

Your Information

Private and Confidential

Client One:

Client Two:

Adviser:

Date Completed:

My advice is based on the information contained within this document. If any details are incorrect, please let me know as this may impact on the suitability of the advice.

Disclosure and Key Facts

Type of Document	Date Issued

Advice Areas

Date of first interview	
Type of Interview	
Anybody else present at the interview?	
If Yes, please provide details	
Protection	
Mortgage	
Retirement Planning	
Savings & Investments	
Estate Planning	

Personal Details

	Client One	Client Two
Title		
If Other, please provide details		
First Name		
Middle Name		
Surname		
Salutation		
Maiden/Previous Name		
Date of Birth		
Age		
Gender		
Marital Status		
Nationality		
National Insurance No.		
Do you have a valid Will?		
Is it up-to-date?		
Are you currently in good health? If No, please provide details in notes section		
Are you a smoker?		
Have you smoked in the last 12 months?		
UK Domicile?		
UK Residency?		
Expatriate?		
Power Of Attorney Granted?		
Attorney Name		

Address Details

Owner			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
City / Town			
County			
Country			
Postcode			
Postcode			
Address Type			
Residency Status			
Date From			
Default			
Address Status			
Registered on Electoral Roll			
Time at Address (Months)			

Contact Details

Name	Contact Type	Value	Note	Preferred Contact

Professional Contacts

Contact Type	Contact Name	Company Name	Address Line 1	Post Code	Telephone Number	Facsimile Number	Mobile Number	Email Address

Family And Dependants

Full Name	Date of Birth	Age	Relationship	Related To	Financially Dependant?	Period	Dependant Living with client(s)

ID Verification

	Client One	Client Two
Original Driving Licence Seen		
Driving Licence Ref		
Driving Licence Expiry Date		
Microfiche Issue Date		
Microfiche number		
Original Passport Seen		
Country of Origin		
Passport ref		
Passport Expiry Date		
Electricity Bill Ref		
Home Visit		
Premises Entered		
Mortgage Statement Seen		
Council Tax Bill Seen		
Utilities Bill Seen		
Inland Revenue Tax Notification		
Mother's Maiden Name		

Risk Profile

		Client One	Client Two
1	Compared to the average person, I would say I take more risks	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
2	I would be willing to risk a percentage of my income/capital in order to get a good return on an investment	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
3	To achieve high returns, it is necessary to choose high risk investments	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
4	I have been extremely cautious in my past financial investments	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
5	Even if I experienced a substantial loss on an investment, I would not be put off making risky investment	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
6	I believe that it is reckless to take financial risks	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
7	When I am faced with a financial decision I am generally more concerned about the possible losses than the probable gains	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
8	I would rather know that I was getting a guaranteed rate of return than be uncertain about my investments	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
9	Compared to the average person, I take lower financial risks	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
10	I would rather put my money in a bank account than invest in shares	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
11	I do not feel comfortable with financial uncertainty	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Strongly Disagree

		Client One	Client Two
		<input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
12	If my investment portfolio dropped significantly in value during the first three months, it would not bother me	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
13	I would never take a chance with any amount of money	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
14	I would accept potential losses in order to pursue long term investment growth	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
15	I believe that the only way to make money is to take financial risks	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
16	Taking financial risks is important to me	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
17	I would be happy investing a large proportion of my income/capital in a high- risk investment	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
18	I would feel comfortable investing in shares	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree or Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
19	How comfortable do you feel when you take a financial risk?	<input type="checkbox"/> Not at all comfortable <input type="checkbox"/> Slightly comfortable <input type="checkbox"/> Moderately comfortable <input type="checkbox"/> Comfortable <input type="checkbox"/> Very comfortable	<input type="checkbox"/> Not at all comfortable <input type="checkbox"/> Slightly comfortable <input type="checkbox"/> Moderately comfortable <input type="checkbox"/> Comfortable <input type="checkbox"/> Very comfortable
20	Overall, how would you place yourself on the following scale?	<input type="checkbox"/> Risk averse <input type="checkbox"/> Somewhat risk averse <input type="checkbox"/> Neither risk averse nor a risk taker <input type="checkbox"/> A moderate risk taker <input type="checkbox"/> A risk taker	<input type="checkbox"/> Risk averse <input type="checkbox"/> Somewhat risk averse <input type="checkbox"/> Neither risk averse nor a risk taker <input type="checkbox"/> A moderate risk taker <input type="checkbox"/> A risk taker
21	Investment Timeframe/When do you intend to use the invested money?	<input type="checkbox"/> Short term (0-5 years) <input type="checkbox"/> Medium term (5-10 years) <input type="checkbox"/> Long term (10+ years)	<input type="checkbox"/> Short term (0-5 years) <input type="checkbox"/> Medium term (5-10 years) <input type="checkbox"/> Long term (10+ years)

		Client One	Client Two
		<input type="checkbox"/> No fixed term	<input type="checkbox"/> No fixed term
22	Your Capacity for Loss/How much of this investment could you stand to lose without having a significant impact on your future standard of living?	<input type="checkbox"/> None or very limited losses (0-5%) <input type="checkbox"/> Small/medium losses could be tolerated <input type="checkbox"/> Large losses would have a low impact on future lifestyle	<input type="checkbox"/> None or very limited losses (0-5%) <input type="checkbox"/> Small/medium losses could be tolerated <input type="checkbox"/> Large losses would have a low impact on future lifestyle
23	Investment Liquidity/If you needed sudden access to a lump sum, how likely is it that you would need to encash this investment?	<input type="checkbox"/> I have other savings and investments which I can use for most needs <input type="checkbox"/> I may need this investment if I needed access to a significant amount of money <input type="checkbox"/> I would almost certainly need access to this investment	<input type="checkbox"/> I have other savings and investments which I can use for most needs <input type="checkbox"/> I may need this investment if I needed access to a significant amount of money <input type="checkbox"/> I would almost certainly need access to this investment
Generated Risk Profile			
Do you agree with the generated Risk Profile?			
Notes			

Profile Notes

Current Employment Details

	Client One	Client Two
Total annual self-employed Net Profit/employed gross basic, guaranteed and regular overtime and bonus incomes (£)		
Highest rate of income tax paid (%)		
Owner		
Employment Status		
Occupation		
Employer		
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
City / Town		
County		
Country		
Post Code		
Intended Retirement Age		
Most Recent Annual Net Profit Amount		
Year End		
Year 2 Annual Net Profit Amount		
Year 2 End		
Year 3 Annual Net Profit Amount		
Year 3 End		
Start Date		
End Date		
Total Gross Annual Earnings		
Gross Basic Annual Income (£)		
Gross Guaranteed Annual Overtime (£)		
Gross Guaranteed Annual Bonus (£)		
Gross Regular Annual Overtime (£)		
Gross Regular Annual Bonus (£)		
Continuous Employment (Months)		
In Probation		
Probation Period		
Projections for Current Year		
Statement of Accounts		
Tax Returns		
Number of Years Accounts Available		

Employment History

Owner	Employer	Start Date	End Date	Annual Salary

Employment Notes

Assets

Do you have any assets?	
Client does not wish to disclose	

Owner	Asset Category	Description	% Ownership	Original Value	Related to Address	Purchased On	Asset Value	Asset Value Date

Total _____
Total _____
Joint Total _____

Liabilities

It is desirable that a greater priority be given to the repayment / reduction of the levels of your debt prior to making an investment or committing to a regular premium.

Do you have any liabilities?	
Do you wish to consider repayment or reduction of any liabilities? (provide details in notes section)	
Why do you not want to consider this?	
Client does not wish to disclose?	

Owner			
Liability Account Number			
Liability Category			
Description			
Original Loan Amount			
Repayment or Interest Only?			
Amount Outstanding			
Credit Limit			
Interest Rate (%)			
Payment Amount (Monthly)			
Lender			
Loan Term (years)			
End Date			
Protected			
Early Redemption Charge			
Consolidate			
Whether liability is to be repaid?			
How will liability be repaid			

Credit History

Have you ever been refused a mortgage / credit?			
Refused Credit			
Do you have an adverse Credit History?			
Owner			
Type			
Date Registered/ Discharged/ Repossessed			
Date Registered			
Date Discharged			
Date Repossessed			
Liability			
Lender			
Amount Registered/ Outstanding			
Amount Registered			
Amount Outstanding			
Number of Consecutive Payments Missed			
Number of Payments in Arrears			
Date Satisfied/Cleared			
Arrears Cleared Upon Completion			
Debt Outstanding?			
IVA Current			
Years Maintained			

Asset & Liability Notes

Income

	Client One	Client Two
Total annual self-employed Net Profit/employed gross basic, guaranteed and regular overtime and bonus incomes (£)		
Total Gross Annual Earnings or Net Relevant Earnings		

Owner	Category	Description	Frequency	Net Income Amount	Gross Income Amount

Total _____
 Total _____

Income Changes

Do you expect any changes in your monthly income in the foreseeable future?	
Do you expect Income to rise or fall?	
By how much (Net amount per month)	
What will cause the change in income?	

Expenditure

Do you wish to carry out a detailed expenditure analysis? If 'no' then please enter a value into the Total Monthly Expenditure field	
Total Net Monthly Expenditure	

Category	Description	Net Monthly Amount	Consolidate
Monthly Basic Essential Expenditure			
Rent			
Council Tax			
Gas			
Electricity			
Water			
Telephone			
Food			
Car/Travelling Expenses			
Housekeeping			
Ground Rent/Service charge			
Building Insurance			
Other			
Basic Quality of Living			
Clothing			
Furniture/Appliances/Repairs			
Toiletries			
TV/Satellite/Internet/Basic Recreation			
School Fee/Childcare			
Transport			
Other			
Monthly Non-Essential Outgoings			
Gym			
Holidays			
Entertainment			
Life/General Assurance Premium			
Other (Non-Essential)			
Monthly Liability Expenditure			
Personal Loans			
Credit Cards			
Mortgage			
Maintenance/Alimony			
Other			

Expenditure Details

Calculated Total Monthly Household Expenditure	
--	--

Do you expect any changes in your expenditure in the foreseeable future?	
Do you expect expenditure to rise or fall?	
By how much (Net amount per month)	
Why is expenditure expected to change?	

Current Monthly Cash Flow

Total Net Monthly Income	
Total Monthly Expenditure	
Total Monthly Disposable Income	

Modelling Monthly Affordability

Do you wish to incorporate expected income changes?	
Do you wish to incorporate expected expenditure changes?	
Do you wish to forgo non-essential expenditure for this solution?	
Do you wish to exclude existing liability expenditure which is to be consolidated?	
Do you wish to exclude existing liability expenditure which is to be repaid?	
Do you wish to re-broke your existing protection?	
Revised Monthly Income Available	
Revised Monthly Expenditure	
Consolidated Expenditure Payments	
To be Repaid Expenditure Payments	
Current Protection Premiums	
Revised Total Disposable Monthly Income Available	
Agreed Monthly Budget	
Additional Notes	

Lump Sum Affordability

Total Lump Sum available for this Advice Session (including any emergency funds)	
Amount of Emergency Fund Required	
Total Funds Available	
Agreed single amount for investment	
Source of Investment Funds	
Are these funds available without penalty?	
Additional Notes	

Budget Notes

Existing Mortgage Details

Do you have an existing mortgage?			
Owner			
Lender			
Product Name			
Policy Number			
Address Line 1			
Rate Type			
Rate period from completion(mths)			
Mortgage Type			
Are you a First Time Buyer?			
Property Type			
Repayment Method			
Details			
Capital Repayment Amount			
Capital Repayment Term			
Capital Repayment Term(Months)			
Interest Only Amount			
Interest Only Term			
Interest Only Term(Months)			
Interest Only Repayment Vehicle			
Value of Property			
Monthly Repayment Amount			
Original Loan Amount			
Lender Fees			
Interest Rate (%)			
Base Rate			
Loading (%)			
Feature Expires			
Original Mortgage Term			
Original Mortgage Term(Months)			
Start Date			
End Date			
Remaining Term			
Remaining Term(Months)			
Current Balance			
Account Number			
Is Guarantor Mortgage?			
Is the loan subject to Redemption Penalty?			
Redemption Terms			

Redemption End Date			
Does the Redemption Penalty have an overhang?			
Are you prepared to pay the Redemption?			
Is the mortgage Portable?			
Discharge on completion			
Linked to Asset			
Income Status			
Applicable To Mortgage Transaction?			
Is any Mortgage Equity to be used to consolidate debts?			

Existing Equity Release Details

Do you have an existing Equity Release Mortgage?	
--	--

Owner			
Lender			
Equity Release Type			
Percentage Ownership Sold(%)			
Product Name			
Policy Number			
Address Line 1			
Rate Type			
Start Date			
Repayment Method			
Details			
Capital Repayment Amount			
Interest Only Amount			
Total Loan Amount			
Value of Property			
Interest Rate (%)			
Lump Sum(£)			
Monthly Income(£)			
Linked to Asset			
Interest Rate(APR)			
Amount Released			
Current Balance			
Is the loan subject to Redemption Penalty?			
Redemption Terms			
Redemption End Date			
Applicable To Mortgage Transaction?			

Existing Property Details

Owner			
Related Address			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
City/Town			
County			
Country			
Post Code			
Current Residential Address			
Property Type			
Tenure Type			
Property Status			
Construction			
Other			
Roof Construction			
Other			
Number of Bedrooms			
Year Built			

Prospective Property Details

Related Address			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
City/Town			
County			
Country			
Post Code			
Property Type			
Tenure Type			
Property Status			
Construction			
Other			
Roof Construction			
Other			
Number of Bedrooms			
Year Built			
New Build?			
Is property covered by NHBC Certificate (Y/N)			
Is property covered by any Other Certificates (Y/N and details freetext)			
Other Certificates Details			
Builder's name			

Mortgage Requirements

Unique Identifier			
Owner			
Is Equity Release?			
Equity Release Type			
Percentage Ownership Sold(%)			
Sale Type			
High Net Worth Client			
Mortgage for business purposes only			
Professional Client			
Rejected Advice			
Details			
Mortgage Type			
Are you a First Time Buyer?			
Property			
Plan Purpose			
Repayment Method			
Details			
Capital Repayment Amount			
Capital Repayment Term			
Capital Repayment Term(Months)			
Interest Only Amount			
Lump Sum(£)			
Monthly Income(£)			
Interest Only Term			
Interest Only Term(Months)			
Interest Only Repayment Vehicle			
Price/Valuation			
Deposit/Equity			
Loan			
LTV(%)			
Term (years)			
Term (Months)			
Source Of Deposit			
Guarantor Mortgage			
Guarantor Details			
Has any debt been consolidated previously?			
Debt Consolidation Details			
Repayment of existing Mortgage			
Home Improvements			

Mortgage Fees			
Debt Consolidation			
Other			
Details of the Amount entered in Other			

Mortgage Preferences & Attitude to Risk

Do you want the certainty of the mortgage being repaid at the end of the term?	
Are you comfortable if all or part of the mortgage is repaid from the proceeds of an investment vehicle such as an endowment policy, ISA or pension?	
Might you redeem part or all of your mortgage in the foreseeable future?	
Are you likely to move in the next five years?	
Expected Move Date	

Which of the following are important to you?

Avoid uncertainty of interest rate changes	
Minimise mortgage payments in the first few years	
The maximum early redemption period I would accept is	
Ability to vary monthly payments or pay lump sums off mortgage without penalty	
To link your mortgage to a savings or current account	
Ability to add fees to the loan	
Do you give your express consent for mortgage fees to be added to the loan?	
Free legal fees	
No valuation fees	
No arrangement or booking fees	
Access to initial sums ('cash back')	
Are you concerned about the possibility of future interest rate changes?	
No early redemption charge	
No early redemption overhang	
Limited or no Higher Lending Charge?	
To have Interest rate calculated daily	
Have you any other requirements or comments you would like to make	

Checklist

	Question	
General		
1	Key messages about the service being offered have been disclosed and discussed with the client	<input type="checkbox"/>
2	The different types of products and interest rate arrangements that might meet your customer's future needs (including what your customer's future repayments will be after a concessionary scheme)	<input type="checkbox"/>
3	The main repayment methods available	<input type="checkbox"/>
4	For mortgages based in part or in full on an interest only basis:	
a)	The various methods available for repayment of the loan	<input type="checkbox"/>
b)	The consequences of failing to make suitable arrangements for the repayment of the mortgage	<input type="checkbox"/>
c)	Confirm that it is the customer's responsibility to ensure that a repayment vehicle is maintained for the duration of the mortgage	<input type="checkbox"/>
d)	Client is aware that they will have to demonstrate to the Lender that a clearly understood and credible repayment strategy is in place	<input type="checkbox"/>
5	The consequences should they repay the mortgage early	<input type="checkbox"/>
6	Related insurances	<input type="checkbox"/>
7	The customer's responsibility to ensure that all necessary forms of insurance relating to the property and mortgage are in place	<input type="checkbox"/>
8	Explain that certain insurances may be a condition of the mortgage	<input type="checkbox"/>
9	All costs and fees associated with the mortgage	<input type="checkbox"/>
10	Whether or not the terms and conditions of the mortgage product are portable in the event of moving house	<input type="checkbox"/>
11	Explain when the customer's account details may be passed to a credit reference agency	<input type="checkbox"/>
12	Explain what a higher lending charge is	<input type="checkbox"/>
13	The possible consequences for the customer's mortgage should their personal circumstances change (e.g. accident, sickness, redundancy) and the options open to them (e.g. Mortgage Payment Protection)	<input type="checkbox"/>
14	Joint applications - concept of joint and several liability	<input type="checkbox"/>
15	The implications of adding fees and costs to the loan / or of debt consolidation	<input type="checkbox"/>

Mortgage Notes

Existing Protection Provision

Do you have any existing Protection policies (including death-in-service benefits)?	
Client does not wish to disclose	
Owner	
Provider	
Policy Number	
Type Of Contract	
Plan Purpose	
Product Name	
Start Date	
Expiry Date	
Premium	
Premium Frequency	
Sum Assured	
Benefit	
Benefit Frequency	
Life Cover Sum Assured	
Critical Illness Sum Assured	
Life Assured	
Payment Basis	
Benefit Period (if applicable)	
Specify	
Deferred Period (if applicable)	
Deferred Period Interval	
Assigned / In Trust	
Status	

Protection for your mortgage, debts and standard of living in the event of death or critical illness

Would your mortgage(s) and debt(s) be cleared if you were to die or suffer from a critical illness?	
Would you and your dependants be able to maintain your standard of living if you were to contract a critical illness?	
Would your dependants be able to maintain their standard of living in the event of your death?	
Would you want the certainty of knowing that the cost of protection would not change?	
What would be the impact on you?	
What would be the impact on your dependants?	
How do you want to address this?	
If not reviewing now, what is the reason?	

Protection for your payments and lifestyle in the event of accident, illness or unemployment

In the event of you being unable to work due to accident or illness, would you and your dependants be able to maintain your standard of living?	
In the event of you being unable to work due to unemployment, would you and your dependants be able to maintain your standard of living?	
What would be the impact on you?	
What would be the impact on your dependants?	
How do you want to address this?	
If not reviewing now, what is the reason?	

Protection for buildings and contents

Do you have any existing building insurance?	
Do you have any existing contents insurance?	
Do you have any Buy to Let properties?	
Do you have sufficient buildings and/or contents insurance?	
Do you have sufficient and appropriate protection to cover your buildings and contents in the event of loss or damage?	
How do you want to address this?	
When do you want to review this protection need?	
If not reviewing now, what is the reason?	

Existing Protection for Buildings and Contents

Owner			
Insurance Type			
Plan Type			
Product Name			
Provider			
Premium			
Premium Frequency			
Start Date			
Renewal Date			
Buildings Sum Insured			
Buildings Accidental Damage			
Buildings Excess			
Contents Sum Insured			
Contents Accidental Damage			
Contents Excess			
Premium Loading			
Exclusions			

Life Protection

	Client One	Client Two
Income Replacement		
Outstanding Mortgage Amount		
Other Liabilities		
Target Cover Required		
Existing Amount of Life Cover		
Life Protection Shortfall		

Illness Protection

	Client One	Client Two
Income Replacement		
Outstanding Mortgage Amount		
Other Liabilities		
Target Cover Required		
Existing Amount of Illness Cover		
Illness Protection Shortfall		

Income Protection

	Client One	Client Two
Net Income		
Existing Income Protection		
Income Shortfall		

Mortgage Payment Protection

	Client One	Client Two
Mortgage Repayments		
Payment Protection Cover		
Payment Shortfall		

Protection Notes

Objectives (Retirement)

Owner	Objective Type	Objective	Target Amount	Start Date	Target Date	Retirement Age	Lump Sum At Retirement Type	Lump Sum At Retirement	Details

Goals / Needs

Future Income Requirement

	Client One	Client Two
What is your required annual net income in retirement (in today's money)?		

Existing Pension Provision

	Client One	Client Two
Does your employer currently operate a pension scheme?		
Are you a member?		
Are you or will you become eligible to join?		
When will you become eligible to join?		
If there is an employer's pension scheme for you to join but you have not done so, why is this?		
Are you contracted out of the Second State Pension?		

Final Salary Pension Schemes

Do you have any existing final salary schemes?	
Client does not wish to disclose	

Owner			
Product Name			
Employer			
Normal Ret. Age			
Accrual Rate(x'ths)			
Date Scheme Joined			
Expected Years of Service			
Pensionable Salary			
Indexed?			
Preserved?			
Status			

Money Purchase Pension Schemes

Do you have any existing money purchase schemes?	
Client does not wish to disclose	

Owner			
Provider			
Contract Type			
Linked To (Policy Number)			
Linked To (PlanType/Provider)			
Product Name			
Policy No			
Employer			
Date Scheme Joined			
Ret. Age			
Your Cont. (reg)			
Emp. Cont. (reg)			
Freq.			
Lump Sum Cont.			
Value			
Valuation Date			
Indexed?			
Preserved?			
Status			

Personal Pensions

Do you have any existing Personal Pension arrangements?	
Client does not wish to disclose	

Owner			
Contract Type			
Product Name			
Provider			
Linked To (Policy Number)			
Linked To (PlanType/Provider)			
Policy No			
Policy Start Date			
Ret. Age			
Your Cont. (reg)			
Emp. Cont. (reg)			
Freq.			
Transfer Cont.			
Lump Sum Cont.			
Value			
Valuation Date			
PCLS			
PCLS Paid By			
GAD / Maximum Income Limit (p.a.)			
Guaranteed / Minimum Income (p.a.)			
GAD Calculation Date			
Next Review Date			
Capital / Value Protected?			
Capital / Value Protected Amount			
Indexed?			
Preserved?			
Lump Sum Death Benefit			
In Trust?			
Status			

Annuities

Do you have any existing Annuity plans?	
Client does not wish to disclose	

Owner			
Type			
Product Name			
Provider			
Policy No			
Policy Start Date			
Total Purchase Amount			
Premium Start Date			
Capital Element (p.a.)			
Assumed Growth Rate %			
Income Amount			
Income Frequency			
Income Effective Date			
Annuity Payment Type			
PCLS			
PCLS Paid By			
Spouses / Dependants Benefits			
Spouses / Dependants %			
Overlap			
Guarantee (Yrs)			
With Proportion			
Capital / Value Protected?			
Capital / Value Protected Amount			
Status			

Next Steps

Owner	Objective Type	Objective	Target Amount	Start Date	Target Date	Retirement Age	Lump Sum At Retirement Type	Lump Sum At Retirement	Details	Reason For Change	Risk Profile

Next Step Notes

Objectives (Investment)

Owner	Objective Type	Objective	Target Amount	Start Date	Target Date	Frequency	Details

Goals / Needs

Existing Bank Accounts / Cash Deposits (excluding ISAs)

Do you have any Cash Deposits / Savings Accounts (excluding ISAs)?	
Client does not wish to disclose	

Owner	Provider	Account Type	Plan Purpose	Policy No	Product Name	Current Balance	Start Date	End Date (if applicable)	Interest Rate (if known)	Status

Total _____
Total _____
Joint Total _____

Other Investments

Do you have any other investments?	
Client does not wish to disclose	

Owner			
Provider			
Policy No			
Contract Type			
Linked To (Policy Number)			
Linked To (PlanType/Provider)			
Product Name			
Plan Purpose			
Cont. this tax year?			
Your Cont. (reg)			
Regular Cont. Freq.			
Lump Sum Cont.			
Current Value			
Start Date			
Maturity Date, if applicable			
Low Maturity Value			
Medium Maturity Value			
High Maturity Value			
Maturity Value Projection Details			
Monthly Income, if applicable			
In Trust			
To Whom			
Product has a guarantee / protection to protect original investment?			
Status			

Next Steps

Owner	Objective Type	Objective	Target Amount	Start Date	Target Date	Frequency	Details	Reason For Change	Risk Profile

Next Step Notes

Estate Planning

Current Position

	Client One	Client Two
What is the broad content of your will?		
Total Assets (including all Savings and Investments)		
Joint Total Assets (including all Savings and Investments)		
Have you made any gifts of capital in the last 7 years?		
Have you made any gifts during the current and previous tax years i.e. used annual exemption?		
Are you making any regular gifts out of income?		
Are you expecting any inheritance or gifts?		

Next Steps (Inheritance Tax & Estate Planning)

--

Data Protection

	Client One	Client Two
I am aware of my/our rights under the data protection act and have given my express consent to be contacted in relation to my/our financial requirements		
I have given consent for you to hold my/our personal data as contained within this fact find and to share it with other companies for the express purpose of the arranging and administration of financial products		
I am aware that I have the right of access to information that the adviser holds on me/us. The applicant is aware that the adviser reserves the right to charge an administration fee for the provision of this information		

Marketing

	Client One	Client Two
Please contact me by phone for marketing purposes	<input type="checkbox"/>	<input type="checkbox"/>
Please send me marketing information by mail	<input type="checkbox"/>	<input type="checkbox"/>
Please send me marketing information by e-mail	<input type="checkbox"/>	<input type="checkbox"/>
Please send me marketing information by SMS text, picture messaging or by any other personal means of contact apart from mail, telephone or email	<input type="checkbox"/>	<input type="checkbox"/>
Please send me marketing information or contact me through Social Media	<input type="checkbox"/>	<input type="checkbox"/>
Accessible format requirement		
Preferred delivery method		

Declaration

Date Fact Find Completed	
Date ID/AML Checked	
Date Declaration Signed	

Additional Notes

Client One

Client Two

Our Acknowledgements

Using Personal Information

Who is using your information? Independent Advisers (Scotland) Ltd will be storing information from this document on computer and may wish to write to you informing you of other products or services.

Any member of Independent Advisers (Scotland) Ltd may have access to, hold or use your personal information (as referred to below). Members of Independent Advisers (Scotland) Ltd may disclose information or data relating to you to other members of Independent Advisers (Scotland) Ltd. By signing below you consent to such disclosures. You can ask the Company for a complete and up to date list of the members of Independent Advisers (Scotland) Ltd at any time.

How and why do we hold personal information? Independent Advisers (Scotland) Ltd may keep information that you give to a member of Independent Advisers (Scotland) Ltd, or that a member of Independent Advisers (Scotland) Ltd finds out through its dealings with you, in various ways. This includes holding information on Independent Advisers (Scotland) Ltd's shared computer systems, which information will be accessible by all of Independent Advisers (Scotland) Ltd. Independent Advisers (Scotland) Ltd will use this information for the purpose of providing services to you, to assess and analyse (credit scoring, market and product analysis), to review, improve and develop the services we offer and to give you relevant information through our marketing programme. Independent Advisers (Scotland) Ltd will also give you information (by post, telephone, e-mail or otherwise) about Independent Advisers (Scotland) Ltd products and services which may interest you unless you tell us you do not want to receive this information (referred to in this document as 'marketing information').

Please tick the relevant boxes only if **you do want** to receive marketing information:

	Client One	Client Two
Please contact me by phone for marketing purposes	<input type="checkbox"/>	<input type="checkbox"/>
Please send me marketing information by mail	<input type="checkbox"/>	<input type="checkbox"/>
Please send me marketing information by e-mail	<input type="checkbox"/>	<input type="checkbox"/>
Please send me marketing information by SMS text, picture messaging or by any other personal means of contact apart from mail, telephone or email	<input type="checkbox"/>	<input type="checkbox"/>
Please send me marketing information or contact me through Social Media	<input type="checkbox"/>	<input type="checkbox"/>

Subject to this, any member of Independent Advisers (Scotland) Ltd may contact you by post, phone or e-mail, or in any other way a member feels is appropriate. Copies of the proposal forms and other documentation may also be held. These may contain sensitive personal data as defined by legislation e.g. health details. Sensitive personal data will only be used to provide and administer the services or products applied for. By signing below you explicitly consent to Independent Advisers (Scotland) Ltd processing your sensitive personal data as described above and below. Please inform us by writing to the address below if you do not wish for such information to be retained.

To comply with financial legislation and for auditing purposes, we may hold details about your relationship with us after it has ended. This will also help us answer any future queries that may arise. We will not hold this information for longer than we have to.

How can we use your personal information?

We may give information about you, your application and your dealings with us to:

- other members of Independent Advisers (Scotland) Ltd to deal with any accounts, products and services which we provide or hope to provide to you, on the understanding that they will keep your information confidential;
- our employees and agents, including insurers, to deal with any accounts, products and services we provide to you or hope to provide to you, on the understanding that they will keep your information confidential;
- credit reference agencies or other organisations who may use or give out information for credit assessments, to trace debtors, and other agencies to confirm your identity and in the prevention of fraud and money laundering;
- anyone to whom we transfer or may transfer our rights and duties to under our agreements with you;
- anyone we legally have to inform, or if the law allows us to do this; and
- other members of Independent Advisers (Scotland) Ltd to allow such members of Independent Advisers (Scotland) Ltd to provide you with marketing information.

How can you find out what personal information we hold?

By law you are entitled to a copy of any personal data (as defined by the Data Protection Act 1998) held by the Company or another member of Independent Advisers (Scotland) Ltd which is a data controller (as defined by the Data Protection Act 1998). You can also ask the Company to correct any inaccurate data held about you.

If you want to see this information, you must ask the relevant Company by writing to the Operations Manager, 81 St Vincent Street, Glasgow, Glasgow. G2 5TF. A fee will be payable.

I understand that Independent Advisers (Scotland) Ltd will also check my details with one or more fraud prevention agencies and that if any information I have provided is false or inaccurate and Independent Advisers (Scotland) Ltd suspects fraud, it will keep a record of this. I am aware that these organisations may keep a record of the search and record details of my application. The agencies may also allow other organisations to use these records when assessing applications for credit, or for other services, for example, tracing and recovering debts, preventing fraud and for identification purposes.

Client Declaration

I/We (the undersigned) have read the section entitled 'Using Personal Information' and consent to the uses, processing (as defined by the Data Protection Act 1998), disclosures and transfers of information as described in it.

I/We the undersigned confirm a copy of the Client Agreement and the Financial Planner's Business Card have been handed to me/us.

I/We the undersigned confirm that the information provided in this review is correct and is given on the understanding that it does not place me/us under any obligation to buy or take up any recommendation which may be made and that a copy of this form is available on request. I/We the undersigned confirm my/our financial planning objectives are those identified and prioritised in this document.

I/We the undersigned authorise Independent Advisers (Scotland) Ltd to obtain quotations/details of existing life assurance/pension policies and investments and make recommendations for my/our consideration.

Signed Signed

Date Date