

**INITIAL ADVICE CONSULTATION (AT OUR EXPENSE) – FACT FIND FORM**

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| **PERSONAL** | | **MR** | **MRS** |
| NAME | |  |  |
| DATE OF BIRTH | |  |  |
| ADDRESS | | TIME AT - | TIME AT - |
| CONTACT DETAILS – MOBILE, LANDLINE, EMAIL | |  |  |
| SMOKER | | YES / NO | YES / NO |
| CHILDREN – NAMES & AGE | |  |  |
| NI NUMBER | |  |  |
| NATIONALITY, PLACE OF BIRTH, UK DOMICILE, UK RESIDENCY | |  |  |
| EMPLOYER NAME & ADDRESS, LENGTH OF SERVICE | |  |  |
| ADVICE OBJECTIVE – PROTECTION, MORTGAGE, RETIREMENT, SAVING/INVESTMENT, ESTATE PLANNING, LONG TERM CARE ETC….. | |  |  |
|  | | | |
| **RISK PROFILE** | | **MR** | **MRS** |
| COMPLETED RISK QUESTIONNAIRE | | YES / NO | YES / NO |
|  | | | |
| **FINANCIAL** | | **MR** | **MRS** |
|  | | | |
| NET INCOME & BREAKDOWN PER INCOME SOURCE | | £ SALARY £ DIVIDEND  £ RENTAL INC £ STATE PEN  £ INVEST INC £ PRIVATE/OCC PEN  TOTAL = £ | £ SALARY £ DIVIDEND  £ RENTAL INC £ STATE PEN  £ INVEST INC £ PRIVATE/OCC PEN  TOTAL = £ |
| TOTAL MONTHLY EXPENDITURE – HOUSEHOLD BILLS & DISCRETIONARY | | £\_\_\_\_\_\_\_\_\_\_\_\_ HOUSEHOLD + £\_\_\_\_\_\_\_\_\_\_\_ DISCRETIONARY = £\_\_\_\_\_\_\_\_\_\_ TOTAL EXPENDITURE  £\_\_\_\_\_\_\_\_\_\_\_\_ JOINT NET INCOME - £\_\_\_\_\_\_\_\_\_\_\_ EXPENDITURE = £\_\_\_\_\_\_\_\_\_\_ NET DISP INCOME | |
| **PROPERTY** | **MAIN RESIDENCE** | **SECOND PROPERTY** | **THIRD PROPERTY** |
|  | | | |
| PROPERTY VALUATION | £ | £ | £ |
| MORTGAGE PROVIDER |  |  |  |
| MORTGAGE BALANCE | £ | £ | £ |
| MORTGAGE ACCOUNT NO. |  |  |  |
| MONTHLY PAYMENT | £ | £ | £ |
| REPAYMENT / INTEREST ONLY |  |  |  |
| INTEREST RATE | % | % | % |
| REMAINING DURATION | YRS MTHS | YRS MTHS | YRS MTHS |
| RECENT STATEMENT ATTACHED | YES / NO | YES / NO | YES / NO |
|  | | | |
| **PROTECTION / LIFE ASSURANCE (EXC WORK BASED COVER)** | **PLAN 1** | **PLAN 2** | **PLAN 3** |
|  | | | |
| PROVIDER |  |  |  |
| POLICY NO. |  |  |  |
| COVER TYPE – DEATH, CRITICAL ILLNESS, INCOME PROTECTION, MEDICAL, DENTAL ETC |  |  |  |
| COVER AMOUNT | £ | £ | £ |
| MONTHLY PREMIUM | £ | £ | £ |
| REMAINING TERM | YRS MTHS | YRS MTHS | YRS MTHS |
| PLAN HOLDER | MR / MRS / JOINT | MR / MRS / JOINT | MR / MRS / JOINT |
| POLICY SCHEDULE ATTACHED | YES / NO | YES / NO | YES / NO |
|  | | | |
| **PENSIONS** | **PLAN 1** | **PLAN 2** | **PLAN 3** |
|  | | | |
| PROVIDER |  |  |  |
| PLAN NO. |  |  |  |
| CURRENT VALUE | £ | £ | £ |
| REGULAR PREMIUM | £ / MTH / QTR / YR | £ / MTH / QTR / YR | £ / MTH / QTR / YR |
| RECENT STATEMENT ATTACHED | YES / NO | YES / NO | YES / NO |
|  | | | |
| **SAVINGS & INVESTMENTS** | **A/C 1** | **A/C 2** | **A/C 3** |
| PROVIDER |  |  |  |
| ACCOUNT NO. |  |  |  |
| ACCOUNT BALANCE | £ | £ | £ |
| PRODUCT TYPE – BANK A/C, ISA, NS&I, SHARES, UNIT TRUST, INVESTMENT BOND ETC |  |  |  |
| ACCOUNT HOLDER | MR / MRS / JOINT | MR / MRS / JOINT | MR / MRS / JOINT |
| REGULAR SAVING | £ / MTH / QTR / YR | £ / MTH / QTR / YR | £ / MTH / QTR / YR |
| PURPOSE AND / OR OBJECTIVE |  |  |  |
|  | | | |
| HAPPY TO BE CONTACTED | YES / NO | | |

**NOTES**

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| **PERSONAL**  **FINANCIAL**  **PROPERTY** | **PROTECTION/PENSIONS/SAVINGS & INVESTMENTS**  **ADVICE OBJECTIVES** |

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| **DATA PROTECTION** |  |
| 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 | YES / NO |
| 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 | YES / NO |
| 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 | YES / NO |

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| **MARKETING - If you do not indicate your agreement for us to make contact with you, we may be unable to provide you with details of products and/or services that may suit your needs and circumstances. We would like to maintain a record of your express consent for us to contact you by telephone, SMS, email and instant messaging for marketing our products or services that we think may be of interest to you. Please indicate your consent to us contacting you by any of the means specified below:** | | | | | | | |
| Please contact me for marketing purposes  YES / NO | Phone  YES / NO | Mail/Post  YES / NO | Email  YES / NO | SMS Text/Picture Messaging  YES / NO | Social Media  YES / NO | PFP  YES / NO | Automated Calls  YES / NO |

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| **ACCESSIBLE FORMAT REQUIREMENTS** |  | | | |
| Preferred method | NO REQUIREMENT | LARGE PRINT | AUDIO TAPE | BRAILLE |

|  |  |  |  |
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| **CLIENT SERVICING** |  | | |
| Preferred servicing method | NO PREFERENCE | POST | ELECTRONIC |

**Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**