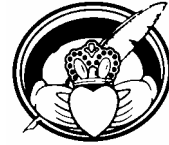


**WARWICK BUTCHART ASSOCIATES**  
*Independent Financial Advisers*  
**FINANCIAL PLANNING QUESTIONNAIRE**



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Our role as Independent Financial Advisers can best be described as:

- To establish* your particular needs and priorities and, in order to do this, we need your assistance in completing this questionnaire
- To explore* all suitable solutions on your behalf, providing you with a complete picture of the most suitable alternatives available
- To agree* an overall approach taking account of your existing financial commitments, your personal views and your requirements both over the immediate and longer term
- To report* in writing, enabling you to fully consider any suitable course(s) of action and ensuring that you fully understand the implication of any investment decision
- To implement* your instructions on the best possible terms
- To act* **at all times in your best interests**

**Client Name(s):**

**Address(es):**

**Post Code**

**Email address:**   
( if available )

**Warwick Butchart Associates Ltd**  
45 Portland Street, Cheltenham, Gloucestershire GL52 2NX  
Tel: (01242) 584144 Fax: (01242) 226393  
Email: [help@warwickbutchart.co.uk](mailto:help@warwickbutchart.co.uk)  
Website: [www.warwickbutchart.co.uk](http://www.warwickbutchart.co.uk)

Authorised and regulated by the Financial Services Authority

# 1. Personal Details

**Self**

**Partner**

Title Mr/Mrs/Miss/Ms/Other

First Name(s)

Surname

Home Address

Post Code

Address valid from

Telephone No.

Mobile No.

Fax No.

Email Address

Age and Date of Birth

Age	DOB
-----	-----

Age	DOB
-----	-----

Place of Birth

Marital Status

UK Resident for tax purposes

Domicile

National Insurance No.

Sex

Male  Female

Male  Female

Client Classification

Former Name

Previous Address

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	Date Of Birth	Start Year	Years	Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					

### 3. Contacts & Advisers

Type	Owner	Tel	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Contact	
<input type="text"/>		<input type="text"/>	
Address			Email
<input type="text"/>			<input type="text"/>
Does this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

Type	Owner	Tel	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Contact	
<input type="text"/>		<input type="text"/>	
Address			Email
<input type="text"/>			<input type="text"/>
Does this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

Type	Owner	Tel	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Contact	
<input type="text"/>		<input type="text"/>	
Address			Email
<input type="text"/>			<input type="text"/>
Does this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

#### 4. Home Details

Purchase Date

Purchase Price

Current Value

Have you got a mortgage?

Mortgage Amount

Repayment Method    Repayment     Interest Only

Lender

Amount Outstanding     Mortgage Ref.

Original Term

Date Mortgage Acquired     Owner of Property

Review Date for Mortgage

#### Buying a New Home

Please complete this section if you are planning a house purchase in the next 12 months.

Price that you are considering

Deposit Available

Maximum Mortgage required

Repayment Term required

#### Plans Effectuated to Cover Your Mortgage

Lives Assured	Policy Type	Product Provider	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured	Premium/Frequency	Start Date	Maturity Date
<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Lives Assured	Policy Type	Product Provider	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured	Premium/Frequency	Start Date	Maturity Date
<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Lives Assured	Policy Type	Product Provider	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured	Premium/Frequency	Start Date	Maturity Date
<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5. Mortgage Details

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  Fixed Payments  Variable Payments For the first  Years

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

Yes  No

Are you looking for a cashback mortgage?

Yes  No

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.**

## 6. Income Details

	Self	Partner
Basic Annual Income	£	£
Regular Overtime	£	£
Bonus/Commission	£	£
Car Allowance	£	£
P11D Benefit <small>Please describe</small>	£	£
Bank/ B.Soc. Interest	£	£
Investment Income	£	£
Trust Income	£	£
Rental Income	£	£
PHI Income	£	£
State Benefits	£	£
Maintenance	£	£
Pension Income	£	£
Other Income <small>Please Describe</small>	£	£
	£	£
	£	£
<b>Total Annual Income</b>	£	£
Tax Rate	%	%
Tax Allowance	£	£

Salary Review Date

Self

Partner

Trading Year End

Self

Partner

P11D Benefit Description

Self

Partner

Do you anticipate any changes to your Income?

## 7a. Main Employment Details

**Self**

**Partner**

Occupation

Job Title

Employment Status

Salary Last Updated

Length of time in Employment

Business Name

Business Address

Post Code

Business Telephone No.

Business Fax No.

Business Email Address

Business Website

Tax District

Tax Reference

How long would you continue to be paid in the event of an accident or sickness?

On Full Pay  days  
 then reduced pay for  days  
 at  % of full pay.

On Full Pay  
 then reduced pay for  
 at  % of full pay.

Do you anticipate any changes to your circumstances or employment?

If yes, please give details

Notes

### 7b. Additional Employments

Owner <input type="text"/>	Employee Status <input type="text"/>	Salary Last Updated <input type="text"/>
Address <input type="text"/>		Firm <input type="text"/>
<input type="text"/>		Phone <input type="text"/>
<input type="text"/>		Fax <input type="text"/>
Notes <input type="text"/>		

### 8. Business Interests

Owner <input type="text"/>	Firm <input type="text"/>	Date Acquired <input type="text"/>
Address <input type="text"/>		Share of Firm Owned: <input type="text"/> %
<input type="text"/>		Cost <input type="text"/> £
<input type="text"/>		Value <input type="text"/> £

Owner <input type="text"/>	Firm <input type="text"/>	Date Acquired <input type="text"/>
Address <input type="text"/>		Share of Firm Owned: <input type="text"/> %
<input type="text"/>		Cost <input type="text"/> £
<input type="text"/>		Value <input type="text"/> £

Owner <input type="text"/>	Firm <input type="text"/>	Date Acquired <input type="text"/>
Address <input type="text"/>		Share of Firm Owned: <input type="text"/> %
<input type="text"/>		Cost <input type="text"/> £
<input type="text"/>		Value <input type="text"/> £

## 9. Regular Commitments

Mortgage/Rent/Board	£	Travel Expenses	£
Loan/HP Repayments	£	Credit/Charge Cards	£
Ä Amount Outstanding	£	Ä Amount Outstanding	£
Utilities	£	Regular Savings	£
Council Tax	£	Social Expenses	£
Household Expenses	£	Other Expenses	£
All Insurances/Pensions	£	Specified Items	-
		<b>Total Regular Commitments</b>	£

Other Expenses

	<b>Self</b>	<b>Partner</b>
Do you anticipate any changes to your Expenditure?	<input type="text"/>	<input type="text"/>

Please provide details	<input type="text"/>	<input type="text"/>
------------------------	----------------------	----------------------

Notes

**Regular Commitments: Specified Items**

**Additional Expenditure:**

This may include items such as Child Care, Medical Expenses, Additional Property, Home Help etc. It can be as detailed as you wish including expenditure on discretionary items such as Alcohol, Tobacco & Holidays.

Owner	<input type="text"/>		
Description	<input type="text"/>		
Expenditure Type	<input type="text"/>		
Amount	<input type="text"/>	Frequency	<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>		

Owner	<input type="text"/>		
Description	<input type="text"/>		
Expenditure Type	<input type="text"/>		
Amount	<input type="text"/>	Frequency	<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>		

Owner	<input type="text"/>		
Description	<input type="text"/>		
Expenditure Type	<input type="text"/>		
Amount	<input type="text"/>	Frequency	<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>		

**Regular Commitments: Specified Items**

**Capital Expenditure:**

Owner	<input type="text"/>					
Description	<input type="text"/>					
Expenditure Type	<input type="text"/>					
Purchase Date	<input type="text"/>	Repurchase every	<input type="text"/>	Months	Purchase Cost	<input type="text"/>
Depreciation	<input type="text"/>	% pa				
Keep Until	<input type="text"/>	Or Client Aged	<input type="text"/>	Years		
Notes	<input type="text"/>					

## 10. Affordability

### Self

### 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

Please explain the source of these funds

## 11. 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/Boats etc.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Assets <small>Please describe</small>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Total Assets</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Description of Assets	<input type="text"/>		

## 12. Liabilities

Owner	<input type="text"/>	Type	<input type="text"/>		
Lender	<input type="text"/>	Balance	£ <input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>				

Owner	<input type="text"/>	Type	<input type="text"/>		
Lender	<input type="text"/>	Balance	£ <input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>				

Owner	<input type="text"/>	Type	<input type="text"/>		
Lender	<input type="text"/>	Balance	£ <input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>				

### 13. Investments

	Self	Partner	Joint
Bank Account	£	£	£
Building Society	£	£	£
National Savings	£	£	£
Shares/Equities	£	£	£
Loan Stocks & Gilts	£	£	£
TESSAs	£	£	£
ISAs	£	£	£
PEPs	£	£	£
Unit Trusts	£	£	£
Investment Trusts	£	£	£
Insurance Bonds	£	£	£
Other Investments	£	£	£
Total	£	£	£

Owner	Description	Premium / Freq	Cost	Value	Date Acquired

## 14. Pension Schemes

**Self**

**Partner**

At what age do you wish to retire?



Does your company operate a pension scheme?



Are you now, or will you become eligible to join?



Have you joined or do you intend to join?



From what date will you be eligible to join?



Has the information in the previous four questions been verified with your employer?



Were you once a member but have now left the scheme?



Why have you decided not to join or leave the scheme?



Does your company intend to operate a pension scheme in the near future?





### Employer Sponsored Pensions

Only to be completed if you are a member of such a scheme

Employers Name



Managers Name



Retirement Date



Pensionable Service start date



Date Joined Scheme



Contracted out

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 (e.g. 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

£

£

Employer's Contribution

£  %

£  %

### Additional Voluntary Contributions

AVC Contribution

£  %

£  %

## 15. Personal Pensions

e.g. PPPs, Retirement Annuities and FSAVCs (include Pension Term Assurances)

Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Your Premium/Freq	Employer's Contribution	Start Date	Maturity Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Trust/Beneficiary	Death Benefit	Other Benefits		
<input type="text"/>	£ <input type="text"/>	<input type="text"/>		
Escalation	Current Value	Date Paid Up *	Contracted Out	Waiver
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Your Premium/Freq	Employer's Contribution	Start Date	Maturity Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Trust/Beneficiary	Death Benefit	Other Benefits		
<input type="text"/>	£ <input type="text"/>	<input type="text"/>		
Escalation	Current Value	Date Paid Up *	Contracted Out	Waiver
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Your Premium/Freq	Employer's Contribution	Start Date	Maturity Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Trust/Beneficiary	Death Benefit	Other Benefits		
<input type="text"/>	£ <input type="text"/>	<input type="text"/>		
Escalation	Current Value	Date Paid Up *	Contracted Out	Waiver
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Date contributions ceased or date left employment

## 16. Retained Benefits

Owner	Scheme Name	Fund Value	
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	
Date of Last Valuation	Deferred Pension p.a.	Revalued at %	Retirement Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes			
<input type="text"/>			

Owner	Scheme Name	Fund Value	
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	
Date of Last Valuation	Deferred Pension p.a.	Revalued at %	Retirement Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes			
<input type="text"/>			

## 17. Insurance Details

e.g. Life Assurance, Permanent Health Insurance, Critical Illness, Long Term Care etc.

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"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 18. General Insurance Details

Life Assured/Policy Beneficiary	Policy Type	Plan Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance Company	Start Date	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Insured	Premium / Frequency	
<input type="text"/>	<input type="text"/>	

Life Assured/Policy Beneficiary	Policy Type	Plan Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance Company	Start Date	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Insured	Premium / Frequency	
<input type="text"/>	<input type="text"/>	

**19. Additional Notes**

**20. Health**

	<b>Self</b>	<b>Partner</b>
General state of health	Good <input type="checkbox"/> Poor <input type="checkbox"/> Disabled <input type="checkbox"/>	Good <input type="checkbox"/> Poor <input type="checkbox"/> Disabled <input type="checkbox"/>
Do you smoke?	<input type="text"/> per day	<input type="text"/> per day
Do you drink alcohol?	Yes <input type="checkbox"/> <input type="text"/> Units/week No <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="text"/> Units/week No <input type="checkbox"/>
What is your height?	<input type="text"/> <b>ft</b> <input type="text"/> <b>in</b>	<input type="text"/>
What is your weight?	<input type="text"/> <b>st</b> <input type="text"/> <b>lb</b>	<input type="text"/>
Medical Notes	<input type="text"/>	<input type="text"/>
Are you involved in any hazardous pastimes?	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	<input type="text"/>

## 21. Estate Planning and Inheritance

**Self**

**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?

Are you expecting an inheritance of any kind?

If yes, please give details.

Where is the will kept ?

## 21 (Cont'd). Lifetime Gift History

Please detail below any large gifts made in the last 14 years

Date	<input type="text"/>	Value	£ <input type="text"/>	Tax Paid	£ <input type="text"/>
To Whom	<input type="text"/>		By Whom	<input type="text"/>	
Type	<input type="text"/>	(Exempt, Potentially Exempt, Non-Exempt)			
Description	<input type="text"/>				
Notes	<input type="text"/>				

## 21 (Cont'd). Connection with Trusts

Name of Trust	<input type="text"/>	Type of Trust	<input type="text"/>					
Owner	<input type="text"/>	Are you	Settlor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>
Settlement Date	<input type="text"/>	Entitlement	Assets Value	<input type="text"/>	%	Income	<input type="text"/>	%
Terms of the Trust	<input type="text"/>							

Name of Trust	<input type="text"/>	Type of Trust	<input type="text"/>					
Owner	<input type="text"/>	Are you	Settlor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>
Settlement Date	<input type="text"/>	Entitlement	Assets Value	<input type="text"/>	%	Income	<input type="text"/>	%
Terms of the Trust	<input type="text"/>							

Name of Trust	<input type="text"/>	Type of Trust	<input type="text"/>					
Owner	<input type="text"/>	Are you	Settlor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>
Settlement Date	<input type="text"/>	Entitlement	Assets Value	<input type="text"/>	%	Income	<input type="text"/>	%
Terms of the Trust	<input type="text"/>							

## 22. 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)

On 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 Health cover

Providing cover for long term care

Maintaining your standard of living in retirement

Providing for your children's education

Repaying your Mortgage

Reducing your tax burden

Mitigating your estate's liability to Inheritance Tax

Investment Planning

Long Term savings

Protecting your income

Raising Capital/(Re)Mortgage

Insurance for your business

Notes

## 22 (Cont'd). Specific Objectives

Date	Amount	Money Basis	Priority
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Description <input type="text"/>			
Notes <input type="text"/>			

Date	Amount	Money Basis	Priority
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Description <input type="text"/>			
Notes <input type="text"/>			

Date	Amount	Money Basis	Priority
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Description <input type="text"/>			
Notes <input type="text"/>			

## 23. Income Requirements

Please enter the lump sum and income that you require in the following circumstances -

	Lump Sum	Annual Income	Term (years)
If you were to die	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
If your partner were to die	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
If you were disabled, sick or redundant	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
If your partner were disabled, sick or redundant.	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
When you retire	£ <input type="text"/>	£ <input type="text"/>	
When your partner retires	£ <input type="text"/>	£ <input type="text"/>	

	Client	Partner
How much money do you need as an emergency fund?	£ <input type="text"/>	£ <input type="text"/>
Are you making any provision for your long term care ?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**24. Attitude to Investment Risk**

**Ultra Conservative**

You would prefer to have no investment in the stock market whatsoever and are prepared to accept the inflationary risk that this implies.

**Very Conservative**

You would generally prefer to avoid the volatility of stock market investment, but would accept some stock market investment if essential to provide long term security.

**Conservative**

You prefer the security of cash and fixed interest investments, but are happy to accept a level of stock market investment necessary to provide long term security.

**Cautious**

You would prefer to have most of your investments in cash and fixed interest securities but are happy to have some stock market investment in order not to sacrifice too much long term return.

**Cautious to Realistic**

You would like to benefit from long term investment returns but are wary of stock market volatility and would like to make some compensation by means of low risk investments.

**Realistic**

You would like to ensure your short term financial security through low risk investment but also wish to benefit from long term investment returns to provide for future security.

**Realistic to Aggressive**

You would like to take advantage of equity investment with the prospect of good long term returns and can accept the increased short term volatility."

**Aggressive**

You would like to maximise long term returns and are not concerned by short term volatility, but still wish your short term financial security to be provided by low risk investments.

**Speculative**

You would like some investment in higher risk investments which carry the risk of potential loss of capital, but not to the detriment of either your long term or short term financial security.

**Very Speculative**

You would like considerable exposure to individual, high risk investments despite the potential loss of capital, though your short term and long term financial security should still not be jeopardised.

**Highly Speculative**

You are willing to accept considerable potential loss of capital in order to gain potentially high returns, though still not jeopardising your short term or long term financial security.

**General**

Client	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
Partner	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>

**Pensions**

Client	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
Partner	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>

**Investments**

Client	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
Partner	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
Joint	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>
	<input type="text"/>	% of Investment or	Amount	<input type="text"/>	<input type="text"/>

**Mortgages**

Client	<input type="text"/>
Partner	<input type="text"/>
Joint	<input type="text"/>

**Additional Comments**

<input type="text"/>	<input type="text"/>
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**25. Data Protection Act 1998**

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 you do not consent to this by ticking the box.

We like to take care to keep clients informed of only those products that may be of interest to them. If you do not wish to receive this information please tick this box.

**26. 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 Section 14. Pension Schemes 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 A TERMS OF BUSINESS LETTER AND BUSINESS CARD FROM MY FINANCIAL ADVISER.**

Signature

Signature

Date

Date