s) & reason for dependency	Dependent until (date / age)
Click or tap here to enter text.	Click or tap here to enter text.	Client 1: <input type="checkbox"/> Client 2: <input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Client 1: <input type="checkbox"/> Client 2: <input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Client 1: <input type="checkbox"/> Client 2: <input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Client 1: <input type="checkbox"/> Client 2: <input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Client 1: <input type="checkbox"/> Client 2: <input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.

Dependant's name	Age	Financially dependent on	Relationship to client(s) & reason for dependency	Dependent until (date / age)
<b>Notes – section B:</b> Click or tap here to enter text.				

## C) Employment

### Employment Details

	Client 1	Client 2
<b>Current occupation</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Job title</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Status</b>	Choose an item. Click or tap here to enter text.	Choose an item. Click or tap here to enter text.
<b>Contract basis?</b>	Choose an item.	Choose an item.
<b>Hours worked</b>	Choose an item. Click or tap here to enter text.	Choose an item. Click or tap here to enter text.
<b>Start date (if within last 12 months, provide relevant details of previous employment in notes section)</b>	Click or tap to enter a date.	Click or tap to enter a date.
<b>Are you in a probationary period?</b> <b>If yes, when does this end?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Employer</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Employer's full address:</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Telephone number:</b>	Click or tap here to enter text.	Click or tap here to enter text.

	Client 1	Client 2
<p><b>Are you a member of a workplace pension?</b></p> <p><b>If 'yes', provide details – including retirement age &amp; expected pension income</b></p> <p><b>If 'no', why not?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Click or tap here to enter text.</p> <p>Click or tap here to enter text.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Click or tap here to enter text.</p> <p>Click or tap here to enter text.</p>
<p><b>Are you expecting any changes to your employment?</b></p> <p><b>If yes, provide details</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Click or tap here to enter text.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Click or tap here to enter text.</p>

## D) Income

		Client 1	Client 2	Joint
<b>Employed Income:</b>				
A	Gross employment income	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
B	Additional guaranteed income (gross) (overtime, bonuses etc.)	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
C	Additional regular income (gross) (overtime, bonuses etc.)	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
D	Other earned income (gross)	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
TOTAL ( A + B + C + D )		£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Can the level of income being declared be independently verified?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

<b>Self-employed Income:</b>			
Are accounts available?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Number of years accounts available	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Last 3 years pre-tax profit figures (Year 3 being latest year)</b>			
Year 3	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Year 2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Year 1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Other Income			
<b>Pension</b>	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
<b>Rental</b>	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
<b>State benefits</b>	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
<b>Maintenance / allowance</b>	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
<b>Other</b>	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
<b>TOTAL</b>	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.	£ Click or tap here to enter text. Choose an item.
<b>Can the level of income being declared be independently verified?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

<b>TOTAL GROSS ANNUAL INCOME</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>TOTAL NET ANNUAL INCOME</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.

<b>What is your highest rate of tax?</b>	Choose an item.	Choose an item.
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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	£ Click or tap here to enter text.	£ Click or tap here to enter text.	
Investments – non mortgage related		£ Click or tap here to enter text.	£ Click or tap here to enter text.
Investments – mortgage related		£ Click or tap here to enter text.	£ Click or tap here to enter text.
Pensions	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Cash savings	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Emergency Fund <i>(excluding costs set aside for new borrowing i.e., deposit / legal costs etc.)</i>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Business assets	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Other assets		£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>Total assets</b>	<b>£ Click or tap here to enter text.</b>	<b>£ Click or tap here to enter text.</b>	<b>£ Click or tap here to enter text.</b>

## Summary – Current Liabilities

	Client 1	Client 2	Joint
Outstanding mortgage (main residence)	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Outstanding mortgage (any other property)	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Credit / store cards	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Overdraft	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Loans/HP	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Other lending (please provide details)	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>Total liabilities</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>Net position (assets minus liabilities)</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>Notes – Section E</b>			

## 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	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Living Expenses	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Transportation Costs	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Insurance / Savings / Unsecured Loans	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Schooling	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Miscellaneous	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>Total Monthly Expenditure</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.

## Surplus Income

<b>Total monthly net income</b> <i>(from section D)</i>	£ Click or tap here to enter text.
<b>Surplus income</b> <i>(net monthly income less total monthly outgoings)</i>	£ Click or tap here to enter text.

## Do you expect your expenditure to 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 F

## G) Wills and Estate

	Client 1	Client 2
Have you made a will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of will(s)	Click or tap to enter a date.	Click or tap to enter a date.
Have your circumstances changed since last updating your will e.g., divorce / remarried	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your will reflect your current wishes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Power of Attorney

	Client 1	Client 2
Is a Power of Attorney in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what type?	Choose an item.	Choose an item.
If LPA, what type?	Choose an item.	Choose an item.

## Notes – Section G

## H) Identity & Verification

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

### Client 1

- ☐ Government document with photo  
(complete table A only)

### OR

- ☐ Government document without photo plus secondary confirmation  
(complete both table B & C)

### Client 2

- ☐ Government document with photo  
(complete table A only)

### OR

- ☐ Government document without photo plus secondary confirmation  
(complete both table B & C)

## Table A

	Client 1	Client 2
Document	<input type="checkbox"/> Drivers licence <input type="checkbox"/> Passport <input type="checkbox"/> Residency permit <input type="checkbox"/> EEA State ID / Voters Card <input type="checkbox"/> Blue disabled drivers pass <input type="checkbox"/> Firearms / Shotgun Certificate	<input type="checkbox"/> Drivers licence <input type="checkbox"/> Passport <input type="checkbox"/> Residency permit <input type="checkbox"/> EEA State ID / Voters Card <input type="checkbox"/> Blue disabled drivers pass <input type="checkbox"/> Firearms / Shotgun Certificate
Date of Issue	Click or tap to enter a date.	Click or tap to enter a date.
Place of Issue		

Description		
Date of Birth	Click or tap to enter a date.	Click or tap to enter a date.
Place of Residence		
Expiry Date	Click or tap to enter a date.	Click or tap to enter a date.
Document No.		
Document Issuer		
Verified Date	Click or tap to enter a date.	Click or tap to enter a date.
Verified By	Choose an item.	Choose an item.

**Table B**

	<b>Client 1</b>	<b>Client 2</b>
<b>Document</b>	<input type="checkbox"/> State Pension or benefits book <input type="checkbox"/> Sub-Contractors Certificate <input type="checkbox"/> Old Style Drivers Licence <input type="checkbox"/> Local Authority Tax Bill <input type="checkbox"/> Tax Assessment <input type="checkbox"/> Statement of Account <input type="checkbox"/> Notice of Tax Coding <input type="checkbox"/> Electoral Roll Check	<input type="checkbox"/> State Pension or benefits book <input type="checkbox"/> Sub-Contractors Certificate <input type="checkbox"/> Old Style Drivers Licence <input type="checkbox"/> Local Authority Tax Bill <input type="checkbox"/> Tax Assessment <input type="checkbox"/> Statement of Account <input type="checkbox"/> Notice of Tax Coding <input type="checkbox"/> Electoral Roll Check
Date of Issue	Click or tap to enter a date.	Click or tap to enter a date.
Place of Issue		
Description		
Date of Birth	Click or tap to enter a date.	Click or tap to enter a date.
Place of Residence		
Expiry Date	Click or tap to enter a date.	Click or tap to enter a date.
Document No.		
Document Issuer		
Verified Date	Click or tap to enter a date.	Click or tap to enter a date.
Verified By	Choose an item.	Choose an item.

**Table C**

	<b>Client 1</b>	<b>Client 2</b>
<b>Document</b>	<input type="checkbox"/> Proof of land registration <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Bank/BS Statement <input type="checkbox"/> Home/Car Insurance Certificate <input type="checkbox"/> Utility Bill <input type="checkbox"/> Local Authority Rent Book <input type="checkbox"/> Home Visit	<input type="checkbox"/> Proof of land registration <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Bank/BS Statement <input type="checkbox"/> Home/Car Insurance Certificate <input type="checkbox"/> Utility Bill <input type="checkbox"/> Local Authority Rent Book <input type="checkbox"/> Home Visit
Date of Issue	Click or tap to enter a date.	Click or tap to enter a date.
Place of Issue		
Description		
Date of Birth	Click or tap to enter a date.	Click or tap to enter a date.
Place of Residence		
Expiry Date	Click or tap to enter a date.	Click or tap to enter a date.
Document No.		
Document Issuer		
Verified Date	Click or tap to enter a date.	Click or tap to enter a date.
Verified By	Choose an item.	Choose an item.

**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.**

<b>Client 1</b>	<b>Full Name</b>	Click or tap here to enter text.
	<b>Signature</b>	Click or tap here to enter text.
	<b>Date</b>	Click or tap to enter a date.

<b>Client 2</b>	<b>Full Name</b>	Click or tap here to enter text.
	<b>Signature</b>	Click or tap here to enter text.
	<b>Date</b>	Click or tap to enter a date.

**PLEASE PROVIDE DETAILS OF YOUR EXISTING 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 (£)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

### Pension Policies

Do you currently have any policies?

Yes\* ☒ No ☐

Owner	Provider	Policy Number	Pension Type	Last known valuation	Status	Current contribution if applicable
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.



Owner	Provider	Policy Number	Pension Type	Last known valuation	Status	Current contribution if applicable
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

### **Investment Policies**

Do you currently have any policies?

Yes\* ☐ No ☐

Owner	Provider	Policy Number	Product/Plan Type	Last known valuation	In Trust
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

### **Savings & Bank Accounts**

Do you currently have any policies?

Yes\* ☐ No ☐

Owner	Provider	Product/Plan Type	Latest value (£)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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

	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>
<b>Fixed Household Costs</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Mortgage / Rent	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Council Rates	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Water Rates	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Gas & Electricity	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Telephone/Broadband/Mobile	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Food shopping	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Building/contents insurance	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
TV / Satellite / Cable	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>Transportation Costs</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Fuel	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Car Tax	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.

	Client 1	Client 2	Joint
Car insurance	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Servicing and maintenance	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Breakdown cover	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Public Transport	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>Financials</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Credit/Store Card repayments	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Loans/HP/Rental agreements	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Savings	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Life Insurance	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Pension contributions	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Accident & Sickness Cover	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Healthcare (dentist, etc)	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>Miscellaneous</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.

	Client 1	Client 2	Joint
Maintenance	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
School Fees	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Holidays	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Clothing	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
Socialising	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.
<b>Total monthly expenditure</b>	£ Click or tap here to enter text.	£ Click or tap here to enter text.	£ Click or tap here to enter text.