

# Confidential Financial Review Form

Name

## **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.

ASPIRE IFA LTD WHICH IS AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES  
AUTHORITY

<b>1. Personal Details</b>	<b>Self</b>	<b>Partner</b>
Title Mr/Mrs/Miss/Other	<b>Mr</b>	<b>Mrs</b>
First Name (s)		
Surname		
Home Address		
Post Code		
Telephone No		
Mobile No		
Fax No		
Email Address		
Age and Date of Birth		
Place of Birth		
Marital Status	<b>Single</b>	<b>Single</b>
UK Resident	<b>Yes</b>	<b>Yes</b>
Domicile		
National Insurance No.		
Sex	<b>Male</b>	<b>Female</b>

Notes


<b>2. Dependants / Children</b>			<b>Education Funding</b> inc College / University expenses. Please complete this section if you are considering educational funding.			
Name	Relationship	DOB	Start Year	No of Yrs	Annual Fees	Annual rate of increase required %

### 3. Employment

Occupation

Employment Status

Length of time in employment

Business Name

Business Address

Post Code

Business Telephone No.

Business Fax No

Do you anticipate any changes to your circumstances or employment,

If yes please give details

Notes:

**4. Income**

	<b>Self</b>	<b>Partner</b>	If self employed	
Basic Annual Income	£	£	Trading Year End	
Regular Overtime	£	£		
Bonus / Commission	£	£	Self	
Other (Please describe)	£	£	Partner	
	£	£		
	£	£		
<b>Total Annual Income</b>	<b>£</b>	<b>£</b>		
<b>Total Net Income pm</b>	<b>£</b>	<b>£</b>		
Tax Rate				
Tax Allowance	£	£		

**5. Regular Commitments**

Mortgage/Rent/Board	£	pm	Travel Expenses	£	pm
Loan/HP Repayments	£	pm	Credit/Charge Cards	£	pm
Amount Outstanding	£	pm	Amount Outstanding	£	pm
Gas/Elec/Water	£	pm	Regular Savings	£	pm
Council Tax	£	pm	Social Expenses	£	pm
Food	£	pm	Other Expenses	£	pm
Phone / Internet	£	pm	Alcohol / cigarettes	£	pm
Childcare	£	pm	Maintenance	£	pm
Car costs	£	pm	TV licence / satellite	£	pm
All Insurances/Pensions	£	pm	<b>Total Commitments</b>	<b>£</b>	<b>pm</b>

Notes:

**6. Assets**

	<b>Self</b>	<b>Partner</b>	<b>Joint</b>
Main Residence	£	£	£
Other Property	£	£	£
Personal Effects/Contents	£	£	£
Business Interests	£	£	£
Owned Cars/Caravans etc	£	£	£
Other Assets - Please describe	£	£	£
<b>Total Assets</b>	<b>£</b>	<b>£</b>	<b>£</b>
Other Assets Description			

Notes:

**7. Investments**

	<b>Self</b>	<b>Partner</b>	<b>Joint</b>
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	£	£	£
<b>Total Investments</b>	<b>£</b>	<b>£</b>	<b>£</b>

Details of other investments:

**8a. Home Details**

Payment Method

Repayment

**Buying a New Home**

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

Current Value	£
Lender	
Rate/Type	%
Outstanding	£
Remaining Term	Years
Mortgage Ref No	

Price you are considering	£
Deposit Available	£
Maximum Mortgage Required	£
Repayment Term	Yrs

**Plans Effected to Cover your Mortgage**

1.	Lives Assured	Policy Type	Insurance Co.	Policy Number
	Sum Assured	Premium/Frequency	Start Date	Maturity Date
2.	Lives Assured	Policy Type	Insurance Co.	Policy Number
	Sum Assured	Premium/Frequency	Start Date	Maturity Date
3.	Lives Assured	Policy Type	Insurance Co.	Policy Number
	Sum Assured	Premium/Frequency	Start Date	Maturity Date

**8b. 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:

fixed payments   for the first  Years.  
variable payments

- 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?

Yes   No

- c. Are you looking for a Cashback mortgage?

Yes   No

- 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.

*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.**

**8c. Notes:**

**9. Pension Schemes**

Does your Company operate an Occupational Pension Scheme?

**Self**

Yes  No

**Partner**

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 SERPS

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

£		%
---	--	---

£		%
---	--	---

**Personal Pension Plans (Including Group Personal Pension Plans)**

Policyholder	Insurance Company	Premium/Frequency	Fund Value	Retirement Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

At what age would you like retire?

**Self**

**Partner**

**10a. Policy Details - Life Assurance Plans (Existing Plans)**

1	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"/>
2	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"/>
3	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"/>

**10b. Policy Details - Permanent Health and Critical Illness Plans (Existing Plans)**

1	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"/>
2	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"/>
3	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"/>

**10c. 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
	<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"/>
2	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"/>
3	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"/>

## 11. Estate Planning & Inheritance

	<b>Self</b>	<b>Partner</b>
Have you made a will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are the main provisions?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Are you expecting an inheritance of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

## 12. Attitude to Investment Risk

Choose one answer for each question	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Score Self	Score Partner
I would feel comfortable if my investments could easily rise and fall by 25% or more in a year	7	5	2	1		
If my investments fell significantly in value I might see this as an opportunity to buy more at cheaper prices	7	5	2	1		
I would not feel comfortable if my investments could fall in value	1	1	4	7		
I prefer the security of bank accounts to stock market related investments	1	1	4	7		
I can sleep at night knowing that my investments might rise and fall quite rapidly in the short term	7	4	2	1		
<b>Total Score</b>						

### Check your score to find your risk level

0 to 5	6 to 9	10 to 11	12 to 14	15 to 16	17 to 19	20 to 21	22 to 24	25 to 30	31 to 35
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

<b>1</b>	<b>Very Defensive</b>	Do not want to see a reduction in capital – Deposit Accounts
<b>2</b>	<b>Defensive</b>	No significant reduction in capital – Commercial Property, Gilts & Bonds
<b>3</b>	<b>Cautious</b>	Looking for a better return than deposit a/c's and would accept investments could rise & fall, not accept rapid rises & falls.
<b>4</b>		
<b>5</b>	<b>Balanced</b>	Looking for a balance of risk and reward seeking higher returns than deposit a/c's & accept some moderate fluctuation in values
<b>6</b>		
<b>7</b>	<b>Moderately Aggressive</b>	Willing to accept higher levels of risk in for higher returns in the long run. Would accept a 25% fall and remain invested to ride out the storm rather than buy more.
<b>8</b>		
<b>9</b>	<b>Aggressive</b>	Willing to accept much higher levels of risk in for higher returns in the long run. Would accept greater than a 25% fall as opportunity to purchase more
<b>10</b>		

## 13. Health

	<b>Self</b>	<b>Partner</b>
Are you in Good Health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you Smoke Tobacco?	Yes <input type="checkbox"/> /day <input type="text"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> day <input type="text"/> No <input type="checkbox"/>

#### 14. 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	<input type="checkbox"/>	Investment Planning	<input type="checkbox"/>
Protection against Critical Illness	<input type="checkbox"/>	Long Term Savings	<input type="checkbox"/>
Maintaining your standard of living in retirement	<input type="checkbox"/>	Long Term Healthcare	<input type="checkbox"/>
Reducing your tax burden	<input type="checkbox"/>	Protecting your income	<input type="checkbox"/>
Mitigating your estates tax liability to inheritance tax	<input type="checkbox"/>	Raising capital/(re)Mortgage	<input type="checkbox"/>
Providing for your children's education	<input type="checkbox"/>	Other specific objective (detail in notes section)	<input type="checkbox"/>

#### 15. 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 TERMS OF BUSINESS LETTER AND BUSINESS CARD FROM MY FINANCIAL ADVISER.**

Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

#### 16. Notes: