

Client(s) Name:	
Date:	

BASIS OF ADVICE

Basis of Advice

I / We recommend our full review service covering all of the financial planning need areas described below. Are you happy for us to do this? **YES / NO**
 If Yes, review all of the areas below with the exception of those "not relevant".
 If No, I / We understand that you would prefer us to limit our advice to one or more of the following areas. The notes section should be used to provide further specific details of the objectives / needs and why any objectives have been deferred declined or are not relevant.

Client Objectives / Financial Goals

A Supplementary Questionnaire must be completed for each client objective selected as "now".

	Now / Future / Declined / Not Relevant		
	Self	Partner	Priority 1-14
1. Protection - Providing a Cash Sum or Income (SQ1A & SQ1B)			
I / We want to review the amount of cash or income the family will receive in the event of death (SQ1A)			
I / We want to review the amount of cash/income I / the family will receive in the event of critical illness (SQ1B)			
I / We want to review the amount of income I /the family will receive in the event of an illness / accident (SQ1B)			
2. Personal Retirement Planning (SQ2A SQ2B & SQ2C)			
I / We want to review my / our retirement provision. (SQ2A)			
I / We want to consider transferring deferred benefits from a previous occupational pension scheme. (SQ2B)			
I / We want to consider my /our options available at retirement. (SQ2C)			
3. Investment Advice (SQ3)			
I / We want to review my / our investment portfolio.			
4. Saving Regularly (SQ4)			
I / We want to review my / our regular savings.			
5. Mortgage Provision (SQ5A &SQ5B)			
I / We want to review the situation regarding the repayment of the mortgage plus protection in the event of death or critical illness. (SQ5A)			
I / We want to arrange a mortgage, re-mortgage or further advance. (SQ5B)			
6. Funding for Education (SQ6)			
I / We want to make provision for school fees / university funding.			
7. Inheritance Tax Planning (SQ7)			
I / We want to review any potential inheritance tax liability on my / our estate.			
8. Long-Term Care Planning (SQ8)			
I / We want to make provision for long-term care should specialist nursing be required for an extended period.			
9. Other e.g. SQ9A Medical Insurance / SQ9B buildings & contents			
I / We want to review other objectives / goals (please provide full details in the notes section).			

Notes:

Confidential Financial Review

BASIS OF ADVICE (continued)

Client Objectives / Financial Goals

Reference needs areas 1 – 9 on previous page:-

Future. (F) You have decided to defer discussion of these areas because:-

Area

Declined. (D) You have declined to discuss these areas because:-

Area

Not Relevant. (N/R) These areas were considered not relevant because:-

Area

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CLIENT DETAILS	
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	Self		Partner	
Title / Sex				
Forename(s)				
Surname				
Known as				
Date of Birth / Marital Status				
National Ins No. / UK Resident				
Home Address (Only complete partner if different)				
Time at current address in yrs & mths (If less than 3 years give details of all previous addresses for 3 years in notes section below)				
Home Telephone Number				
Mobile Number				
E-mail address				
Preferred method of contact				
Do you foresee any changes to your personal circumstances?				
Are you in good health?				
Do you have any medical conditions? (if yes, give details)				
Have you smoked in the last 12 months?				
Employment Status				
At what age do you intend to retire				
Do you have any religious beliefs that would affect financial planning?				

CHILDREN AND OTHER DEPENDANTS (Children / Partner / Grandchildren / Elderly Dependants etc.)	
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Do you have any dependants?	
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Name	Date of Birth	Relationship	Financially dependent?	Sex
1.				
2.				
3.				

Notes

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OCCUPATION DETAILS		Self	Partner
Main Occupation			
Job title of main occupation			
Secondary occupation & job title			
Employer / Business Name			
Employer / Business Address			
Employer's Tel. Number / Co. Mobile No.			
Fax Number / E-mail address at work			
Date started employment/Business?			
Gross Income per annum/Net Profit (if self-employed)	£		£
Gross Benefits in Kind (P11d)	£		£
Do you intend to change jobs?			

INCOME DETAILS		Self	Partner	Joint
Net monthly "take-home pay"/Net Drawings (if self-employed)		£	£	£
Net monthly part-time/secondary occupation income		£	£	£
Net monthly guaranteed commission / bonus /overtime		£	£	£
Net monthly pension income		£	£	£
Net monthly investment income		£	£	£
Other net monthly income		£	£	£
Total Net Monthly income		£	£	£
Highest rate of income tax?		%	%	
Do you see your income changing in the near future?				
Pay / Pension review date				

OUTGOING DETAILS	
Would you like to look at your monthly outgoings in detail? (If yes, complete detailed breakdown of outgoings. If no, just complete the total boxes below)	
Total Net Monthly Income	£
Total Monthly Committed Outgoings	£
Total Monthly Discretionary Outgoings	£
Total Monthly Outgoings	£
Disposable Monthly Income	£
Do you expect to see your outgoings change in the near future? If yes, please provide details in the notes section.	

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ASSETS		Self	Partner	Joint
Home (Primary Residence)*		£	£	£
Other Properties		£	£	£
Contents & Personal Effects		£	£	£
Personally Owned Vehicles		£	£	£
Business Interests		£	£	£
Current Account Balance		£	£	£
Building Society & Deposits		£	£	£
TESSAs / TESSA ISA		£	£	£
PEPs		£	£	£
Cash ISAs		£	£	£
Equity / Insurance ISAs		£	£	£
Investment Bonds		£	£	£
Unit / Investment Trusts		£	£	£
Stock-Market Shares		£	£	£
Loan Stocks & Gilts		£	£	£
Other Assets (including National Savings)		£	£	£
Total Assets (TA)		£	£	£

LIABILITIES		Self	Partner	Joint
Mortgages		£	£	£
Other Loan Amounts		£	£	£
Credit Card Balances		£	£	£
Store Card Balances		£	£	£
Overdraft Balance		£	£	£
Total Liabilities (TL)		£	£	£

SUMMARY OF ASSETS & LIABILITIES		
Total Assets (TA)		£
Total Liabilities (TL)		£
NET ASSET POSITION		£
Do you expect any of these to change in the near future?	<i>If yes, provide details</i>	
Do you have loan protection on your liabilities?	<i>If yes, provide details</i>	

Notes
*Tenancy in common / Joint tenancy (Joint property / Common property in Scotland)

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EXISTING PLANS

If the answer is "yes" to any of the following questions and it is relevant to the advice being given, print the appropriate EP matrix and provide further details. Any existing provisions made for mortgage, funding for education, inheritance tax planning, long-term care or other needs should be included on the appropriate existing provision matrix

TRANSITIONAL PROTECTION ARRANGEMENTS	Self	Partner
Pensions simplification on 6 th April 2006 introduced transitional protection arrangements; the implications need to be considered with both pension and protection clients.		
Have you applied for enhanced protection?		
Have you applied for primary protection?		
If yes, what is your personal lifetime allowance (as a percentage of the standard lifetime allowance)?	%	%

PROTECTION (EP1)		
Do you have any existing life assurance plans?		
Do you have any existing critical illness plans?		
Do you have any existing income protection plans?		
Do you have any protection benefits from any employer? (<i>sick pay, Death in service</i>)		

RETIREMENT (EP2)		
Are you currently in an occupational pension scheme?		
Are you eligible to join one, now or in the future?		
If "yes", record the date when joined or when eligible?		
If "no", but eligible, why have you not joined? (Provide details in notes)		
Do you have any preserved occupational arrangements?		
Are you currently contributing to any private pension arrangement?		
Do you have any previous private pension arrangements?		
Are you contracted out of the state pension scheme?		
Have you had any previous benefit crystallisation events?		

INVESTMENTS (EP3)		
Do you have any existing investments?		

SAVINGS (EP4)		
Do you have any existing regular savings?		

PRIVATE MEDICAL PLANS (EP5)		
Do you have any existing private medical plans?		

BUILDINGS & CONTENTS (MSQ4)		
Do you have existing Buildings & Contents insurance?		

WILLS		Self	Partner
Do you have a will that reflects your current wishes?			
When was your will last reviewed?			
Who are the beneficiaries?			

EMERGENCY FUND			
How much money do you need available for emergencies?	£	How much do you have?	£
Source of existing arrangements?		Additional amount required?	£

COMMITMENT TO AMOUNT		Lump Sum	Regular Contribution
What amount are you prepared to commit towards reaching your financial goals?		£	£
How long are you prepared to invest your monies for?		Years	Years
Source of Funds?			
Notes			

SUMMARY OF CLIENT NEEDS	
Notes	
<ul style="list-style-type: none"> If client(s) aims & objectives have changed during fact-finding, detail why. Adviser to indicate any areas of concern not reviewed and the outcome of these discussions. 	

INITIAL ADVICE IDEAS	
<ul style="list-style-type: none"> Briefly summarise agreed course of action. 	

NON-DISCLOSURE DETAILS	
Has any information not been disclosed?	
If yes, provide details of the areas and the reasons why.	

DISCONTINUED PLANS	
Whether recommended or not, to your knowledge will any plan be lapsed, surrendered, cancelled or converted to enable the prospective plan to be effected? (If yes, complete discontinued plans form).	

