



CAERUS CORE FACT FIND

To be used in every instance.

Client Reference

Client 1

Client 2

In order for us to advise you regarding your financial planning requirements, it is essential that we obtain current and relevant information.

Date of Completion

Update 1

Update 2

Date of Issue Client Agreement & Data Protection

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Core Details

Client 1

Client 2

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Forename(s)		
Surname		
Full Postal Address		
Postcode		
Email Address		
Home/Mobile Telephone	H: M:	H: M:
Date of Birth		
Sex		
Marital Status		
Are you in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Do you smoke?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
If no have you smoked within the last 12 months? <i>(if yes please provide details in the notes section)</i>	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
UK domiciled & UK tax resident	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Employment Status	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Job Seeker <input type="checkbox"/> Other* <input type="checkbox"/>	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Job Seeker <input type="checkbox"/> Other* <input type="checkbox"/>
Occupation		
NI Number		
Employer		
Intended Retirement Age		

* Please provide details in the notes section including items like medication, residence status, etc.

Do you have any dependents? Yes No



Dependant's Name	D.O.B.	Dependent On...	Anticipated Age of Independence	Relationship & Reason for Dependency

Income

	Client 1	Client 2
Gross income employment and self employment (p.a)	£	£
Gross pension income (p.a)	£	£
Any additional income received including bonuses*	£	£
Total monthly income (gross)	£	£
Total monthly income (net)	£	£
Current tax position	Nil Rate <input type="checkbox"/> Basic Rate <input type="checkbox"/> Higher Rate <input type="checkbox"/> Additional Rate <input type="checkbox"/>	Nil Rate <input type="checkbox"/> Basic Rate <input type="checkbox"/> Higher Rate <input type="checkbox"/> Additional Rate <input type="checkbox"/>
Are you aware of any likely changes to your income or employment status?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Salary review date		

* Please provide details in the notes section.

Monthly Expenditure Details

Please provide a full breakdown of expenditure.

Do you want to provide a full breakdown of your expenditure? Yes No*

	Client 1	Client 2	Joint
Fixed Household Costs	£	£	£
Mortgage/Rent	£	£	£
Council Tax	£	£	£
Utilities	£	£	£
Food shopping	£	£	£
TV/Satellite/Cable	£	£	£



Transportation Costs	£	£	£
Financials	£	£	£
Loans/Credit/Store Card repayments	£	£	£
Savings	£	£	£
Insurance	£	£	£
Pension contributions	£	£	£
Miscellaneous	£	£	£
Total Outgoings	£	£	£
Surplus Income - net monthly income less total outgoings	£	£	£
Confirm Budget	£	£	£

*** Please provide reason in the notes section and complete Total Outgoings, Surplus Income and Budget Total.**

Notes

Summary of Assets

Further details need to be provided in the policy schedule.

	Client 1	Client 2	Joint
Home	£	£	£
Other property	£	£	£
Overseas property/assets	£	£	£
Cash	£	£	£
Investment Bonds	£	£	£
Pension funds	£	£	£
ISA/PEP's	£	£	£
Unit/Investment Trusts OEICs	£	£	£
Shares	£	£	£
Business Assets	£	£	£
All Other Assets*	£	£	£



Total Assets	£	£	£
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* Please provide details in the notes section.

Summary of Liabilities

	Client 1	Client 2	Joint
Mortgage (main residence)	£	£	£
Credit cards	£	£	£
Overdraft	£	£	£
Loans/HP	£	£	£
Mortgage (other property)	£	£	£
Any Other Lending*	£	£	£
Total Debt	£	£	£

* Please provide details in the notes section.

Breakdown of Liabilities

Mortgage/Loan Owner	Lender	Amount O/S	Repayment Type	Repayment Date
		£		
		£		

Notes

Will

	Client 1	Client 2
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Is it up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*

* Please explain why this has not been considered in the notes section.

**Please confirm the main provisions in the notes section.
Below are some example questions relating to wills:**

- Do they reflect your on-going requirements?
- Are your children's guardianship catered for in the will?



- Do you own a foreign property? (UK will may not be valid for foreign realty)
- Have you remarried since last updating your will?

Notes

Financial Priorities

Please indicate the relative importance of the following needs/objectives on a scale of 1 to 5. Insert 1 to indicate very important and 5 to indicate that you attach little importance to that item.

If any of these are not applicable, please write "n/a" in the relevant field and explain in the notes section.

	Client 1	Client 2	Adviser
COB Sales Process - Personal protection (death, ill health, medical costs, etc.)			
ICOB Protection Sales Process			
Pension Planning			
Retirement Options			
Full Investment Sales Process - Investment planning (either regular, lump sum or both)			
Simplified ISA/GIA Sales Process			
IHT Planning			
Long Term Care			
Mortgages (Residential, BTL)			



Notes regarding your needs

Declarations

Client Declaration

Please read carefully and then sign and date below.

I confirm that the information I have provided is, to the best of my knowledge correct. I have provided this information understanding that it is used to form the basis of any advice and recommendations made to me and that I am not under any obligation to take up any recommendation made.

I understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I understand that I must be sure of the ability to meet that commitment having given consideration to all other expenditure, and the provision for any emergencies, which may require access to funds.

I confirm that I have received a Business card and a Client Agreement.

ADDITIONAL CLIENT DECLARATION (Please tick this box if the following is applicable)

I further declare that I did not want to disclose certain personal/financial information and I am aware that this may prevent an Adviser from being able to identify areas where it might have been appropriate to make recommendations, or which could have an effect on the recommendations that have been made.

NB: Please understand that we reserve the right to decline to give advice if full information is not provided.



Name

Signature

Date

[Client 1]		
[Client 2]		
[Adviser]		