



Confidential Financial Review

Client Name(s):

Adviser Name:

Date:

727 Capability Green
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In Order for us to advise you regarding your financial planning requirements, it is essential that we obtain current and relevant information. Therefore, please complete the following details as comprehensively as you able If you choose to omit various sections you should be aware that our advise will be based only on the information provided.



AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY

Wealth Matters Ltd - Registered in England No. 3862593.

1. Personal Details

	Client	Partner
Title / Surname	<input type="text"/>	<input type="text"/>
Forename (s)	<input type="text"/>	<input type="text"/>
Previous Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Time at current address	<input type="text"/>	<input type="text"/>
Previous Address (if time at current address is less than 3 years)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile number	<input type="text"/>	<input type="text"/>
Home email address	<input type="text"/>	<input type="text"/>
Work email address	<input type="text"/>	<input type="text"/>
Preferred method of contact	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Place of birth	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>
UK domiciled & UK tax resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employment Status	<input type="text"/>	<input type="text"/>
At what age do you intend to retire?	<input type="text"/>	<input type="text"/>
Have you smoked in the last 12 months	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Cigars Only	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Cigars Only
Are you in good health	<input type="text"/>	<input type="text"/>
Do you have any medical conditions? (If yes, please give details)	<input type="text"/>	<input type="text"/>
Do you foresee any changes in your personal circumstances?	<input type="text"/>	<input type="text"/>
Do you have any Dependants?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Dependant's Name	Date of Birth	Dependant of	Relationship	Reason for	Living at home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any children or grandchildren going to fee paying schools now or in the future?

Will you need/want to save for university education for your children?

2. Occupational Details

	Client	Partner
Main Occupation		
Job title		
Secondary occupation and job title		
Employer/Business Name		
Work Telephone number		
Employment status		
Date started employment/business?		
Percentage of business owned (if applicable)		
Do you intend to change jobs in the future?		

3. Professional Contacts

Solicitor

Company Name		
Address		
Postcode		
Contact Name		
Telephone number		
Fax Number		

Accountant

Company Name		
Address		
Postcode		
Contact Name		
Telephone number		
Fax Number		

4. Home Details

Current Value	
Mortgage Lender	
Mortgage Amount	
Amount outstanding	
Payment Method - Repayment or Interest Only	
Remaining Term	
Mortgage Rate	
When does it expire	
Any early repayment charges?	

5. Income Details

	Client	Partner	Joint
Basic annual income	Amount	Amount	Amount
Basic salary			
Bonus / commission			
Overtime			
Director's Dividends			
Net Relevant Earnings (self employed)			
Business Profits			
Billing Rate (contractors)			
Profit Related Pay			
Benefits in kind			
Any part-time/secondary occupation income			
Pension Income			
Investment Income			
Highest rate of income tax?			
Do you anticipate any significant changes in income?			
When is your salary review date/ the end of your trading year?			
Outgoing Details	Amount	Amount	Amount
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.			
Current Commitments	Loan Amount	Cost per month	Details
Mortgage / Rent			
Other loans / HP			
Other loans / HP			
Other loans / HP			
Credit Cards			
Credit Cards			
Domestic Bills			
Life & Pension policies			
Other			
Total Commitments			

6. Assets

	Client	Partner	Joint
Home (Primary Residence)			
Other Properties			
Other Properties			
Other Properties			
Other Properties			
Contents & Personal Effects			
Personally Owned Vehicles			
Business Interests			
Current Account Balance			
Building Society & Deposits			
Tessa's / Tessa ISA			
Cash ISA's			
Equity ISA's			
Investment Bonds			
Unit / Investment Trusts			
Stock-Market Shares			
Loan Stocks & Gilts			
Other Assets (including National Savings)			
Total Assets			

7. Liabilities

Mortgage on Primary Residence			
Other Mortgage			
Other Mortgage			
Other Mortgage			
Other Mortgage			
Loans			
Credit Card Balances			
Store Card Balances			
Overdraft Balance			
Total Liabilities			

8. Summary of Assets and Liabilities

Total Assets	£
Total Liabilities	£
Net Asset Position	£

Do you expect any of these to change in the near future? If yes, please provide details

9. Income Requirements

Please enter the lump sum and income that you require in the following circumstances

	Lump Sum	Annual Income	Term
If you were to die			
If your partner were to die			
If you became critically ill			
If you were to become disabled, sick or redundant			
If your partner were to become sick, disabled or redundant			

10. Current Protection, Savings and Health Plans

	1	2	3
Life Assured			
Policy Owner			
Type			
Company			
Policy Number			
Sum Assured			
Premium (pm)			
Start Date			
Maturity Date			
In trust?			
Beneficiaries (if applicable, if known)			
Objective			

	4	5	6
Life Assured			
Policy Owner			
Type			
Company			
Policy Number			
Sum Assured			
Premium (pm)			
Start Date			
Maturity Date			
In trust?			
Beneficiaries (if applicable, if known)			
Objective			

11. Pensions

	Self	Partner
What is your preferred retirement age?		
What income, to today's terms, would you like at retirement?		
What lump sum would you like at retirement?		
What is your anticipated retirement strategy?		
Are you now or will you become eligible for membership of an occupational pension scheme?		

To be completed for all Pensions;

Self	1	2	3
Plan Provider / Employer			
Policy Number			
Policy Type			
Date taken out / Joined			
Contracted Out Plan?			
Your current contribution			
Your employer's current contribution			
Retirement Age			
Amount of Life Cover			
Current Fund Value			
Date contributions ceased			

Partner	1	2	3
Plan Provider / Employer			
Policy Number			
Policy Type			
Date taken out / Joined			
Contracted Out Plan?			
Your current contribution			
Your employer's current contribution			
Retirement Age			
Amount of Life Cover			
Current Fund Value			
Date contributions ceased			

12. Basis of Advice

I/We recommend our full review service covering all of the financial need areas described below. Please indicate your agreement by ticking here

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 specific details of the objectives / needs and why any objectives have been deferred, declined or are not relevant.

13. Objectives / Financial Goals

Please complete with the following; Now / Deferred / Declined / Not Relevant

	Client Priority	Partner Priority	Adviser Priority
Protection - Providing a cash sum or income			
I/We want to review the amount of cash or income the family will receive in the event of death			
I/we want to review the amount of cash or income I will receive in the event of critical illness			
I/We want to review the amount of income I will receive in the event of an illness/accident			
Personal Retirement Planning			
I/We want to review my/our retirement provision			
I/We want to consider transferring deferred benefits from a previous occupational pension scheme			
I/We want to consider my/our options at retirement			
Investment Advice			
I/We want to review my/our investments			
Saving Advice			
I/We want to review my/our savings			
Funding for Education			
I/We want to make provision for school fees/university funding			
Inheritance Tax Planning			
I/We want to review any potential inheritance tax liability on my/our estate			
Other			
E.G. Medical Insurance / Buildings and Contents			
I/We want to review other objectives/goals (please provide full details in the notes section)			

14. Wills

	Self	Partner
Do you have a will that reflects your current wishes?		
When was your last will reviewed?		
Who are the beneficiaries?		
Is it possible you may receive an inheritance within the next ten years?		

15. Emergency Fund

How much money do you need available for emergencies?	
How much do you have?	
Source of existing arrangements	
Additional Amount required	

16. Commitment to Amount

	Lump Sum	Regular Contributions
What amount are you prepared to commit towards reaching your financial goals?		
How long are you prepared to invest your monies for?		
Source of funds?		

17. Attitude to Risk

Please refer to the separate FinaMetrica questionnaire and complete so we can analyse your risk profile.

18. Summary of Client's needs

Are your circumstances likely to change in the foreseeable future? (e.g. employment, moving abroad, inherit wealth etc)	
Do you wish to invest in Specialist or Ethical funds?	
Please provide background information on your financial goals	
Non Disclosure Details - have you disclosed all information?	
Initial Advice ideas	

19. Client Declaration - please read carefully the sign and date below

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

- I further declare that I did not want to disclose certain personal/financial information and I am aware that this may prevent an Adviser from being able to identify areas where it might have been appropriate to make recommendations, or which could have an effect on the recommendations that have been made. NB: Please understand that we reserve the right to decline to give advice if full information is not provided.

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 my/our ability to meet that commitment, having given consideration to all other expenditure and the provision for any emergencies, which may require access to funds.

I/We confirm that I/we have received an Initial Disclosure Document, business card and a Client Agreement.

I/We consent to being contacted in the future to review my/our arrangements

Data Protection

Wealth Matters will be storing the information from this document on computer, which will be subsequently covered by the provisions of the Data Protection Act, the purpose being to enable accurate advice to be offered to you.

Client	Partner	Consultant
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Notes