



I N D E P E N D E N T F I N A N C I A L A D V I S E R S

Confidential Financial Review

This review has been prepared for

By

On

Financial Services & 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 suitable advice, as it can only be based on the information provided.

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**MFS is the Trading name of ART Holdings Ltd
Authorised and Regulated by the Financial Services Authority**



Personal

	Client	Partner
Client Title		
Client First Name		
Client Surname		
Client Address		
Valid From		
Residential Status		
Home Telephone		
Business Telephone		
Mobile Telephone		
E-mail		
Gender		
Marital Status		
Date of Birth		
Place of Birth		
Job Title		
N.I Number		
UK Resident for Tax	YES / NO	YES / NO
Domicile		
Former Name		
Previous Address		
Client Classification	RETAIL	RETAIL
Qualifications		

Dependants

Please complete this section if you are considering educational funding for college or university expenses

Full Name	Relationship	M/F	Date of Birth	Start Year	Years	School Fees

Full Name	Notes

Contacts & Advisers

Type	Owner	Contact Name & Address	Contact Details
Bank			Tel:
			Fax:
			Email:
Solicitor			Tel:
			Fax:
			Email:
Accountant			Tel:
			Fax:
			Email:

Power of Attorney

Applies	From

Health

	Client	Partner
Height		
Weight		
Consumption of Alcohol	Units/Week	Units/Week
General State of Health		
Do you smoke?	Per Day	Per Day
Involved in hazardous pastimes?		
Medical Notes		

Money Laundering (Evidence of Identity)

	Self	Partner
Type		
Serial No		
Copy Taken	YES NO	YES NO
Type		
Serial No		
Copy Taken	YES NO	YES NO
Type		
Serial No		
Copy Taken	YES NO	YES NO

Notes	

Assets

	Client	Partner	Joint	Totals
Main Residence				
Other Property				
Personal Effects / Contents				
Business Interests				
Owned Cars / Boats etc				
Other Assets				
Total Assets				

	Client	Partner	Joint
Description of Assets			

Restricted Assets

Owner	Details	Restriction On Buy	Restriction On Sell	Restriction Type	Subject to SE Rules	Notes

Liabilities

Owner	Type	Lender	Balance	End Date	Notes

Employment Details

Main Employment	Client	Partner
Job Title		
Employment Status		
Current Salary		
Salary Last Updated		
Length of time in Employment		
Business Name		
Address		
Postcode		
Telephone		
Email		
Fax		
Website		
Tax District		
Tax Reference		
Are you expecting any changes to your circumstances or employment?		
Details		

Employment Details – Additional Employments					
Owner	Employee Status	Current Salary	Salary Last Updated	Business Name	Business Details
How long would you continue to be paid in the event of an accident or sickness?					
On Full Pay (days)					
On Reduced Pay (days)					
At Percentage of full pay					

Income

	Self	Partner
Basic Annual Income		
Regular Overtime		
Bonus / Commission		
Car Allowance		
P11D Benefit		
Bank / B.Soc Interest		
Investment Income		
Trust Income		
Rental Income		
PHI Income		
State Benefits		
Maintenance		
Pension Income		
Other Income		
Total Annual Income		
Tax Rate		
Tax Allowance		
Do you anticipate changes to your income?		
Notes		

	Self	Partner
Salary Review Date		
Year Trading End		
P11D Benefit Description		

Affordability

	Client	Partner
What amount can you reasonably afford to invest?	Per Month	Per Month
	Lump Sum	Lump Sum
For how long can you make this investment?	Years	Years
Funding Source?		

Investments

	Client	Partner	Joint	Total
Bank Account				
Building Society				
National Savings				
Shares / Equities				
Loan Stocks & Gilts				
TESSA's				
ISA's				
PEP's				
Unit Trusts				
Investment Trusts				
Bonds				
Other Investments				
Total				

Owner	Description	Premium	Cost	Value	Acquired

Employer Pension Schemes

	Client	Partner
Retirement Age		
Does your company operate a pension scheme?		
Are you now or will you become eligible to join?		
Have you joined or intend to join?		
Has the information in the previous 4 questions been verified with your employer?		
Were you once a member but have now left the scheme?		
Reason for leaving		
Does your company intend to operate pension scheme in near future?		

Employer Sponsored Pensions	Client	Partner
Employers Name		
Managers Name		
Retirement Date		
Pensionable Service Start Date		
Join Date		
Gross Contribution		
Final Salary	Client	Partner
Pension Basis		
Lump Sum		
Escalation Rate		
Money Purchase Schemes	Client	Partner
Current Fund Value		
Employer Contribution		

Additional Voluntary Contribution			Client		Partner	
Owner	Policy No	Scheme	Started	Maturity	AVC Amount (%)	Scheme Type

Personal Pensions

Life Assured / Policy Beneficiary	Policy Type	Assurance Company	Policy No	Current Value	Premium Freq.	Start Date	Maturity Value	Escal'n

Retained Benefits

Owner	Scheme Name	Fund Value	Date of last Valuation	Deferred Pension (p/a)	Re-valued at (%)	Retire At Age

Eligible for State Pension?

YES NO

Assurance Details

Life Assure Beneficiary	Policy Type	Assurance Company	Policy No	Sum Assured or Benefits	Premium	Start Date	Maturity Date	Esc'tion

General Insurance Details

Type	Policy No & Type	Insurance Company	Sum Insured	Premium	Start Date	Renewal Date
Buildings Insurance						
Home & Contents Insurance						
Car Insurance						
Other						

Additional Notes

Estate Planning, Inheritance & Trusts

	Client	Partner
Have you made a will?		
If Yes, what are the main provisions?		
On what date was it made?		
Does it reflect your current wishes?		
Where is the will kept?		
Are you expecting any inheritance of any kind?		
If Yes, please give details		

Estate Planning & Inheritance – Lifetime Gift History

Date	To Whom/ By Whom	Type	Value	Tax	Description	Notes

Estate Planning & Inheritance – Connection with Trusts

Name of Trust	Owner	Type	Interest	Settlement Date	Entitlement (Assets / Value)	Terms

Objectives

Please mark below using the score from 1 to 5 (1 being most urgent need)

On the death of yourself or your partner	
If you were unable to work through long term illness or disability	
Following diagnosis of a critical illness	
Providing the benefits of Private Healthcare	
Providing long term care	
Maintaining your standard of living in retirement	
Providing for your children's education	
Amount you are prepared to commit towards reaching your goals	
Reducing your Tax burden	
Mitigating your estates liability to Inheritance Tax	
Investment Planning	
Long Term Savings	
Protecting your income	
Raising Capital / (Re)mortgage	
Insurance for your Business	
Other Specific Objectives	

Notes

Capital Gains Tax

	Client	Partner
Have you used any part of your capital gains tax allowance?		
Have you realised capital gains (exceeding the allowance) or losses within the past three years?		
Do you have any significant unrealised capital gains or losses?		
Do you agree that capital gains may be taken in excess of your annual allowance?		
CGT Losses Brought Forward		
Notes		

Approach to Investment

	Client	Partner
Investment Experience		
If the Stock Market declined by 25%, What is your view?		
The following features would be required from the investment portfolio. Each is assigned a priority from 1 to 5 (1 being the most important)		
Growth		
Income		
Tax-Efficiency		
Access		
Guarantees		
Strong Moral Views on Investment		
Notes		

Attitude to Risk

Please indicate your attitude to investment risk by choosing the investment risk level description best suited to you by ticking the relevant box below.

Title	Description	Self	Partner
Very Conservative	You do not wish to have any of your funds invested in the stock market and are prepared to accept the inflationary risk this implies		
Lower Risk	You appreciate the security of cash and fixed interest investment but are willing to accept a low level of stock market risk to try and combat some of the effects of inflation.		
Middle Risk	You would like to benefit from medium risk equity investment returns. In other words, growth potential which would suit investors with a time frame of 5 years or more.		
Higher Risk	You would like to maximise long term returns and the ups and downs of the Stock Market do not bother you. You are aiming for long term growth, you know it may not be a smooth ride over the years, and accept that your investment capital could be at risk.		
Speculative	You are willing to accept the possibility of a significant loss of capital in order to gain possible high returns in the long term.		

Data Protection

Information supplied may be stored on computer records and may be used for marketing and statistical purposes by members of the group of companies. Details may be passed to our regulatory authorities for the purposes of compliance. Please indicate your consent to this by ticking this box.

We like to take care to keep clients informed of only those products that may be of interest to them. If you would like to receive this information please tick this box.

Declaration

PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.

*I/We confirm that the information given and recorded on this form is correct and understand that it shall form the basis for all advice offered.

*I/We also confirm that the details given in the Pensions Schemes section regarding *my/our Company pension scheme are correct, and that *I/We have verified these with *my/our employer.

(* Delete as applicable)

I HAVE ALSO RECEIVED THE "KEY FACTS" ABOUT OUR SERVICES AND COSTS DOCUMENT AND CLIENT AGREEMENT AND A BUSINESS CARD FROM MY FINANCIAL ADVISER

Signature

Signature

Date

Date