



Annual Review

Client(s) Name:

Adviser Name: Anne Wray

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

Client(s) Details		
	Self	Partner
Title / Sex		
Forename(s)		
Surname		
Known as		
Date of Birth / Marital Status		
National Ins No. / UK Resident		
Home Address (Only complete 'Partner' details if different.)		
Time at current address in years & months (If less than 3 years, give details of all previous addresses for 3 years in Notes section below.)		
Home Telephone Number		
Mobile Number		
E-mail address		
Preferred method of contact		

Client(s) Details continued....		
	Self	Partner
Do you foresee any changes to your personal circumstances?		
Are you in good health?		
Do you have any medical conditions? (If 'Yes', give details in Notes section.)		
Have you smoked in the last 12 months?		
Employment Status		
If retired/ other, what was your former occupation?		
Have you ever had a change of career? If so, give details in notes		
At what age do you intend to retire?		
Do you have any religious beliefs that would affect financial planning? (If 'Yes', give details in Notes section.)		
<i>Notes</i>		

Children and other Dependants (Partner / Grandchildren / Elderly dependants etc.)				
Do you have any dependants?				
Name	Date of Birth	Relationship	Financially dependent?	Sex
1				
2				
3				
Notes				

What do you feel went well for you this year?
What do you feel did not go well for you this year?
What are your current goals or objectives if any?
Where do you see yourself in 5 years?

Income Details			
	Self	Partner	Joint
Net monthly "take-home pay" / Net Drawings (if self-employed)			
Net monthly part-time / secondary occupation income			
Net monthly guaranteed commission / bonus / overtime			
Net monthly pension income			
Net monthly investment income			
Other net monthly income			
Total Net Monthly income			
Highest rate of income tax?			
Do you see your income changing in the near future?			
Pay / Pension review date			
Outgoing Details			
Would you like to look at your monthly outgoings in detail? (If 'Yes', complete detailed breakdown of outgoings. If 'No', just complete the total boxes below.)			
Summary of expenditure			
Do you expect to see your outgoings change in the near future? If 'Yes', please provide details in the Notes section.			

Power of Attorney		
	Self	Partner
Do you have a lasting power of attorney (LPA) in place?		
If 'Yes', when was the LPA last reviewed?		
Who are the attorneys?		

Wills		
	Self	Partner
Do you have a will that reflects your current wishes?		
If 'Yes', when was the will last reviewed?		
Who are the beneficiaries?		

Emergency Fund

How much money do you need available for emergencies?	£	How much do you have?	£
Source of existing arrangements?		Additional amount required?	£

I/We authorise the provision of advice in the form of a Suitability Report. Fees and costs associated with the provision of advice have been clearly explained and agreed.

I/We acknowledge that the advice provided will be based on the information collected in this Fact Find document and that any information withheld or inaccurately represented may have a material effect on the appropriateness of the advice.

Sign
Name
Date

We may perform an electronic identity check to verify you and meet our Money Laundering obligations.

The check is recorded on your credit file, but has no adverse effect to your credit rating

If you would prefer that we did not carry out this test please tick this box.

Please note you will be required to provide original ID documents such as passports or driving licence.