

Confidential Financial Review Form

Name

Financial Services And 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 best advice, as it can only be based on the information provided.

Data Protection Act 1998 – Disclosure of Information

The information given in this document will be retained on computer for reference purposes, and will be held in accordance with the Data protection Act 1998. The details may be passed to the regulatory authorities and auditors for the purpose of compliance.

FTW (IFA) Ltd

WHICH IS AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY
FSA No: 303428

1. Personal Details	Self	Partner
Title Mr/Mrs/Miss/Other	<input type="text"/>	<input type="text"/>
First Name (s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
nee	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	
Telephone No	<input type="text"/>	<input type="text"/>
Mobile No	<input type="text"/>	<input type="text"/>
Fax No	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Place of Birth	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
UK Resident	<input type="text"/>	<input type="text"/>
Domicile	<input type="text"/>	<input type="text"/>
National Insurance No.	<input type="text"/>	<input type="text"/>
Sex	M / F	M / F

Notes (for office use only)

2. Dependants / Children			Education Funding inc College / University expenses. Please complete this section if you are considering educational funding.			
Name	Relationship	DOB	Start Year	No of Yrs	Annual Fees	Annual rate of increase required %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Employment

Occupation

Employment Status

Length of time in employment

Business Name

Business Address

Post Code

Business Telephone No.

Business Fax No

Do you anticipate any changes to your circumstances or employment, **Yes / No** **Yes / No**

If yes please give details

National Insurance Number

Notes

4. Income	Self	Partner	If self employed	
Basic Annual Income	£ <input type="text"/>	£ <input type="text"/>	Trading Year End	
Regular Overtime	£ <input type="text"/>	£ <input type="text"/>	Self	<input type="text"/>
Bonus / Commission	£ <input type="text"/>	£ <input type="text"/>	Partner	<input type="text"/>
Other (Please describe)	£ <input type="text"/>	£ <input type="text"/>		
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>		
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>		
Total Annual Income	£ <input type="text"/>	£ <input type="text"/>		
Total Net Income pm	£ <input type="text"/>	£ <input type="text"/>		
Tax Rate	<input type="text"/> %	<input type="text"/> %		
Tax Allowance	£ <input type="text"/>	£ <input type="text"/>		

5. Regular Commitments					
Mortgage/Rent/Board	£ <input type="text"/>	pm <input type="text"/>	Travel Expenses	£ <input type="text"/>	pm <input type="text"/>
Loan/HP Repayments	£ <input type="text"/>	pm <input type="text"/>	Credit/Charge Cards	£ <input type="text"/>	pm <input type="text"/>
Amount Outstanding	£ <input type="text"/>		Amount Outstanding	£ <input type="text"/>	
Gas/Elec/Water/Tel	£ <input type="text"/>	pm <input type="text"/>	Regular Savings	£ <input type="text"/>	pm <input type="text"/>
Council Tax	£ <input type="text"/>	pm <input type="text"/>	Social Expenses	£ <input type="text"/>	pm <input type="text"/>
Household Expenses	£ <input type="text"/>	pm <input type="text"/>	Other Expenses	£ <input type="text"/>	pm <input type="text"/>
All Insurances/Pensions	£ <input type="text"/>	pm <input type="text"/>	Total Commitments	£ <input type="text"/>	pm <input type="text"/>
Notes					
<input type="text"/>					

6. Assets	Self	Partner	Joint
Main Residence	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Property	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Personal Effects/Contents	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Business Interests	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Owned Cars/Caravans etc	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Assets - Please describe	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total Assets	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Assets Description	<input type="text"/>		
Notes			
<input type="text"/>			

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7. Investments	Self	Partner	Joint
Bank Account	£	£	£
Building Society	£	£	£
National Savings	£	£	£
Shares/Equities	£	£	£
Loan Stocks & Gilts	£	£	£
TESSA's	£	£	
Finish Date			
PEP's/ISA's	£	£	
Child Trust Funds/Savings	£	£	
Unit Trusts	£	£	£
Insurance Bonds	£	£	£
Other Investments	£	£	£
Total Investments	£	£	£

Details of other investments

8a. Home Details

Payment Method	Repayment/Interest Only/ Both	Buying a New Home
		Please complete this section if you are planning a house purchase in the next 12 months
Current Value	£	Price you are considering
Lender		Deposit Available
Rate/Type	%	Maximum Mortgage
Outstanding	£	Required
Remaining Term	Yrs	Repayment Term
Mortgage Ref No		

Plans Effected to Cover your Mortgage

1.	Lives Assured	Policy Type	Insurance Co.	Policy Number
	Sum Assured	Premium/Frequency	Start Date	Maturity Date
2.	Lives Assured	Policy Type	Insurance Co.	Policy Number
	Sum Assured	Premium/Frequency	Start Date	Maturity Date
3.	Lives Assured	Policy Type	Insurance Co.	Policy Number
	Sum Assured	Premium/Frequency	Start Date	Maturity Date



8b. Mortgage Considerations (Only complete if advice is required on Mortgages or Remortgages)

- a. Would you prefer to fix your mortgage payments at a set amount for a set number of years or have your payments varying with changes in the mortgage rate?

I/we would prefer to have: *tick* *no.*
fixed payments for the first years.
variable payments

- b. Would you prefer to have lower payments initially, even if it means future payments will be higher they otherwise would be and that you will have paid more overall?

Yes No

- c. Are you looking for a Cashback mortgage?

Yes No

- d. Mortgages often include certain fees. Please indicate your order of preference for the following Possibilities, with a number from 1 to 3, with 1 being the most important and 3 the least.

A lower mortgage arrangement fee
A lower early redemption penalty
A lower Mortgage Rate

We will bear all your preferences in mind as we research the marketplace.

8c. Notes

9. Pension Schemes

Does your Company operate an Occupational Pension Scheme?

Self

Partner

Yes No

Yes No

Are you now or will you become eligible for membership?

Yes No

Yes No

If yes, when?

Have you joined or do you intend to join?

Yes No

Yes No

Occupational Pension Schemes

Retirement Date

Pensionable service start date

Contracted out of SERPS

Yes No

Yes No

Your Gross Contribution

£ %

£ %

Death In Service

£

£

Widow(er)'s Pensions

%

%

Final Salary Schemes (Only to be completed if you are a member of such a scheme)

Pension Basis (eg 60ths,80ths,other)

ths

ths

Lump Sum in addition/by commutation

£

£

Benefit escalation rate in retirement

%

%

Money Purchase Schemes (Only to be completed if you are a member of such a scheme)

Current Fund Value

£

£

Employers Contribution

£ %

£ %

Additional Contributions

Total contribution to Co AVC

£ %

£ %

Total contribution to FSAVC

£ %

£ %

Personal Pension Plans (Including Group Personal Pension Plans)

Policyholder	Insurance Company	Premium/Frequency	Fund Value	Retirement Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

At what age would you like retire?

Self

Partner

10a. Policy Details - Life Assurance Plans (Existing Plans)

1	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10b. Policy Details - Permanent Health and Critical Illness Plans (Existing Plans)

1	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10c. Policy Details -Savings Plans inc. PEP's, Unit Trusts, Friendly Soc. Plans, Endowments (Existing Plans)

1	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Estate Planning & Inheritance

	Self	Partner
Have you made a will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are the main provisions?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Are you expecting an inheritance of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

12. Attitude to Investment Risk

- CONSERVATIVE**
You prefer not to invest in the stock market and are prepared to accept potentially lower returns from investments where your capital is not at risk.
- CAUTIOUS**
You prefer not to invest directly in the stock market in the shorter term, but are prepared to accept a relatively low level of risk on investments over the longer term, in order to achieve potentially higher returns.
- BALANCED**
You are prepared to invest in equity based assets, where the risk is spread across a variety of investments and the fund is managed on your behalf, with the aim of potentially higher returns.
- ADVENTUROUS**
You are happy to invest predominantly in equity based assets, where the risk is spread across a variety of investments (some of which are “specialist” investments) and the fund is managed on your behalf, with the aim of potentially higher returns, accepting the increased risk of a loss on your capital.
- SPECULATIVE**
You are happy to invest in individual equities, with the aim of potentially higher returns, accepting the increased risk of a loss on your capital.

Please indicate your attitude to risk, under each category.

	Self	Partner
Pension	<input type="checkbox"/>	<input type="checkbox"/>
Savings / Mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Investment	<input type="checkbox"/>	<input type="checkbox"/>

13. Health

	Self	Partner
Are you in Good Health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you Smoke Tobacco?	Yes <input type="checkbox"/> /day <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> /day <input type="checkbox"/> No <input type="checkbox"/>
Height	<input type="text"/>	<input type="text"/>
Weight	<input type="text"/>	<input type="text"/>

14. General Financial Objectives

Please specify your financial objectives by assigning a priority from 1 to 5 to the following need areas (1=high priority, 5=no priority).

Family Security	<input type="checkbox"/>	Investment Planning	<input type="checkbox"/>
Protection against Critical Illness	<input type="checkbox"/>	Long Term Savings	<input type="checkbox"/>
Maintaining your standard of living in retirement	<input type="checkbox"/>	Long Term Healthcare	<input type="checkbox"/>
Reducing your tax burden	<input type="checkbox"/>	Protecting your income	<input type="checkbox"/>
Mitigating your estates tax liability to inheritance tax	<input type="checkbox"/>	Raising capital/(re)Mortgage	<input type="checkbox"/>
Providing for your children’s education	<input type="checkbox"/>	Other specific objective (detail in notes section)	<input type="checkbox"/>

15. Declaration

PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.

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

I HAVE ALSO RECEIVED A TERMS OF BUSINESS LETTER AND BUSINESS CARD FROM MY FINANCIAL ADVISER or HAVE ACCESS TO THEM VIA THE WEB SITE.

Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

16. Notes