

Client Fact Find



Client Names:

Adviser Name:

Date:

Adviser Internal Reference:

Presented By:

SKERRITT CONSULTANTS
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Hove, East Sussex, BN3 5AB
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Personal & Confidential

Objectives:

	Protection	Pension Planning	Savings/Investments	Estate Planning	Mortgages
SELF					
PARTNER					

Personal Details:

	Self	Partner
Title		
Forename(s)		
Surname		
Marital Status		
Address		
Postcode		
Country		
Telephone (home)		
Email		
Other contact		
Date of Birth		
Place of Birth		
UK Resident for Tax?		
National Insurance No.		
State of Health		
Smoker?		

Dependants:

Name	Relationship	Dependent On	DOB	Age (on Fact Find)	Dependant Until	Child Trust Funds

Main Occupation	
Employment Status	
Employer/Business Name	
Time in current employment/ self employment	

Notes:

Income:

	Self	Partner
Profit / Basic Pay (gross pa)		
Overtime (gross pa)		
Bonuses/Commission (g pa)		
Other (gross pa)		
Investment (gross pa)		
Retirement (gross pa)		
Rental (gross pa)		
Total (gross pa)		
Highest tax rate payable		
Expected change in income?		
By how much?		

Expenditure:

	Self	Partner	Joint
Total regular monthly bills			
Monthly average of irregular bills			
Total other essential spending			
Non essential spending			
Total monthly expenditure			
Expected change in spending?			
By how much?			
Amt you can afford per mth for financial planning?			

Notes:

Assets:

Do you have any assets?		(If yes, please give details below)					
Whose Name	Type of Asset	Investment/Prem	Start Date	Term	Provider	Policy No	Current Value
Total assets		Self:		Partner:		Joint:	
Are you considering disposing of any assets this tax year?		(If yes, give details)					

Liabilities:

Do you have any liabilities?			(If yes, please give details below)						
Whose Name	Type of Liability	Secured	Lender	Amt Outstanding	Term/End Date	Current Int Rate	Type	Monthly Payments	Penalties
Total liabilities			Self:		Partner:		Joint:		

Notes:

Existing Arrangements: Protection

Do you have any Life Assurance / Critical Illness cover?				(If yes, please give details below)						
Type	Life	Provider	Policy No	Life Sum Ass	CI Life Ass	Premium	Trust	Start Date	Term	Cash Value

Income Protection

Do you have any PHI, PMI, ASU Cover?				(If yes, please give details below)						
Type	Life	Provider	Policy No	Benefit Level	Premium	Def Period	Start Date	Term	Cash Value	

Retirement / Pension

	Self				Partner					
Are you saving for retirement?										
What age do you wish to retire?										
On how much?										
Does your company offer a pension scheme?										
Are you a member? If no, why not? If yes, give details										
Do you have any other pension plans?					(If yes, please give details below)					
Type	Life	Provider	Policy No	Start Date	NRD	Personal Contr	Company Contr	Trust	Transfer Value	

Will

	Self				Partner					
Have you made a will?										
Solicitor / Executor										

Notes:

Expectations, Needs & Attitudes:

Do you expect a change in situation or plans which may affect your future needs?
(For example planning a family / changing job / private education / early retirement / medium to long term saving plans / ethical investing)

If yes, please give details	SELF:	PARTNER
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Which of the following are current needs (enter today's date), future needs (enter date for review), or never likely to be needs (leave blank)?

	1. Life & CIC	2. PMI	3. PHI	4. LTC	5. Pension Pre Retirement	6. Pension At Retirement	7. Savings	8. Invest	9. Estate Planning	10. Mortgages
SELF										
PART										

Details if adviser disagrees with client on this issue:

Is a referral required:

Attitude to Risk (tick as appropriate)	Example funds / plans	Self	Partner
RISK AVERSE This category describes individuals who are not prepared to accept any degree of risk to their capital in respect of investment performance. However, it is understood that all investments have a degree of risk in relation to inflation erosion and the possibility of institutional failure	Deposit based savings, Government bonds, capital & interest mortgages		
CAUTIOUS This indicates that you want a level of safety that is unlikely to result in substantial losses. However, you accept that to achieve a level of growth beyond deposit based accounts, the investment will contain a degree of risk of capital erosion and fluctuating value	Corporate bonds, non-equity managed funds		
BALANCED This category generally suggests that you can accept a lower level of safety for your capital but would not be happy to see the investment eroded or lost completely. Therefore you are willing to take a level of risk necessary to achieve a potentially higher rate of return and understand that your investment may fluctuate in value	Managed equity funds relative to UK stock market, interest only mortgages		
ADVENTUROUS People in this category accept a low level of safety and can understand and bear more specialised risks that can be associated with overseas markets and assets. Typically values will be subject to a number of different risks and values will be highly variable with the potential for capital losses	Funds linked to other western stock markets, specialist UK equity funds		
SPECULATIVE This category indicates investors have a high level of awareness of the factors affecting values and performance and can bear the consequence of considerable or complete loss in pursuit of large gains. There would also be an ability to accept substantial volatility in capital value during the investment period	Funds linked to developing stock markets, single company shares and geared products		
Is attitude to risk different for each area? If Yes, please give details	Self: Partner:		

	Self	Partner
Client's ability to withstand loss		
Client's knowledge/experience of financial markets		
Client's preferences re product / fund switching		

Product Specific:

Complete relevant sections as determined in 'Needs'

Life Assurance & Critical Illness Cover

	Death - Self	Death - Partner	CI - Self	CI - Partner	Term
Lump sum required					
	Death - Self	Death - Partner	CI - Self	CI - Partner	Term
Income required					
Reason / Notes / Calculations:					

Private Medical Insurance

	Self	Partner
Is Private Medical Insurance a need?		
Have you ever made a claim against a policy?		
Do you have any pre existing medical conditions?		
If yes, would you be happy to exclude the conditions?		
Are you prepared to pay part of any claim to reduce premiums?		

Permanent Health Insurance / Income Protection

	Self	Partner
Is Income Protection a need?		
Income needed if unable to work for an extended period		
State provided benefits (short term, long term)		
Employer provided benefits		
Benefits provided by existing policies		
Shortfall (short term / long term)		
To what age is cover needed		

Long Term Care

	Self	Partner
Is Long Term Care a need?		
Details		

Notes:

Pension (Pre-Retirement)

	Self	Partner
Is Pension (Pre-Retirement) a need?		
Preferred age of full retirement		
Annual pension desired (today's terms)		
Anticipated state pension pa		
Anticipated company pension pa		
Anticipated personal pension pa		
Anticipated other income pa		
Potential shortfall		
Desired rate pension increase in retirement		

Pension (Drawing Benefits)

	Self	Partner
Would you like to draw pension benefits now?		
Will you partially retire?		
If yes, when will you partially retire and on what annual income?		
When are you to fully retire? (age/date)		
What annual income is required?		
Will you require an increasing income over time?		
Do you require this increase to be guaranteed?		
Will the pension need to provide for spouse/dependant after death?		
How much tax free cash do you require?		
For what purpose is this tax free cash?		

Notes:

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Regular Savings

	Self	Partner
Is Regular Savings a need?		
Savings objective & term		
What amount can you afford?		

Lump Sum Investment

	Self	Partner	Joint
Is a Lump Sum Investment a need?			
What lump sum do you have to invest?			
What emergency fund is needed?			
Would you be prepared to reduce your liabilities?			
By how much?			
Over what time is the investment?			
What do you require from your investments?			
Will any income be needed/taken in the first year?			

Estate Planning

	Self	Partner
Is Estate Planning a need?		
Are you UK domiciled?		
Total assets not covered by exemptions		
Liabilities (personal)		
Net value of estate		
Potentially taxable estate (above IHT threshold)		
Potential tax liability (above current rate of tax)		
Does your will leave everything to your spouse?		
If you have made any gifts - when and how much		
If you are to make any gifts - when and how much		
How much will you leave to charity?		
Planning already in place to alleviate IHT liability?		

Notes:

Mortgages:

Do you wish to arrange a mortgage / remortgage			
Buyer Type		Mortgage For	
Purchase price/valuation		Loan required	
Deposit available		Source of Deposit	
Address of property to be mortgaged			
Type of property		Year built	

Existing mortgage?			
Current Lender		Current Mortgage Balance	
Outstanding Term / Open Ended		Method of repayment	
Mortgage portable?		What penalties apply?	
Previous credit problems?		If yes give details below	

Fixed monthly payments?		Discount on mthly payments?	
Would you like the ability to make overpayments to pay your mortgage off early?			
Would you like to receive any cashback?			
Is it possible you will pay off some / your entire mortgage in the foreseeable future?			
What other specific requirements do you have?			
What type of mortgage do you require?			
If Int Only is selected, are you happy to use investment returns to repay the loan in the future?			
Term required for loan?		Intended retirement age?	

Amount Selected		Justification	
Repayment Method		Justification	
Term Selected		Justification	
Lender, Product, Rate		Justification	

If a sub prime loan is required, clarification as to why	
If previous credit problems, can prime loaning be obtained?	
If previous credit problems, how is higher rate affordable?	
If self certified income is needed, please provide details	

General Insurance:

It is a requirement that you have buildings insurance. Would you like a quote?	
We recommend home contents insurance. Would you like a quote?	
We recommend mortgage payment protection. Would you like a quote?	

Notes:

Declaration:

The information requested is required to ensure that the financial advice offered is appropriate to your personal circumstances. Failure to provide some information may lead to inappropriate advice being given. Not all of the information supplied will be essential for the advice given at this time. The information will be held on computer and may help form the basis of future advice. This information is provided on the understanding that it will be used in strict confidence and that it places you under no obligation to take any suggested recommendations. Periodically we issue information and newsletters to clients to keep them abreast of tax and product changes.

If you do not wish to receive this information please tick this box ☐

Data Protection – Personal Information contained in this Fact Find and information provided previously will be recorded on computer files, and will be covered by the provisions of the Data Protection Act 1998. I/we acknowledge receipt of your business card, initial disclosure document and Terms of Business letter and confirm my/our Attitude to Risk is as stated.

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

SELF

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

PARTNER

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

ADVISER

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

Notes: