



Confidential Financial Review Form

Client(s) _____

Date: _____

Financial Services And Markets Act 2000

Independent Financial Advisers are required to have proper regard for a client's best interests in any advice given. They must therefore do their utmost to ensure that they are aware of your personal and financial circumstances so that their advice is the most suitable for your needs. The questions here have been specifically designed to help your adviser provide advice that meets your needs. If, for any reason, you decline to answer any or all of the questions or if you fail to provide true and accurate information to the best of your knowledge, the advice given subsequently may not be best advice, as it can only be based on the information provided.

Data Protection Act 1998 - Disclosure of Information

The information given in this document will be retained on computer for reference purposes, and will be held in accordance with the Data Protection Act 1998. The details may be passed to the regulatory authorities and auditors for the purpose of compliance.

CLIENT DETAILS	Self		Partner	
Title / Sex				
Forename (s)				
Surname				
Known as				
Date of Birth (DD/MM/YY) / Marital Status				
UK Resident				
Home Address (only complete for partner's if different)				
Home Tel No.				
Work Tel No.				
Mobile Number				
Email Address				
Preferred method of contact				
Are you happy for us to send you emailed documents?				

Do you foresee any changes to your personal circumstances? (if yes, give details in Notes section)		
Are you in good health?		
Do you have any medical conditions? (if yes, please give details in Notes section)		
Have you smoked in the last 12 months?		

CHILDREN & OTHER DEPENDANTS (Hers / Grandchildren / Elderly relative etc)

Name	Date of birth	Relationship	Financially Dependent?	Sex

Notes

--

OCCUPATION DETAILS	Self	Partner
National Insurance Number		
At what age do you intend to retire?		

PRESENT OCCUPATION	Self	Partner
Job Title		
Employment Status		
When did you start / join?		
Employer / Business Name		
Employer's / Business Address (including postcode)		
Business Year End		
Do you intend to change jobs?		

Tax District		
Tax Reference		

Notes

PREVIOUS OCCUPATIONS	Self	Partner
Occupation		
Previous Employer		
Dates of Employment - From / To		

Are you a member of a previous employer's company pension scheme? (if yes, please give details in Notes section)		
--	--	--

Notes

INCOME DETAILS		Self	Partner
Type Source	Frequency	Net	Net
Wages/Salary	Monthly		
Rental Income	Monthly		
Pension	Monthly		
State Benefit (Family allowance, tax credits etc)	Monthly		
Investment Income	Monthly		
Other	Monthly		
Other	Monthly		
Total Net Monthly Income		£ (A)	£ (B)
Highest rate of income tax?		%	%
Do you see your income changing in future?			
Pay / Pension Review Date			
Notes			

COMMITTED OUTGOINGS DETAILS

Do you wish to go into detail of your outgoings?

If no then please enter total outgoings into the row marked '*'

Outgoing Description	Frequency	Self	Partner	Joint
Mortgage /Rent	Monthly	£	£	£
Council Tax	Monthly	£	£	£
B&C Insurance	Monthly	£	£	£
Car Insurance (Tax, Mot etc)	Monthly	£	£	£
Electricity	Monthly	£	£	£
Water & Sewage	Monthly	£	£	£
TV	Monthly	£	£	£
Mobile Phone	Monthly	£	£	£
Internet & Phone	Monthly	£	£	£
Gas & Heating	Monthly	£	£	£
Food	Monthly	£	£	£
Other	Monthly	£	£	£
Other	Monthly	£	£	£
*Total (if not going into detail)	Monthly	£	£	£
Total Monthly Committed Outgoings (C)		£		£

Discretionary Outgoings	Frequency	Self	Partner	Joint
Entertainment	Monthly	£	£	£
Eating Out	Monthly	£	£	£
Holidays	Monthly	£	£	£
Regular Savings	Monthly	£	£	£
Donations	Monthly	£	£	£
Other	Monthly	£	£	£
Other	Monthly	£	£	£
*Total (if not going into detail)	Monthly	£	£	£
Total Monthly Discretionary Outgoings (D)		£	£	£

FINANCIAL PROFILE

Total Net Monthly Income (A + B)		£	(E)
Total Monthly Committed Outgoings (C)		£	
Total Monthly Discretionary Outgoings (D)		£	
Total Monthly Outgoings (C + D = F)		£	(F)
Disposable Monthly Income (E - F)		£	
Do you expect to see your outgoings change in the near future? (if yes, please provide details)			

Notes

ASSETS	Self	Partner	Joint
Fixed			
Home (Primary Residence)	£	£	£
Other Property/Land	£	£	£
Car, Caravans etc	£	£	£
Personal Effects	£	£	£
Business Assets	£	£	£
Other	£	£	£
Savings			
Current Account	£	£	£
Cash ISAs	£	£	£
Savings Account	£	£	£
Other	£	£	£
Investments			
Stocks & Shares ISAs	£	£	£
Investment Bond	£	£	£
PEPs	£	£	£
Shares	£	£	£
Trust Funds	£	£	£
Other	£	£	£
Total of Assets (TA)	£	£	£

Notes

Are you likely to incur a Capital Gains Tax Liability in the current year? (if yes, please give details)			
LIABILITIES	Self	Partner	Joint
Mortgage (On Main Residence)	£	£	£
Mortgage (On Any Other Property)	£	£	£
Loans	£	£	£
Car Loan	£	£	£
Credit Card	£	£	£
Store Card	£	£	£
Other	£	£	£
Total Liabilities (TL)	£	£	£

Notes

SUMMARY OF ASSETS & LIABILITIES	Self	Partner	Joint
Total of Assets (TA)	£	£	£
Total Liabilities (TL)	£	£	£
NET ASSET POSITION	£	£	£

Do you expect your Assets / Liabilities to change in the near future? (if Yes, please give details)	
Do you have loan protection on your Liabilities? (if Yes, please give details)	

EMERGENCY FUND	
How much money do you need available for emergencies?	
Source of this emergency fund	

WILL AND ESTATE PLANNING	Self	Partner
Do you have a will?		
If yes, when was it made?		
Who are the beneficiaries?		
Have you established any Trusts?		
Have you undertaken any estate planning? e.g. severance of Tenancy?		

Notes

MORTGAGES

Do you have any existing mortgages? (If yes, please give details below)

Provider _____

Account Number _____

Borrower	Subtype	Term	Remaining Amount Outstanding	Early Redemption Charge?

Notes

Provider _____

Account Number _____

Borrower	Subtype	Term	Remaining Amount Outstanding	Early Redemption Charge?

Notes

Provider _____

Account Number _____

Borrower	Subtype	Term	Remaining Amount Outstanding	Early Redemption Charge?

Notes

SAVINGS

Do you have any existing savings? (If yes, please give details below)

Bank _____
Account Type _____
Account Number _____

Owner	Long or Short Term	Status	Start Date	Notice Period or Term	Premium & Frequency	Current Value
<u>Notes</u>						

Provider _____
Policy Type _____
Policy Number _____

Owner	Long or Short Term	Status	Start Date	Notice Period or Term	Premium & Frequency	Current Value
<u>Notes</u>						

Provider _____
Policy Type _____
Policy Number _____

Owner	Long or Short Term	Status	Start Date	Notice Period or Term	Premium & Frequency	Current Value
<u>Notes</u>						

Provider _____
Policy Type _____
Policy Number _____

Owner	Long or Short Term	Status	Start Date	Notice Period or Term	Premium & Frequency	Current Value
<u>Notes</u>						

INVESTMENTS

Do you have any existing investments? (If yes, please give details below)

Provider _____

Policy Type _____

Policy Number _____

Owner	If an ISA have contributions been made this tax year?	Start Date	End Date	Initial Amount Invested	Regular Income / Withdrawals	Primary Purpose of Plan	Current Value
<u>Notes</u>							

Company _____

Share Type _____

Share Account Number _____

Owner	If an ISA have contributions been made this tax year?	Date Acquired	Initial Amount Invested	Regular Income / Withdrawals	Primary Purpose of Plan	Current Value
<u>Notes</u>						

Provider _____

Policy Type _____

Policy Number _____

Owner	If an ISA have contributions been made this tax year?	Start Date	End Date	Initial Amount Invested	Regular Income / Withdrawals	Primary Purpose of Plan	Current Value
<u>Notes</u>							

Provider _____

Policy Type _____

Policy Number _____

Owner	If an ISA have contributions been made this tax year?	Start Date	End Date	Initial Amount Invested	Regular Income / Withdrawals	Primary Purpose of Plan	Current Value
<u>Notes</u>							

Provider _____

Policy Type _____

Policy Number _____

Owner	If an ISA have contributions been made this tax year?	Start Date	End Date	Initial Amount Invested	Regular Income / Withdrawals	Primary Purpose of Plan	Current Value
<u>Notes</u>							

LIFE ASSURANCE

Do you have any cover in the event of death and / or critical illness including policies covering your mortgages? (If yes, please give details below)

Provider _____

Policy Type _____

Policy Number _____

Owner	Life Assured	Status	Start Date	End Date	Benefits Provided	Premium & Frequency	Waiver	In Trust?
<u>Notes</u>								

Provider _____

Policy Type _____

Policy Number _____

Owner	Life Assured	Status	Start Date	End Date	Benefits Provided	Premium & Frequency	Waiver	In Trust?
<u>Notes</u>								

Provider _____

Policy Type _____

Policy Number _____

Owner	Life Assured	Status	Start Date	End Date	Benefits Provided	Premium & Frequency	Waiver	In Trust?
<u>Notes</u>								

INCOME PROTECTION

Do you have any cover in the event of being unable to work due to ill health or incapacity? (If yes, please give details below)

Provider _____

Policy Type _____

Policy Number _____

Owner	Status	Start Date	End Date	Benefits Provided Frequency	Premium & Frequency	Def Period
<u>Notes</u>						

Provider _____

Policy Type _____

Policy Number _____

Owner	Status	Start Date	End Date	Benefits Provided Frequency	Premium & Frequency	Def Period
<u>Notes</u>						

Provider _____

Policy Type _____

Policy Number _____

Owner	Status	Start Date	End Date	Benefits Provided Frequency	Premium & Frequency	Def Period
<u>Notes</u>						

RETIREMENT PLANS

Are you currently in an Occupational pension scheme?
(If YES, please give details below)

Provider _____

Policy Type _____

Policy Number _____

Owner	Status	Start Date	Normal / Scheme Retirement Age	Expected Income at Retirement	Contributions per month Employee Employer	Waiver
Notes						

Provider _____

Policy Type _____

Policy Number _____

Owner	Status	Start Date	Normal / Scheme Retirement Age	Expected Income at Retirement	Contributions per month Employee Employer	Waiver
Notes						

If you are **Employed** and **not currently in an Occupational Pension Scheme** please answer the following questions

	Self	Partners
Does your company operate a company pension scheme?		
If not, do you know of any plans to introduce such a scheme?		
Are you eligible to join the company pension scheme but have not yet done so? If yes, give details in the Notes box)		
Notes		

OTHER PENSION ARRANGEMENTS

Do you have any other pension arrangements?

Provider _____

Policy Type _____

Policy Number _____

Owner	Status	Start Date	Normal / Scheme Retirement Age	Expected Income at Retirement	Contributions per month		Waiver
					Employee	Employer	
<u>Notes</u>							

Provider _____

Policy Type _____

Policy Number _____

Owner	Status	Start Date	Normal / Scheme Retirement Age	Expected Income at Retirement	Contributions per month		Waiver
					Employee	Employer	
<u>Notes</u>							

Provider _____

Policy Type _____

Policy Number _____

Owner	Status	Start Date	Normal / Scheme Retirement Age	Expected Income at Retirement	Contributions per month		Waiver
					Employee	Employer	
<u>Notes</u>							

LIFETIME FINANCIAL SOLUTIONS

Good news, you have reached the end of the Fact Find. If you are happy that everything you wanted to tell us about has been entered correctly then please save this document and add it as an attachment in an email to your adviser. If preferable you are welcome to print this document and send it to us via post.

Ian Couling

ian@lifetimefinancialsolutions.co.uk

Luke Durrant

luke@lifetimefinancialsolutions.co.uk

Rob Case

rob@lifetimefinancialsolutions.co.uk

Peter Barton

peter@lifetimefinancialsolutions.co.uk

Terry Weller

terry@lifetimefinancialsolutions.co.uk

If you experience any problems in getting the information to us please contact us via one of contacts below.

Norfolk Office:

Tel: 01493 369061

eMail:

alex@lifetimefinancialsolutions.co.uk

Address:

Lifetime Financial Solutions
Sophex House
3 Church View
Fleggburgh
Great Yarmouth
Norfolk
NR29 3DJ

Suffolk Office:

Tel: 01473 356556

eMail:

ipswich@lifetimefinancialsolutions.co.uk

Address:

Lifetime Financial Solutions
Alpha 5, West Road
Masterlord Office Village
Ransomes Europark
Ipswich
Suffolk
IP3 9SX

www.lifetimefinancialsolutions.co.uk

Is there anything we can do to improve this form? Please let us know: