

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

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,

Yes

No

Yes

No

If yes please give details

Notes

4. Income

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

5. Regular Commitments

Mortgage/Rent/Board	£ <input type="text"/> pm	Travel Expenses	£ <input type="text"/> pm
Loan/HP Repayments	£ <input type="text"/> pm	Credit/Charge Cards	£ <input type="text"/> pm
Amount Outstanding	£ <input type="text"/>	Amount Outstanding	£ <input type="text"/>
Gas/Elec/Water/Tel	£ <input type="text"/> pm	Regular Savings	£ <input type="text"/> pm
Council Tax	£ <input type="text"/> pm	Social Expenses	£ <input type="text"/> pm
Household Expenses	£ <input type="text"/> pm	Other Expenses	£ <input type="text"/> pm
All Insurances/Pensions	£ <input type="text"/> pm	Total Commitments	£ <input type="text"/> pm

Notes

6. 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/Caravans etc	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Assets - Please describe	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total Assets	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Assets Description	<input type="text"/>		

Notes

7. Investments

	Self	Partner	Joint
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	£	£	£
Total Investments	£	£	£

Details of other investments

8a. Home Details

Payment Method

Repayment/Interest Only/
Both**Buying a New Home**

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

Current Value

£

Price you are considering

£

Lender

Deposit Available

£

Rate/Type

%

Maximum Mortgage

Outstanding

£

Required

£

Remaining Term

 Years

Repayment Term

 Yrs

Mortgage Ref No

Plans Effectuated to Cover your Mortgage

1.	Lives Assured	Policy Type	Insurance Co.	Policy Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Lives Assured	Policy Type	Insurance Co.	Policy Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Lives Assured	Policy Type	Insurance Co.	Policy Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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: *tick* *no.*
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

Partner

Yes No

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

£	<input type="text"/>	%
---	----------------------	---

£	<input type="text"/>	%
---	----------------------	---

Death In Service

£	<input type="text"/>
---	----------------------

£	<input type="text"/>
---	----------------------

Widow(er)'s Pensions

<input type="text"/>	%
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<input type="text"/>	%
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Final Salary Schemes (Only to be completed if you are a member of such a scheme)

Pension Basis (eg 60ths,80ths,other)

<input type="text"/>	ths
----------------------	-----

<input type="text"/>	ths
----------------------	-----

Lump Sum in addition/by commutation

£	<input type="text"/>
---	----------------------

£	<input type="text"/>
---	----------------------

Benefit escalation rate in retirement

<input type="text"/>	%
----------------------	---

<input type="text"/>	%
----------------------	---

Money Purchase Schemes (Only to be completed if you are a member of such a scheme)

Current Fund Value

£	<input type="text"/>
---	----------------------

£	<input type="text"/>
---	----------------------

Employers Contribution

£	<input type="text"/>	%
---	----------------------	---

£	<input type="text"/>	%
---	----------------------	---

Additional Contributions

Total contribution to Co AVC

£	<input type="text"/>	%
---	----------------------	---

£	<input type="text"/>	%
---	----------------------	---

Total contribution to FSAVC

£	<input type="text"/>	%
---	----------------------	---

£	<input type="text"/>	%
---	----------------------	---

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"/>
<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

	Self		Partner	
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 type="text"/>		<input 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 type="text"/>		<input 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		
				Total Score		

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
1	2	3	4	5	6	7	8	9	10

1	Very Defensive	Do not want to see a reduction in capital – Deposit Accounts
2	Defensive	No significant reduction in capital – Commercial Property, Gilts & Bonds
3	Cautious	Looking for a better return than deposit a/c's and would accept investments could rise & fall, not accept rapid rises & falls.
4		
5	Balanced	Looking for a balance of risk and reward seeking higher returns than deposit a/c's & accept some moderate fluctuation in values
6		
7	Moderately Aggressive	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.
8		
9	Aggressive	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
10		

13. Health

	Self		Partner	
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	No <input type="checkbox"/>	Yes <input type="checkbox"/> /day	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