

PRIVATE & CONFIDENTIAL CLIENT INFORMATION

	First client	Second client
Name		

Financial Planner:

Date this client information completed:

Important notice for clients:
 To enable us to provide suitable advice, information is required concerning your present circumstances and your priorities. Therefore, it is strongly recommended that a full review of your affairs is carried out and detailed completion of this form will allow us to do that. If the advice given is limited to specific areas this will be noted and naturally this firm will only be responsible for those.

Advice option you require: Full advice Limited advice

If the advice you require is limited, please indicate the areas that you wish the advice limited to:
 Protection Retirement planning Savings & Investments

What are your needs, objectives and financial goals, in order of priority?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Personal information		
	First Client	Second Client
Title		
Family name		
All first name(s)		
Preferred salutation		
Date of birth		
Gender		
Contact details Home telephone Work telephone Mobile telephone Email address		
Relationship to first client		
NI Number		
Nationality		
If not British, in which country are you domiciled		
Current address (incl. postcode)		
Date you moved there		
Do you smoke	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in good health	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details
Dependents	1- name: 1- name: 1- name:	DOB: DOB: DOB:
Are they in good health	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details
If there is not enough space here further notes may be added on page 10		

Occupation information

Employed earnings only (if you have private practice earnings please see below)	First Client	Second Client
Job title / Specialty		
What date did you start / Date of 1 st qualification		
Time out of NHS (if any)		
Clinical excellence awards / ACCEA national awards		
Expected awards in the next 5 years		
Current & additional programmed activities		
Current employer name & address		
Your current gross annual earnings before tax and NI are deducted	£	£

If you have Private Practice earnings		
From when		
What value of the business assets do you own	£	£
Your current annual net profit but before tax and NI are deducted	£	£
Estimated annual net profit next year	£	£
Do you own your business premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there is not enough space here further notes may be added on page 10 (e.g. property value)

Income and Expenditure (net of tax)

Monthly income (current)	First Client	Second Client	Joint
Employed income	£	£	
Self-employed income	£	£	
Rent (net of expenses)	£	£	£
Benefits (e.g. child allowance)	£	£	£
Investment income	£	£	£
Pension income			
Other (please specify)	£	£	£
Total A	£	£	£

Income tax rate	%	%	
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Note for FP: If you use the Truth expenditure form instead please attach it to this form & make a note below to that effect

Monthly expenditure (current)			
Mortgage/rent	£	£	£
Household (e.g. food, clothes, travel, leisure, holidays etc.)	£	£	£
Regular monthly bills (e.g. council tax, utilities etc.)	£	£	£
Insurances (e.g. life, home, medical, cars etc.)	£	£	£
Regular savings & pensions	£	£	£
Loans/credit cards/ hire purchase	£	£	£
Travel (e.g. car, public transport etc.)	£	£	£
Maintenance	£	£	£
Other (please specify)	£	£	£
Total B	£	£	£

Surplus / (Deficit) (Total A – Total B)	£	£	£
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If there is not enough space here further notes may be added on page 10

Your Assets and Liabilities

Type of Asset	First Client	Second Client	Joint
Your own home	£	£	£
Home contents	£	£	£
Motor vehicles	£	£	£
Investment property	£	£	£
Bank/Building Soc	£	£	£
ISAs/PEPs	£	£	
Unit trusts	£	£	£
Investment bonds	£	£	£
Private pensions	£	£	
Shares	£	£	£
Your own business	£	£	£
Other (please specify)	£	£	£
Total A	£	£	£

Type of Liability			
Mortgage on your own house	£	£	£
Investment property mortgages	£	£	£
Credit or store cards	£	£	£
Personal loans	£	£	£
Car loans	£	£	£
Other (please specify)	£	£	£
Total B	£	£	£

Surplus / (Deficit) (Total A – Total B)	£	£	£
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If there is not enough space here further notes may be added on page 10 (i.e. review dates of mortgages or repayment dates of mortgages & other loans)

Current mortgage details (if any)

Current lender	
Current interest rate	
Current product type (e.g. fixed, tracker, standard)	
Date current product type ends	
Penalties for early redemption of product type	
Repayment method (e.g. capital repayment or interest only)	
Date mortgage is due to be repaid in full	

Agreed availability of funds for financial planning (i.e. what you can afford)

	First Client	Second client	Joint
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Amount per month	£	£	£
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Lump sum available for investment from current liquid funds	£	£	£
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Liquid funds to be left on deposit or as cash	£	£	£
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Lump sum available for investment from funds currently invested elsewhere, that you <u>may</u> consider moving	£	£	£
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Please detail the funds & approximate amounts these are made up of:		
1.		£
2.		£
3.		£
4.		£
5.		£
6.		£
7.		£
8.		£
	Total	£

Wills and Estate Planning

Your Wills	First Client	Second Client
Have you a current Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly what are its main provisions & who are the executors:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly what are its main provisions & who are the executors:
Date last written/updated		
If no, would you like to be referred to a Will writer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please note that if you do not have an up to date Will your estate on death will be subject to the laws of intestacy, which may very well mean your assets are not given to the people you wish them to be at the time they need them most		

Estate Planning		
Have you made any gifts of capital in the last 7 years	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details:
Are you making any regular gifts out of income	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details:
Do you anticipate receiving any inheritances in the foreseeable future	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details:

Your accountant's details

Firm name & address:	
Contact name:	
Telephone number:	
Email address:	
Would you like us to liaise with them regarding any advice provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client Declaration

I/We understand that the information provided in this questionnaire by me/us will be used as the basis of any recommendations made and confirm that it is correct to the best of my/our knowledge.

First Client signature:	Date:
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Second Client signature:	Date:
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For Cavendish use only

Other paperwork to be completed/collected	Completed/ collected
Letters of authority for all plans detailed on page 6	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Laundering evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Morningstar questionnaire(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
BR19 State Pension Forecast	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a plan/pension switch is being considered please show the client's motivation for doing so (tick as many boxes as apply)	
Consolidation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Future Drawdown	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment flexibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment performance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investing passively	<input type="checkbox"/> Yes <input type="checkbox"/> No
Switch to a cheaper scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please give brief details)	

Additional client notes

Page number	Details

FP's instructions for AFP

Letters of authority to send with standard information requests

Who to? Is there anything non-standard that you require (see fax request templates)?

1.

Instructions re client's existing paperwork

Is there anything the client wishes specifically to keep that isn't strictly necessary?

Research required (if known yet)

Quotes required (if known yet) and on what basis