

Date:	Surname:
Retail Client <input type="checkbox"/> Professional Client <input type="checkbox"/> Eligible Counterparty	

Factfind – Private Customer

The information requested in these pages is entirely confidential. It is both personal and financial information which is essential in assisting your adviser in offering you the best available advice as required by the Financial Services and Markets Act 2023. Periodically, your adviser may have to confirm that the information is still current. It may not be necessary for you to complete all sections of the form, however, in general terms, the more information you provide, the better the advice you'll receive.

• Section 1: General Information – What are your financial goals? (please mark as relevant) (X)

Providing for your family in the event of your death or permanent ill-health	
Planning your retirement – pre-retirement	
Planning your income – post-retirement	
Reducing your tax bill	
Producing a good return on your savings	
Increasing your income	
Planning for School Fees	
Mitigating Inheritance Tax	
Raising Capital for a specific purpose	
Any other matter – please specify:	

•Section 2: Personal Details:

Yourself	Your partner – please state relationship:
Full Name:	Full Name:
Address:	Address if different:
Telephone numbers:	Telephone Numbers:
E-mail address:	E-mail address:
How do you prefer us to contact you?	How do you prefer us to contact you?
Date of Birth:	Date of Birth:
Occupation/Date of retirement: National Insurance Number:	Occupation/Date of retirement: National Insurance Number:
State of Health: good/poor smoker: yes/no	State of Health: good/poor smoker: yes/no
Wills: Have you made a will? If so, what are the main provisions? Do you have a Power of Attorney in place? Have you made any lifetime gifts above the annual allowances? If so, please provide brief details in section 11.	Wills: Have you made a will? If so, what are the main provisions? Do you have a Power of Attorney in place,? Have you made any lifetime gifts above the annual allowances? If so, please provide brief details in section 11.

•Section 3: Your attitude to risk

In terms of the type of investment which may be judged as suitable for you, we will ask you to complete a 'risk profiling questionnaire'. The answers you give will be input to a computer program, and the output will help us determine what level of risk if any, may be appropriate for you.

If you feel that you would not wish to take any risk with your monies and only require products which offer a guaranteed return or guaranteed income, please advise.

Examples of such products are Bank Deposits, National Savings Products, Secure Lifetime Annuities YES/NO

Risk Profile Questionnaire Provided for completion – see separate document YES/NO

•Section 4: Family Commitments/Dependants if any:

Child's Name:	Age/Date of Birth	Does child live with you?	Still Dependent?
Any other Dependants:	Age	Relationship to you	Other comment
Have you previously been widowed?	YES/NO	If yes, who inherited deceased spouse assets?	

•Section 5: Assets – please give approximate values:

State if held

	Self	Partner	Jointly
Main Residence	£		
Second property or other property	£		
House contents/personal effects	£		
Single value assets (e.g. antiques, jewellery)	£		
Quoted Stocks & Shares	£ £		
Cash ISA's	£ £		
Other ISA/PEP holdings	£		
Bank/NSI/Building Society Deposits	£		
Unit Trusts/OEIC holdings	£ £		
Any other assets, please state: (other than life policies and pensions which go in section 9)			
TOTAL ASSETS FOR IHT IF RELEVANT	£	£	£

•Section 6: Total Liabilities – please give approximate values:

State if held

	Self	Partner	Jointly
Mortgage Amount – Main Residence	£		
Type of Mortgage/Term to repayment			
Mortgage - other property	£		
Type of Mortgage/Term to repayment			
Personal Loans/Other Finance/HP	£		
Credit Cards	£		
Bank Overdraft	£		
Any other liabilities:	£		
Have you ever been declared bankrupt or had credit refused?			

•Section 7: Monthly Commitments/ Liabilities – please give approximate values:

State how held:

	Self	Partner	Jointly
Mortgage Payments	£		
Personal Loan Payments/Credit Card Payments	£		
Council Tax/Utility Bills	£		
Food/Clothing/other expenses	£		
Savings Commitments	£		
Life Assurance/Pension Plans	£		
Any other expenses, e.g., maintenance	£ £		
TOTAL CURRENT MONTHLY OUTGOINGS/EXPENSES	£		

Adjusted Future Expenses in Retirement – how do you expect the above to change?

State expenses which will no longer apply

E.g. Mortgage, Pension Savings

	Self	Partner	Jointly
	£		
	£		
	£		
EXPECTED REVISED MONTHLY EXPENSES ONCE RETIRED	£		

Additional Non-Essential Expenditure (where not included above, e.g. holidays, cars etc.)

	Self	Partner	Jointly
	£		
	£		
	£		
NON-ESSENTIAL EXPENDITURE NOT INCLUDED ABOVE	£		
OVERALL TOTAL INCOME NEED	£		

•Section 8: Annual/Monthly Income – and any expected change in income:

Please give approximate values, and state if ANNUAL or MONTHLY.

	Self	Partner	Expected changes?
Income as an employee – gross/net If includes bonus, give breakdown	£		
Income from self-employment	£		
Private Pension Income – Type	£		
State Pension (payable from age)	£		
Investment Income – State Type e.g., bank interest, property rental income	£		
Any other income (including P11D benefits)	£		
Less Expenses (state annual or monthly) FROM SECTION ABOVE	£		
TOTAL DISPOSABLE INCOME (state monthly or annual)	£		
Maximum rate of Tax payable			

Section 9: Existing Pension, Life Assurance Plans & income Protection arrangements:

(if you have more than the space allows, please list separately):

SELF

Type of Plan & Company	Current Value or Estimated Benefit	Start/ Maturity date	Premium Payable/Paid	Comments
Employee Benefits? If so, please state				

PARTNER/SPOUSE

Type of Plan & Company	Current Value or Estimated Benefit	Start/ Maturity date	Premium Payable/Paid	Comments
Employee Benefits? If so, please state				

Section 10: Environmental, Social and Corporate Governance (ESG) - Investment Preferences

How important is it that your monies invest only in socially responsible areas of investment? Very important [___] Somewhat important [___] Not important [___]
Depending on above outcome, please answer the following questions:
Would you like to invest solely into ethical funds? YES/NO
Is it important for you to know that the funds you invest in take account of ESG criteria? YES/NO
Are there any areas in which you would prefer not to invest? i.e. tobacco, armaments YES/NO
Any additional issues/comments in this respect:

Section 11: FOR WHAT REASON IS ADVICE BEING SOUGHT? WHAT ARE YOUR CURRENT PRIORITIES? IF YOU HAVE ANY MEDICAL CONDITIONS WHICH ARE RELEVANT TO RETIREMENT PLANNING, PLEASE INCLUDE THEM HERE. PLEASE MENTION ANY FURTHER INFORMATION YOU FEEL MAY BE RELEVANT.

IMPORTANT NOTE:

If you have not filled in this form yourself, please read the information which has been completed on your behalf before signing the form. Any advice given may be affected if the information provided on the form proves to be incorrect. Depending on the complexity of the advice required you may need to provide additional information.

Declaration:

This information provided is correct to the best of my knowledge and has been provided on the understanding that it will be used in the strictest confidence, and that it places me under no obligation to take up any recommendation or suggestion.

I/We have received a business card and Client Agreement For Investments.

Signature Self:

Signature Partner:

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Date:

Date: