

Financial Planning Client Summary

Name:

Agenda:

Full Review

Plan for Retirement

At Retirement

Estate Planning

Savings & Investments

Long Term Care

Lifestyle Protection

Mortgage Protection

Factfind
For:

Client

Partner

Joint

Face to Face Meeting

All Clients Present

Anyone else present

Name of anyone not present

SCDD / TOB Version Number:

Date Given to Client:

Date of Fact Find meeting:

Do you wish to record the client's income and expenditure in full or in summary?

Case Adviser:

Third Party Representation

Name of anyone else present				
In what capacity?				
Vulnerable client?	Yes		No	
Vulnerable client details				
Power of Attorney or Court of Protection Order in Place?	Yes		No	
Do you wish to address any correspondence to the Power of Attorney?	Yes		No	

Power of Attorney

Type		Power of Attorney Type		
Surname		Forename		
Preferred Name		Start Date		End Date
Can the POA act Jointly or Severally?		Is the POA a beneficiary under the Client's Will?		
Notes				

Type		Power of Attorney Type	
Surname		Forename	
Preferred Name		Start Date	End Date
Can the POA act Jointly or Severally?		Is the POA a beneficiary under the Client's Will?	
Notes			

Personal Details

	Client					Partner				
Title (Mr/Mrs/Miss/Ms/Other)										
Forename										
Middle Name										
Surname										
Preferred Name										
Previous Name										
Date of Name Change										
Date of Birth										
Gender (<i>tick</i>)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>
National Insurance Number										
Nationality										
Country of Residence										
Marital Status										
Relationship to other client										
Smoker (<i>tick</i>)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Does the client consider themselves to be in good health?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
If not, why not?										
State Retirement Age										
Planned Retirement Age										

Dependants/Children

Do you have any dependants?	Yes		No
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Dependant 1

Title		Surname					
Forename							
Relationship		Related To		Date of Birth		Age	

Dependant 2

Title		Surname					
Forename							
Relationship		Related To		Date of Birth		Age	

Dependant 3

Title		Surname					
Forename							
Relationship		Related To		Date of Birth		Age	

Dependant 4

Title		Surname					
Forename							
Relationship		Related To		Date of Birth		Age	

Dependant 5

Title		Surname					
Forename							
Relationship		Related To		Date of Birth		Age	

Dependant 6

Title		Surname					
Forename							
Relationship		Related To		Date of Birth		Age	

Address and Contact Details

Client Addresses

Current Address									
Type (<i>tick one</i>)	Residential		Business		Postal		Registered		
Status	Owner		Owner Occupied			Rental			
	Living with Parents		Leased			Other			
House Name/No									
Street Name									
Town									
County									
Country									
Postcode									
Have you lived at this address for more than 3 years?	Yes		No		Preferred				
Marketing Preference	Opt In		Opt Out		Unknown				
Notes									

Previous Address (<i>If you have lived at your current address for less than 3 years</i>)									
Type (<i>tick one</i>)	Residential		Business		Postal		Registered		
House Name/No									
Postcode									
Street Name									

Town			
County			
Country			
Start Date		End date	
Notes			

Contact Details

Type	Number/Email Address	Preferred (<i>tick</i>)	Marketing Preference	Notes

Partner Addresses

Current Address							Same as Client	<input type="checkbox"/>
Type (<i>tick one</i>)	Residential	<input type="checkbox"/>	Business	<input type="checkbox"/>	Postal	<input type="checkbox"/>	Registered	<input type="checkbox"/>
House Name/No								
Postcode								
Street Name								
Town								
County								
Country								
Start Date					End date			
Notes								

Previous Address (<i>If you have lived at your current address for less than 3 years</i>)							Same as Client	<input type="checkbox"/>
Type (<i>tick one</i>)	Residential	<input type="checkbox"/>	Business	<input type="checkbox"/>	Postal	<input type="checkbox"/>	Registered	<input type="checkbox"/>
House Name/No								
Postcode								
Street Name								

Town			
County			
Country			
Start Date		End date	
Notes			

Contact Details

Type	Number/Email Address	Preferred (<i>tick</i>)	Marketing Preference	Notes

Employments

Main Occupation

	Client				Partner			
Status	Employed	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Employed	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
	Self-Employed	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Self-Employed	<input type="checkbox"/>	Agency	<input type="checkbox"/>
	Unemployed	<input type="checkbox"/>	Student	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Student	<input type="checkbox"/>
	Retired	<input type="checkbox"/>	Housewife/husband	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Housewife/husband	<input type="checkbox"/>
Type	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
Occupation								
Main Occupation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On Probation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Probation End Date								
Employer Name								
Employer Building Name/No.								
Employer Street Name								
Employer Town								
Employer County								
Employer Country								
Employer Postcode								
Employer Phone								
Start Date								
End Date								

Business Name		
Date Business Established		
Date Ownership Commenced		
Nature of Business		
Sole-trader, Partnership or LLP?		

Other Occupations (Client)

Secondary Occupation

Status	Employed		Contractor	
	Self-Employed		Agency	
	Unemployed		Student	
	Retired		Housewife/husband	
Type	Full Time		Part Time	
Occupation				
Main Occupation	Yes		No	
On Probation	Yes		No	
Probation End Date				
Employer Name				
Employer Building Name/No.				
Employer Street Name				
Employer Town				
Employer County				
Employer Country				
Employer Postcode				
Employer Phone				
Start Date				
End Date				
Business Name				
Date Business Established				
Date Ownership Commenced				

Nature of Business	
Sole-trader, Partnership or LLP?	

Other Occupations (Partner)

Secondary Occupation

Status	Employed		Contractor	
	Self-Employed		Agency	
	Unemployed		Student	
	Retired		Housewife/husband	
Type	Full Time		Part Time	
Occupation				
Main Occupation	Yes		No	
On Probation	Yes		No	
Probation End Date				
Employer Name				
Employer Building Name/No.				
Employer Street Name				
Employer Town				
Employer County				
Employer Country				
Employer Postcode				
Employer Phone				
Start Date				
End Date				
Business Name				
Date Business Established				
Date Ownership Commenced				

Nature of Business	
Sole-trader, Partnership or LLP?	

Existing Arrangements – Estate Planning

Client					Partner					
Does the client have an up to date will?	Yes		No			Yes		No		
Will intentions										
Date of Will										
Has the client ever been widowed?	Yes		No			Yes			No	
What percentage of the Nil Rate Band was used?	%					%				
Have the client(s) made any gifts or set up ant trusts?	Yes		No							

Lifetime Gifts History

Gift 1

Type (<i>tick</i>)	Potentially Exempt Transfer		Chargeable Lifetime Transfer		Exempt	
Beneficiary			Donor			
Description						
Date		Amount		Exempt Amount		
Initial Tax (<i>tick</i>)	No Initial Tax		Written In Trust		Individual	

Gift 2

Type (<i>tick</i>)	Potentially Exempt Transfer		Chargeable Lifetime Transfer		Exempt	
Beneficiary			Donor			
Description						
Date		Amount		Exempt Amount		
Initial Tax (<i>tick</i>)	No Initial Tax		Written In Trust		Individual	

Existing Arrangements - Protection Policies

Policy Type		Cover Type		Status		Platform Wrap		
Policy Number		Provider		Description				
Premium Type		Premium Payer		Is Owner?		Policy Fee		
Total Premium		Set At Policy Level?		Frequency		Start Date	Term Years	
Owners			Policy Purpose				Long Term Care	
Beneficiaries	Name			Percentage	Type	In Trust	Divorce or Court Order	
Cover		Type			Life Insured			
Benefit / SA		Benefit Frequency		Policy Basis		Premium	Type	
Status		Issue Status			Issue Date		Expiry Date	Term
Cover Escalation		Prem Escalation			Defer Period		Waiver Period	Buy Back?
CI Included?		Accelerated or Additional?		Indexed Claim Benefit?				
Fund Value		Surrender Value			Maturity Value		Maturity Date	
Initial Loan Value		Loan Value			Bonuses to Date		Bonuses Last Updated	
Description								
Cover		Type			Life Insured			

Benefit / SA		Benefit Frequency		Policy Basis		Premium		Type	
Status		Issue Status		Issue Date		Expiry Date		Term	
Cover Escalation		Prem Escalation		Defer Period		Waiver Period		Buy Back?	
CI Included?		Accelerated or Additional?		Indexed Claim Benefit?					
Fund Value		Surrender Value		Maturity Value		Maturity Date			
Initial Loan Value		Loan Value		Bonuses to Date		Bonuses Last Updated			
Description									

Existing Arrangements - Medical Insurance Policies

Policy Type		Description		Provider		Policy Number	
Individual Premium		Employer Premium		Frequency		Premium Payer	Is Owner?
Cover	Ambulance	Private Hospital	Extras	Hospital Cash	Dental	Specialist	Excess
Waiting Period		Waiting Period Type		Start Date		Renewal Date	
Insured		Owners				Status	

Policy Type		Description		Provider		Policy Number	
Individual Premium		Employer Premium		Frequency		Premium Payer	Is Owner?
Cover	Ambulance	Private Hospital	Extras	Hospital Cash	Dental	Specialist	Excess
Waiting Period		Waiting Period Type		Start Date		Renewal Date	
Insured		Owners				Status	

Existing Arrangements - Accident, Sickness or Unemployment Policies

Provider			Description			Policy Number	
Premium		Frequency		Premium Type		Start Date	
Premium Escalation			Premium Payer		Is Owner?		Renewal Date
Owners						Status	
Accident	Sum Insured		Deferment Period		Benefit Period		
Sickness	Sum Insured		Deferment Period		Benefit Period		
Unemployment	Sum Insured		Deferment Period		Benefit Period		

Provider			Description			Policy Number	
Premium		Frequency		Premium Type		Start Date	
Premium Escalation		Premium Payer			Is Owner?		Renewal Date
Owners						Status	
Accident	Sum Insured		Deferment Period		Benefit Period		
Sickness	Sum Insured		Deferment Period		Benefit Period		
Unemployment	Sum Insured		Deferment Period		Benefit Period		

Existing Arrangements - Building and Contents Policies

Type	Buildings		Contents		Buildings and Contents		Status		
Provider				Description				Policy Number	
Premium			Frequency		Premium Type			Start Date	
Premium Escalation			Premium Payer			Is Owner?		Renewal Date	
Owners									
Property Type			Address				Occupancy status		
Buildings Sum Insured			Contents Sum Insured			Personal Possessions Sum Insured			
Excess			Accidental Damage			Current Value			
Mortgage		Property Age		Number of Rooms		Number of Bedrooms		Building Size	
Construction type			Building Wiring			Building Condition			Historic/Listed
Security									

Existing Arrangements – Pensions (Client)

Does the Employer offer a pension scheme?	Yes		No		Is the client eligible for company pension scheme?	Yes		No	
Does the Employer / Scheme offer matching contributions?	Yes		No		Has the client joined company pension scheme?	Yes		No	
If client has not joined, then why?									
Does the client have any Protected Lifetime Allowance?	Yes		No						
If yes, provide details of amounts									
Projected Annual State Pension Amount									

Pension Arrangements

Policy Type				Policy Number			Platform	
Platform Provider				Product Provider				
Description				Platform Wrap		SIPP Wrapper		
Fund Value		Accrual Rate		Recommended Value		Pensionable Salary		
Contribution / Benefit Type		Pension Type			Status			
Inception Date		Normal Retirement Date			Scheme Requirement Age			
Employee Contribution	Frequency			Gross Amount		OR Percent		
Employer Contribution	Frequency			Gross Amount		OR Percent		
Scheme / Plan Owner				Salary Sacrifice		OR Percent		
Leaving / Paid Up Date		Extra Years?		Years Purchased		Years Projected		
Waiver		Deferment Period (months)			Payment Method			
Beneficiaries	Name			Percentage	Type	In Trust	Divorce or Court Order	
	Name			Provider		Status	Value	

Linked Pensions, Assets, Investments, Liabilities and Protection				
Funds	<i>Fund/Holding</i>		<i>Units</i>	<i>Value</i>

Existing Arrangements – Pensions (Partner)

Does the Employer offer a pension scheme?	Yes		No		Is the client eligible for company pension scheme?	Yes		No	
Does the Employer / Scheme offer matching contributions?	Yes		No		Has the client joined company pension scheme?	Yes		No	
If client has not joined, then why?									
Does the client have any Protected Lifetime Allowance?	Yes		No						
If yes, provide details of amounts									
Projected Annual State Pension Amount									

Pension Arrangements

Policy Type				Policy Number			Platform	
Platform Provider				Product Provider				
Description				Platform Wrap		SIPP Wrapper		
Fund Value		Accrual Rate		Recommended Value		Pensionable Salary		
Contribution / Benefit Type		Pension Type			Status			
Inception Date		Normal Retirement Date			Scheme Requirement Age			
Employee Contribution	Frequency			Gross Amount		OR Percent		
Employer Contribution	Frequency			Gross Amount		OR Percent		
Scheme / Plan Owner				Salary Sacrifice		OR Percent		
Leaving / Paid Up Date		Extra Years?		Years Purchased		Years Projected		
Waiver		Deferment Period (months)			Payment Method			
Beneficiaries	Name			Percentage	Type	In Trust	Divorce or Court Order	
	Name			Provider		Status	Value	

Linked Pensions, Assets, Investments, Liabilities and Protection				
Funds	<i>Fund/Holding</i>		<i>Units</i>	<i>Value</i>

Existing Arrangements – Savings and Investments

Type		Sub-Type			Status		
Provider			Platform		Platform Provider		
Account/Client Number		Policy Number			Description		
Contribution		Frequency		Start Date		Purchase Date	
Cost		Initial Value		Current Value		Valuation Date	
Owners			In Trust		Offshore	Values Last Updated	
Income Produced		Amount		Frequency		Start / End Dates	
Linked Products	Name			Provider		Status	Value
Funds	Fund/Holding					Units	Value

Property & Assets

Type		Sub-Type		Status		Long Term Care	
Description				Purchase Date		Recommended Value	
Cost		Initial Value		Current Value		Valuation Date	
Owners				In Trust		Values Last Updated	
Income Produced		Amount		Frequency		Start / End Dates	
Linked Liabilities				Legal Type of Title		Property Type	

Type		Sub-Type		Status		Long Term Care	
Description				Purchase Date		Recommended Value	
Cost		Initial Value		Current Value		Valuation Date	
Owners				In Trust		Values Last Updated	
Income Produced		Amount		Frequency		Start / End Dates	
Linked Liabilities				Legal Type of Title		Property Type	

Type		Sub-Type		Status		Long Term Care	
Description				Purchase Date		Recommended Value	
Cost		Initial Value		Current Value		Valuation Date	
Owners				In Trust		Values Last Updated	
Income Produced		Amount		Frequency		Start / End Dates	
Linked Liabilities				Legal Type of Title		Property Type	

Mortgages & Long Term Debt

Type/Sub-Type		Provider		Description	
Account Number		Start Date	Loan Term	Status	
Outstanding Balance		Original Borrowing	Repayment Amount	Repayment Frequency	
Repayment Type		Interest Rate Type	Interest Rate	Credit / Overdraft Limit	
Split Loan		Split Loan Repayment Amount	Split Loan Interest Only Amount		
Owners		Linked Assets		Long Term Care	

Type/Sub-Type		Provider		Description	
Account Number		Start Date	Loan Term	Status	
Outstanding Balance		Original Borrowing	Repayment Amount	Repayment Frequency	
Repayment Type		Interest Rate Type	Interest Rate	Credit / Overdraft Limit	
Split Loan		Split Loan Repayment Amount	Split Loan Interest Only Amount		
Owners		Linked Assets		Long Term Care	

Type/Sub-Type		Provider		Description	
Account Number		Start Date	Loan Term	Status	
Outstanding Balance		Original Borrowing	Repayment Amount	Repayment Frequency	
Repayment Type		Interest Rate Type	Interest Rate	Credit / Overdraft Limit	
Split Loan		Split Loan Repayment Amount	Split Loan Interest Only Amount		
Owners		Linked Assets		Long Term Care	

Credit Cards & Short Term Debt

Type/Sub-Type		Provider		Description	
Account Number		Start Date		Loan Term	Status
Outstanding Balance		Original Borrowing		Repayment Amount	Repayment Frequency
Repayment Type		Interest Rate Type		Interest Rate	Credit / Overdraft Limit
Owners		Linked Assets		Long Term Care	

Type/Sub-Type		Provider		Description	
Account Number		Start Date		Loan Term	Status
Outstanding Balance		Original Borrowing		Repayment Amount	Repayment Frequency
Repayment Type		Interest Rate Type		Interest Rate	Credit / Overdraft Limit
Owners		Linked Assets		Long Term Care	

Type/Sub-Type		Provider		Description	
Account Number		Start Date	Loan Term	Status	
Outstanding Balance		Original Borrowing	Repayment Amount	Repayment Frequency	
Repayment Type		Interest Rate Type	Interest Rate	Credit / Overdraft Limit	
Owners		Linked Assets		Long Term Care	

Income *(Full Detail)*

Type	Owner	Description	Frequency	Start Date	End Date	Amount	Annual

Type	Owner	Description	Frequency	Start Date	End Date	Amount	Annual

Expenditure (*Full Detail*)

Type / Sub-Type	Owner	Fixed/Variable	Tax	Frequency	Amount	Annual

Type / Sub-Type	Owner	Fixed/Variable	Tax	Frequency	Amount	Annual

Income and Expenditure Summary

Monthly Income

	Client	Partner
Net Monthly Income		

Monthly Expenditure

	Client	Partner
Mortgage and Home		
Lifestyle		
Travel		
Borrowing and Debts		
Day to Day Expenses		
TOTAL		

Potential Changes

Are there any anticipated significant changes in income in the foreseeable future?		Yes		No	
Details					
Are there any anticipated changes in expenditure in the foreseeable future?		Yes		No	
Details					
Is the client likely to receive a capital lump sum in the foreseeable future?		Yes		No	
How much?		When?			
Details					
Notes					

Other Information

	Client					Partner				
Has the client utilised any of their CGT allowance this tax year?	Yes		No			Yes		No		
How much?										
Is the client concerned about the effects of inflation?	Yes		No			Yes		No		
Details										
Has the client cancelled, lapsed, surrendered or made paid up any policies within the past 6 months?	Yes		No			Yes		No		
Details										
Has the client invested in a cash or equity NISA in the current tax year?	Yes		No			Yes		No		
Cash Amount										
Equity Amount										
Does the client have an emergency fund?	Yes		No			Yes		No		
How Much										
Where held?										
Does the client feel that the emergency fund is sufficient?	Yes		No			Yes		No		
If no, How much is required?										

Goals & Objectives

Goal 1

Owner		Advice Type		Category	
Description					
Capital or Income?		Target Date		Target Amount	
Income Frequency		Income Increase?		Anticipated Change in Future Income?	
Income Change Details					
Capture Date		What is the Risk Profile for this Objective?			
Why is this ATR profile appropriate for this objective?					
Record how the client's capacity for loss has been considered in respect of this objective.					
Further information about this Objective					
Initial Investment		Regular Saving		Status	Priority
Regular Saving Frequency		Regular Savings Start Date		Regular Savings End Date	
Access to Capital		Guarantee Required		Minimum Term of Objective	
What would the client like to happen to the capital if they were to die?					

Goal 2

Owner		Advice Type		Category	
Description					
Capital or Income?		Target Date		Target Amount	
Income Frequency		Income Increase?		Anticipated Change in Future Income?	
Income Change Details					
Capture Date		What is the Risk Profile for this Objective?			
Why is this ATR profile appropriate for this objective?					
Record how the client's capacity for loss has been considered in respect of this objective.					
Further information about this Objective					
Initial Investment		Regular Saving		Status	Priority
Regular Saving Frequency		Regular Savings Start Date		Regular Savings End Date	
Access to Capital		Guarantee Required		Minimum Term of Objective	
What would the client like to happen to the capital if they were to die?					

Source of Investment Monies

What is the source of the new money to invest?	Savings		Policy Maturity	
	Policy or Plan replacement		Inheritance or Gift	
	Other			
Provide further details				

Please answer these questions if the source of new money is Policy or Plan replacement

Are there any penalties on any of the plans that are being considered for transfer, replacement or re-investment?	Yes		No		
If Yes, provide further details					

Long Term Care

	Client				Partner			
How much of the client's income do they wish to use for monthly care fees?								
If none, please give reason								
How much monthly income should be allowed for future personal expenditure?								
Other continuing monthly existing expenditure								
Estimated monthly care costs for the care required in client's own home/residential home/nursing home								
Projected Monthly Surplus or Deficit								
By what percentage are these expected to increase each year?								
Would the home be prepared to cap the increases to a % pa if an increasing Immediate Careplan is taken out?	Yes		No		Yes		No	
Does the client need immediate care or wish to plan for possible future needs?	Immediate		Future		Immediate		Future	
Does the client prefer to have no risk that money could run out or a change of care home be required?	Yes		No		Yes		No	
Is the client happy to invest/put on deposit available funds and allow care costs to erode capital, taking the risk that depending on life expectancy, capital could be eroded to the extent that it might force a change in care?	Yes		No		Yes		No	

Does the client want to keep any property and rent it out?	Yes		No		N/A		Yes		No		N/A	
Does the client qualify for NHS continuous funding?	Yes		No			Yes		No				
If yes, with which authority?												

Fact Find Notes

Declaration

Please read and check this entire form before signing.

The information provided will be treated in the strictest confidence and used to make recommendations in relation to your financial goals. It may or may not be held on computer for future marketing purposes.

Additional information, in the form of identification documents, may be required to allow the Financial Adviser to comply with current regulations.

I understand that the recommendations will be based solely on the information given in this review (including any Additional information overleaf) and any supplementary questionnaire(s).

I have also received the initial disclosure document, terms of business letter, data protection statement and business card from my financial adviser.

Signature

Print Name

Date

Signature

Print Name

Date