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|  | **Confidential Financial** | | |  |
|  | **Review Form** | | |  |
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|  |  | Name (s) |  |  |
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|  | **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. | | |  |
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|  | 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. | | |  |
|  | **Investment Experience (mandatory for investments)**  When it comes to investing, how would you describe yourself?  ⁯ No understanding / knowledge  ⁯ Very little understanding / knowledge  ⁯ About as much understanding / knowledge as the next person  ⁯ A fair degree of understanding / knowledge  ⁯ A high level of understanding / knowledge | | |  |
|  | [Insert Firm Name] WHICH IS AUTHORISED AND REGULATED BY THE  FINANCIAL SERVICES AUTHORITY | | |  |
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|  | **1. Personal Details** | | |  | **Self** | | | | |  | **Partner** | | | | |  |
|  |  | | |  |  | | | | |  |  | | | | |  |
|  | Title Mr/Mrs/Miss/Other | | |  |  | | | | |  |  | | | | |  |
|  |  | | |  |  | | | | |  |  | | | | |  |
|  | First Name (s) | | |  |  | | | | |  |  | | | | |  |
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|  | Surname | | |  |  | | | | |  |  | | | | |  |
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|  | Home Address | | |  |  | | | | |  |  | | | | |  |
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|  | Post Code |  |  | | |  | | |  | | |  | | |
|  |  | | |  |  | | | | |  |  | | | | |  |
|  | Telephone No  Mobile No  Fax No  Email Address | | |  |  | | | | |  |  | | | | |  |
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|  | Age / Date of Birth | | |  |  | | |  | |  |  | |  | | |  |
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|  | Place of Birth | | |  |  | | | | |  |  | | | | |  |
|  |  | | |  |  | | | | |  |  | | | | |  |
|  | Marital Status | | |  |  | | | | |  |  | | | | |  |
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|  | UK Resident | | |  |  | |  | | |  |  | | |  | |  |
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|  | Domicile | | |  |  | | | | |  |  | | | | |  |
|  | National Insurance No. | | |  |  | | | | |  |  | | | | |  |
|  | Sex | | |  | **Male** | | | **Female** | |  | **Male** | | **Female** | | |  |

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|  | **2. Dependants**  **Children** |  |  |  |  |  |  | | | |  |
|  |  |  |  |  |  |  |  | | | |  |
|  | Name |  | Relationship |  | DOB |  | If born since 1/9/2002  Name of Child Trust Fund Provider | | | Latest  Approx.  Value |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **3. Identifying Needs for Dependants/Children** | | | | | |  |  |  |  |  |
|  | Name |  | Target Date |  | Target Objective (University / Home Deposit /Car / Wedding) | | | | | |  |
|  |  |  |  |  |  | | | | | |  |
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|  | **4. Employment** | |  | |  | | | | |  | | | |  | | | | |  | |
|  | Occupation | |  | |  | | | | |  | | | |  | | | | |  | |
|  |  | |  | |  | | | | |  | | | |  | | | | |  | |
|  | Employment Status | |  | |  | | | | |  | | | |  | | | | |  | |
|  |  | |  | |  | | | | |  | | | |  | | | | |  | |
|  | Length of time in employment | |  | |  | | | | |  | | | |  | | | | |  | |
|  |  | |  | |  | | | | |  | | | |  | | | | |  | |
|  | Business Name | |  | |  | | | | |  | | | |  | | | | |  | |
|  |  | |  | |  | | | | |  | | | |  | | | | |  | |
|  | Business Address | |  | |  | | | | |  | | | |  | | | | |  | |
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|  | 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 | | |  |  | | | | | | |  |  | | | | | | |  |
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|  | National Insurance Number |  |  |  |  |  |  |  |  | |  |  | |  |  | |  | |  | |  |  |  |  |  | |  | |  |
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|  | **5. Income** |  | **Self** |  | **Partner** |  | If self employed | | |  |
|  |  |  |  |  |  |  |  | | |  |
|  | Basic Annual Income |  | £ |  | £ |  | Trading Year End | | |  |
|  |  |  |  |  |  |  |  | | |  |
|  | Regular Overtime |  | £ |  | £ |  | Self |  |  |  |
|  |  |  |  |  |  |  |  | | |  |
|  | Bonus / Commission |  | £ |  | £ |  | Partner |  |  |  |
|  |  |  |  |  |  |  |  | | |  |
|  |  |  |  |  |  |  |  | | |  |
|  | Other (Please describe) |  | £ |  | £ |  |  | | |  |
|  |  |  |  |  |  |  |  | | |  |
|  |  |  | £ |  | £ |  |  | | |  |
|  |  |  |  |  |  |  |  | | |  |
|  |  |  | £ |  | £ |  |  |  |  |  |
|  |  |  |  |  |  |  |  | | |  |
|  | **Total Annual Income** |  | **£** |  | **£** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | |  |
|  | **Total Net Income pm** |  | **£** |  | **£** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | |  |
|  | Tax Rate |  | % |  | % |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | |  |
|  | Tax Allowance |  | £ |  | £ |  |  |  |  |  |
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| Notes: |

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|  | **6. Regular Commitments** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Mortgage/Rent/Board |  | £ pm |  | Travel Expenses |  | £ pm |  |
|  |  |  |  |  |  |  |  |  |
|  | Loan/HP Repayments |  | £ pm |  | Credit/Charge Cards |  | £ pm |  |
|  | Amount Outstanding |  | £ |  | Amount Outstanding |  | £ |  |
|  |  |  |  |  |  |  |  |  |
|  | Gas/Elec/Water/Tel |  | £ pm |  | Regular Savings |  | £ pm |  |
|  |  |  |  |  |  |  |  |  |
|  | Council Tax |  | £ pm |  | Social Expenses |  | £ pm |  |
|  |  |  |  |  |  |  |  |  |
|  | Household Expenses |  | £ pm |  | Other Expenses |  | £ pm |  |
|  |  |  |  |  |  |  |  |  |
|  | All Insurances/Pensions |  | £ pm |  | **Total Commitments** |  | **£ pm** |  |
|  |  |  |  |  |  |  |  |  |
|  | Notes | | | | | | |  |
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|  | **7. Assets** |  | **Self** |  | **Partner** |  | **Joint** |  |
|  |  |  |  |  |  |  |  |  |
|  | Main Residence |  | £ |  | £ |  | £ |  |
|  |  |  |  |  |  |  |  |  |
|  | Other Property |  | £ |  | £ |  | £ |  |
|  |  |  |  |  |  |  |  |  |
|  | Personal Effects/Contents |  | £ |  | £ |  | £ |  |
|  |  |  |  |  |  |  |  |  |
|  | Business Interests |  | £ |  | £ |  | £ |  |
|  |  |  |  |  |  |  |  |  |
|  | Owned Cars/Caravans etc |  | £ |  | £ |  | £ |  |
|  |  |  |  |  |  |  |  |  |
|  | Other Assets - Please describe |  | £ |  | £ |  | £ |  |
|  |  |  |  |  |  |  |  |  |
|  | **Total Assets** |  | **£** |  | **£** |  | **£** |  |
|  |  |  |  |  |  |  |  |  |
|  | Other Assets Description | |  | | | | |  |
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|  | **8. 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 |  |  |  |  |  |  |  |
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|  | **9. Home Details** | |  |  | | | | |  | |  | | | | | | | |  | |
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|  |  | |  |  | | | | |  | |  | | | | | | | |  | |
|  | Payment Method | |  | Repayment/Interest Only/ | | | | |  | | **Buying a New Home** | | | | | | | |  | |
|  |  | |  |  | | | | |  | |  | | | | | | | |  | |
|  |  | |  | Both | | | | |  | | 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 | |  | Years | | | | |  | | Repayment Term | | | |  | Yrs |  | |  | |
|  |  | |  |  | | | | |  | |  | | | | | | | |  | |
|  | Mortgage Ref No | |  |  | | | | |  | |  | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | **Plans Effected to Cover your Mortgage** | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | |  | |
|  |  | Lives Assured | | |  | Policy Type | | | |  | | Insurance Co. |  | Policy Number | | | | | |  |
|  | 1 |  | | |  |  | | | |  | |  |  |  | | | |  | |  |
|  |  |  | | |  |  | | | |  | |  |  |  | | | | | |  |
|  |  | Sum Assured | | |  | Premium/Frequency | | | |  | | Start Date |  | Maturity Date | | | | | |  |
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|  |  | Lives Assured | | |  | Policy Type | | | |  | | Insurance Co. |  | Policy Number | | | | | |  |
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|  |  | Sum Assured | | |  | Premium/Frequency | | | |  | | Start Date |  | Maturity Date | | | | | |  |
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|  | **10. 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 | | | |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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? | | | | | | | | | | | |  |
|  |  | | | |  |  | | | |  |  | | | |  |
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|  |  | | | |  | Yes |  | No |  |  |  |  |  |  |  |
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|  | **c.** | | Are you looking for a Cashback mortgage? | | | | | | | | | | | |  |
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|  |  | | | |  | Yes |  | No |  |  |  |  |  |  |  |
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|  | **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. | | | | | | | | | | | |  |
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|  | A lower mortgage arrangement fee | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | |  |  | | | |  |  | | | |  |
|  | *A lower early redemption penalty* | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | |  |  | | | |  |  | | | |  |
|  | *A lower Mortgage Rate* | | | |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **We will bear all your preferences in mind as we research the marketplace.** | | | | | | | | | | | | |  |
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|  | **11. Pension Schemes** | | | |  | | **Self** | | | | | | | |  | **Partner** | | | | | | | | |  |
|  |  | | | |  | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | | | |  | |  | | | | | | | |  |  | | | | | | | | |  |
|  | **At what age would you like retire?** | | | |  | |  | |  | |  | | | |  |  | | |  | | | |  | |  |
|  |  | | | |  | |  | | | | | | | |  |  | | | | | | | | |  |
|  | Does your Company operate an | | | |  | |  | | | | | | | |  |  | | | | | | | | |  |
|  | Occupational Pension Scheme? | | | |  | | 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 S2P | | | |  | | 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 | | | |  | | £ | | | % | | | | |  | £ | | | | | % | | | |  |
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|  | **Personal Pension Plans (Including Group Personal Pension Plans)** | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  |  |  | |  | | | | | |  | |  | | | |  | |  | | | |  | |
|  | Policyholder |  | Insurance Company |  | | Premium/Frequency | | | | | |  | | Fund Value | | | |  | | Retirement Age | | | |  | |
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|  | **12. Policy Details - Life Assurance Plans (Existing Plans)** | | | | | | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  | |  | | |  |
| 1 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
|  |  |  | |  | |  | |  | |  | |  | |  |  |  |
|  |  | |  | |  | |  | |  | |  | |  | | |  |
|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| 2 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
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|  |  | |  | |  | |  | |  | |  | |  | | |  |
|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| 3 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
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|  |  | |  | |  | |  | |  | |  | |  | | |  |
|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| 4 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
|  |  |  | |  | |  | |  | |  | |  | |  |  |  |
|  |  | |  | |  | |  | |  | |  | |  | | |  |
|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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|  | **13. Policy Details - Permanent Health and Critical Illness Plans (Existing Plans)** | | | | | | | | | | | | | | |  |
|  |  | |  | |  | |  | |  | |  | |  | | |  |
| 1 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
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|  |  | |  | |  | |  | |  | |  | |  | | |  |
|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| 2 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
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|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| 3 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
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|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| 4 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
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|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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|  | **14. 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 | | |  |
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|  |  | |  | |  | |  | |  | |  | |  | | |  |
|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| 2 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
|  |  |  | |  | |  | |  | |  | |  | |  |  |  |
|  |  | |  | |  | |  | |  | |  | |  | | |  |
|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| 3 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
|  |  |  | |  | |  | |  | |  | |  | |  |  |  |
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|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| 4 | Life Assured/Policy Beneficiary | |  | | Policy Type | |  | | Insurance Company | |  | | Policy No | | |  |
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|  | Sum Assured/Benefits | |  | | Premium/Frequency | |  | | Start Date | |  | | Maturity Date | | |  |
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| Notes: |

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| **15. Protection Calculator** |
| **Lump Sum Needs How big a lump sum would your clients or their family need?**  If your clients were to die, their family may wish to pay off debts such as mortgage or car loans. There will be funeral expenses to pay for or they may wish to leave some rainy day money for their family. Their lifestyle may also need to alter and they may need to consider paying off debts. What might some of this cost?   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Reason for Lump sum** | **Client 1** |  | **Client 2** |  | **Joint** |  | |  |  |  |  |  |  |  |  | |  | Pay off mortgage | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Pay off other loans | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Funeral expenses | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Other | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | House move | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Other (please enter) | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | **Total (A)** | **£** |  | **£** |  | **£** |  |   **Income Needs – What income would your client or their family need?**  Your clients may have other commitments, for example school or university fees, child care or maintenance payments. Remember that if they have planned to pay off their debts then they will not have to make interest payments.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Income Needs** | **Client 1** |  | **Client 2** |  | **Joint** | |  |  |  |  |  |  |  |  | |  | Replace lost annual income | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Other | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Total | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Lump sum to generate income **(B)** | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Income calculator – assuming 5% interest (example) | | | | | |  | |  | Required annual income £18,000 | | | | | |  | |  | Lump sum to provide £18,000 x 100 = £360,000 | | | | | |  | |  | 5 (5% interest) | | | | | |  |   **Existing Arrangements – What other lump sums could your clients get?**  Your clients may have existing insurance policies, particularly covering their mortgage. Their employers may provide them with a death-in-service or other benefits. They may want to use up existing investments to reduce the amount of protection they need.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **Client 1** |  | Client 2 |  | Joint |  | |  |  |  |  |  |  |  |  | |  | Existing Arrangements | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Mortgage Policies | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Other Insurance | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Employer Benefits | £ |  | £ |  | £ |  | |  |  |  |  |  |  |  |  | |  | Available Investments | £ |  | £ |  | £ |  | |  | **Total (C)** | **£** |  | **£** |  | **£** |  | |  |  |  |  |  |  |  |  | |  | **Total Sum Assured Required** | **Client 1** |  | **Client 2** |  | **Joint** |  | |  | **For lump sum and income generation**  **(A) + (B) – (C)** | £ |  | £ |  | £ |  | |

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|  | **16. Estate Planning & Inheritance** | | | | | | |
| If clients show any doubt or concern about any of the issues below they should be encouraged to review their Will. Wills should be reviewed every 5-6 years and re-made if necessary to reflect changed personal circumstances.  Take the bare minimum of information or just indicate in each column with a tick where a client’s concerns lie. | | | | | | | |
|  |  | **Consideration** | | | | **Self** | **Partner** |
|  |  |  | | | |  |  |
|  | **General**  When did you make your Will?  ii. No Will – do you know what it will happen if you die without a Will? (intestate) | All clients should have one – the consequences of having no Will or an out of date Will can be disastrous. | | | |  |  |
|  | What has happened since you made it? | Death, marriage, divorce, split up, new/grand children, bought or sold house/ 2nd house/house abroad, started business | | | |  |  |
|  | Do you wish to change/add any bequests?  Do you wish to change/add any beneficiaries?  Has any beneficiary died or become disabled?  Do you wish to change any executors? | Children named in a Will can cause later unnamed children to get nothing.  Disabled beneficiaries may lose State Benefits if given a bequest direct. | | | |  |  |
|  | **Life Policies & Investments**  Are the nominees for policies in trust still the same?  Are policies in trust mentioned in your Will? | Care to be taken in the light of old relationships.  They shouldn’t be and the Will may need review | | | |  |  |
|  | **Homeowners**  Do you own the house as joint tenants or tenants-in-common?  Do you know the difference? | A joint tenancy creates a major area of exposure. Clients must have professional advice and re-make Wills. | | | |  |  |
|  | **Foreign Property & Wills**  When did you buy it?  Do you have a Will in that country?  When was the Will made?  Does it exclude your UK Will? | Must have a Will in each country – it should be restricted to property in that country or exclude /recognise existence of other Wills. If not the last dated Will will invalidate any other and client could die intestate in one country. This must be avoided. | | | |  |  |
|  | **Inheritance Tax**  Has your IHT position changed?  Have you received/do you expect to receive an inheritance?  Do you know what your parents’ Wills say? | Clients’ IHT exposure can/may have changed and a Will may need changing. Wills with a Nil Rate Band Disc Trust may no longer be what the client wants/needs.  They could make clients’ position worse? Parents should be asked to consider re-making Wills. | | | |  |  |
|  | **Business Owners with controlling interest**  Did you start/acquire it since you made your Will?  Do you want it to be closed, sold or to continue if you should die?  Is there a Shareholder/Partnership  Agreement?  Have you received professional advice? | Advice must be received to ensure the most efficient succession of business. | | | |  |  |
|  | **Action**  Do you think it’s time to review your affairs?  Would you like me to refer you to our associated legal services company for an Associate to visit you at home? The company is called APS Legal & Associates | Clients want to do 3 things:  i. Do the best for those they love  ii. Feel in control  iii. Have peace of mind  An APS Associate will call the client soon after and the free & no obligation meeting will last for 1 to 2 hours. | | | |  |  |
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|  | **17. Health** |  | **Self** | | | | | | | | | | |  | **Partner** | | | | | | | | | |  |
|  |  |  |  | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | Are you in Good Health? |  | Yes | |  | No | | |  | | |  | |  | Yes | |  | No | | |  | | |  | |
|  |  |  |  | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | Do you Smoke Tobacco? |  | Yes | /day | | |  | No | |  |  | | Yes | | | /day | | |  | No | |  |  | | |
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|  | **18. 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 |  |  |  | Investment Planning |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Protection against Critical Illness |  |  |  | Long Term Savings |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Maintaining your standard of living in retirement |  |  |  | Long Term Healthcare |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Reducing your tax burden |  |  |  | Protecting your income |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Mitigating your estates tax liability to inheritance tax |  |  |  | Raising capital/(re)Mortgage |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Providing for your children’s education |  |  |  | Other specific objective (detail in notes section) |  |  |  |
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|  | **Any Advice Considerations:** |

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|  | **Notes:** |

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| **Attitude to Risk Profiler Questionnaire - 10 Question Version** | | | | | | | | | | | | |
| This questionnaire is the 10 question version as developed by Oxford Risk. | | | | | | | | | | | | |
| Please tick one of the five boxes for each question.  Self Partner | | | | | | | | | | | | |
| 1. I would be willing to risk a percentage of my income in order to get a good return on an investment. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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|  | | | | | |  | | | | | | |
| 2. To achieve high returns, it is necessary to choose high-risk investments. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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| 3. When I am faced with a financial decision I am generally more concerned about the possible losses than the probable gains. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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| 4. I would rather know that I was getting a guaranteed rate of return than be uncertain about my investments. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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| 5. Compared to the average person, I take lower financial risks. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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| 6. I would rather put my money in a bank account than invest in shares. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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| 7. I do not feel comfortable with financial uncertainty. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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| 8. I would accept potential losses in order to pursue long-term investment growth. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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| 9. Taking financial risks is important to me. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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| 10. I would be happy investing a large proportion of my income in a high-risk investment. | | | | | | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree | | |  | |  | |
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| **Attitude to Risk Considerations:** | | | | | | | | | | | | |
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|  | **20. 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 CLIENT AGREEMENT / INITIAL DISCLOSURE DOCUMENT AND BUSINESS CARD FROM MY ADVISER.** | | | | | | | | | | |  |
|  |  |  |  | | | |  |  | | | |  |
|  | Signature |  |  | | | |  |  | | | |  |
|  |  |  |  | | | |  |  | | | |  |
|  | Date |  |  | |  | |  |  | |  | |  |
|  |  |  |  | | | |  |  | | | |  |
|  | Adviser Signature |  |  | | | |  |  | | | |  |
|  |  |  |  | | | |  |  | | | |  |
|  | Date |  |  |  | | |  |  | | | |  |
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**CONFIRMATION OF VERIFICATION OF IDENTITY**

**PRIVATE INDIVIDUAL**

***INTRODUCTION BY AN FSA-REGULATED FIRM***

1. **DETAILS OF INDIVIDUAL (see explanatory notes below)**

|  |  |
| --- | --- |
| *Full name of Customer* |  |

|  |  |  |
| --- | --- | --- |
| **Current Address** |  | Previous address if individual has changed address in the last three months |

|  |  |
| --- | --- |
| **Date of Birth** |  |

1. **CONFIRMATION**

**I/we confirm that**

**(a) the information in section 1 above was obtained by me/us in relation to the customer;**

**(b) the evidence I/we have obtained to verify the identity of the customer:**

***[tick only one]***

|  |  |
| --- | --- |
| **meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG ; or** |  |
| **exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).** |  |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name:** |  |
| **Position:** |  |
| **Date:** |  |

1. **DETAILS OF INTRODUCING FIRM (OR SOLE TRADER)**

|  |  |
| --- | --- |
| **Full Name of Regulated Firm (or Sole Trader):** |  |
| **FSA Reference Number:** |  |

**CONFIRMATION OF VERIFICATION OF IDENTITY**

**PRIVATE INDIVIDUAL**

***INTRODUCTION BY AN FSA-REGULATED FIRM***

1. **DETAILS OF INDIVIDUAL (see explanatory notes below)**

|  |  |
| --- | --- |
| *Full name of Customer* |  |

|  |  |  |
| --- | --- | --- |
| **Current Address** |  | Previous address if individual has changed address in the last three months |

|  |  |
| --- | --- |
| **Date of Birth** |  |

1. **CONFIRMATION**

**I/we confirm that**

**(a) the information in section 1 above was obtained by me/us in relation to the customer;**

**(b) the evidence I/we have obtained to verify the identity of the customer:**

***[tick only one]***

|  |  |
| --- | --- |
| **meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG ; or** |  |
| **exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).** |  |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name:** |  |
| **Position:** |  |
| **Date:** |  |

1. **DETAILS OF INTRODUCING FIRM (OR SOLE TRADER)**

|  |  |
| --- | --- |
| **Full Name of Regulated Firm (or Sole Trader):** |  |
| **FSA Reference Number:** |  |

**Explanatory notes**

1. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:

* those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
* those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
* those whose identity has been verified using the source of funds as evidence.

1. This confirmation must carry an original signature, or an electronic equivalent.

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| **Simplified due diligence**  Simplified due diligence means not having to apply CDD measures. In practice, this means not having to identify the customer, or to verify the customer’s identity, or, where relevant, that of a beneficial owner, nor having to obtain information on the purpose or intended nature of the business relationship. It is, however, still necessary to conduct ongoing monitoring of the business relationship. Firms must have reasonable grounds for believing that the customer, transaction or product relating to such transaction falls within one of the categories set out in the Regulations, and may have to demonstrate this to their supervisory authority.  Simplified due diligence may be applied to low risk products which meet specified criteria set out in the ML Regulations. These criteria, which are cumulative, are:  (i) the product has a written contractual base;  (ii) any related transactions are carried out through an account of the customer with a bank which is subject to the money laundering directive, or a bank in an equivalent jurisdiction;  (iii) the product or related transaction is not anonymous and its nature is such that it allows for the timely application of CDD measures where there is a suspicion of money laundering or terrorist financing;  (iv) the product is within the following maximum threshold:  a. in the case of insurance policies or savings products of a similar nature, the annual premium is no more than €1,000 or there is a single premium of no more than €2,500;  b. in the case of products which are related to the financing of physical assets where the legal and beneficial title of the assets is not transferred to the customer until the termination of the contractual relationship (whether the transaction is carried out in a single operation or in several operations which appear to be linked) the annual payments do not exceed €15,000;  c. in all other cases, the maximum threshold is €15,000.  (v) the benefits of the product or related transaction cannot be realised for the benefit of third parties, except in the case of death, disablement, survival to a predetermined advanced age, or similar events;  (vi) in the case of products or related transactions allowing for the investment of funds in financial assets or claims, including insurance or other kinds of contingent claims:  a. the benefits of the product or related transaction are only realisable in the long term;  b. the product or related transaction cannot be used as collateral;  c. during the contractual relationship, no accelerated payments are made, surrender clauses used or early termination takes place.  **Source: Part 1 of JMLSG Guidance Notes section 5.4.** |

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| **Attitude to Risk Profiler Questionnaire - 20 Question Version**  This questionnaire is the 20 question version as developed by Oxford Risk.  Self Partner | | | |
| 1. Compared to the average person, I would say I take more risks. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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|  |  |
|  |  |
|  |  |
|  | | | |
| 2. I would be willing to risk a percentage of my income in order to get a good return on investment. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
|  |  |
|  |  |
|  |  |
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|  | | | |
| 3. To achieve high returns, it is necessary to choose high-risk investments. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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|  |  |
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| 4. I have been extremely cautious in my past financial investments. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 5. Even if I experienced a substantial loss on an investment, I would not be put off making risky investments. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 6. I believe it is reckless to take financial risks. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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|  |  |
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|  | | | |
| 7. When I am faced with a financial decision I am generally more concerned about the possible losses than the probable gains. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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|  |  |
|  |  |
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|  | | | |
| 8. I would rather know that I was getting a guaranteed rate of return than be uncertain about my investments. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| Attitude to Risk Profiler Questionnaire Continued - 20 Question Version This questionnaire is the 20 question version as developed by Oxford Risk.  Self Partner | | | |
| 9. Compared to the average person, I take lower risks. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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|  | | | |
| 10. I would rather put my money in a bank account than invest in shares. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 11. I do not feel comfortable with financial uncertainty. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 12. If my investment portfolio dropped significantly in value during the first three months, it would not bother me. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 13. I would never take a chance with any amount of money. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 14. I would accept potential losses in order to pursue long-term investment growth. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 15. I believe that the only way to make money is to take financial risks. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 16. Taking financial risks is important to me. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| **Attitude to Risk Profiler Questionnaire Continued - 20 Question Version**  This questionnaire is the 20 question version as developed by Oxford Risk.  Self Partner | | | |
| 17. I would be happy investing a large proportion of my income in a high-risk investment. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 18. I would feel comfortable investing in shares. | Strongly disagree  Disagree  Neither agree or disagree  Agree  Strongly agree |  |  |
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| 19. How comfortable do you feel when you take a financial risk? | Not at all comfortable  Slightly comfortable  Moderately comfortable  Comfortable  Very comfortable |  |  |
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| 20. Overall, how would you place yourself on the following scale? | Risk averse  Somewhat risk averse  Neither risk averse nor a risk taker  A moderate risk taker  A risk taker |  |  |
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**Please note that these items do not affect the scoring of the client but are designed to gain a more comprehensive understanding of the client’s views and circumstances.**

**Investment Timeframe**

When do you intend to use the invested money?

🞏 Short term (0-5 years)

🞏 Medium term (5-10 years)

🞏Long term (10+ years)

🞏 No fixed term

**Your Capacity for Loss**

How much of this investment could you stand to lose without having a significant impact on your future standard of living?

🞏 None or very limited losses (0-5%)

🞏 Small/medium losses could be tolerated

🞏 Large losses would have a low impact on future lifestyle

**Investment Liquidity**

If you needed sudden access to a lump sum, how likely is it that you would need to encash this investment?

🞏 I have other savings and investments which I can use for most needs

🞏 I may need this investment if I needed access to a significant amount of money

🞏 I would almost certainly need access to this investment