**Client Discovery Document**

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| **Getting to know you** |
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|  |
| Client Name(s) ………..………………………    ……………………………….  Adviser …………………………………..  Date: ………………………………….. |
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# **Goals and Objectives**

We would be grateful if you could outline, in your own words, your main Goals, Aims and Objectives, together with any concerns you have. To help, we have provided at the bottom of this section some ideas and common areas that you may want to consider, together with some questions that you may find helpful. This is an important part of our discovery process, so please give us as much information as you can.

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| My goals, aims, objectives and concerns can be summarised as follows:  1.  2… |

**Notes**

Typical objectives and concerns may include the following:

* Security of the lifestyle of my family, in the event of serious illness, death and retirement. What would I need, am I on track?
* My short, medium and long term financial goals are……?
* How do I plan for school and university costs, protect my estate against future inheritance taxes, maximise the growth and/or income from my investments/pensions, are my existing arrangements fit for purpose?
* Are my affairs as tax efficient as they should be – can I reduce my tax bill effectively?
* Are the risks I am taking with my investments in line with my attitude to risk and my goals?

You may also find the following 3 questions useful to ask yourself:

* + If you had all the money you needed, what would life look like?
  + If you had 5-10 years to live, what would you want to achieve?
  + If you had 24 hours to live, and were asked to reflect on your life, of what are you proud and what do you regret most not having done?

# **About You**

**Your personal contact, residential and job details**

| **Personal Information** | |
| --- | --- |
|  | **Self** | **Partner** |
| Full Name and title |  |  |
| Address |  |  |
| Home Telephone |  |  |
| Mobile Telephone |  |  |
| E-Mail |  |  |
| Marital Status |  |  |
| Date of Birth |  |  |
| N.I. Number |  |  |
| UK Resident for Tax |  |  |
| Domicile |  |  |

# **Your Dependants**

# A list of all the individuals who are financially dependent on you.

| **Full Name** | **Relationship** | **Date of Birth** |
| --- | --- | --- |
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**Notes**

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# **Employment Details The details concerning your main employment and any other additional employments you have**

**Main Employment**

|  | **Self** | **Partner** |
| --- | --- | --- |
| Job Title and Occupation |  |  |
| Employment Status  (Director, Employed, Self-employed etc) |  |  |
| Employer Name |  |  |
| Compensation details  (Salary, Bonus, other – please detail) |  |  |
| Employee Benefits?  (Pension scheme, Death-in-service, Income replacement, Private Medical, other – please provide brief details) |  |  |
| Length of time in Employment |  |  |
| Contact Details: Telephone |  |  |
| Email |  |  |
| Any Anticipated changes? |  |  |

**Other Employment & Notes**

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# **Balance Sheet**

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| --- | --- | --- | --- | --- |
| **ASSETS** | **Self** | **Partner** | **Joint** | **TOTALS** |
| Main Residence |  |  |  |  |
| Other Property |  |  |  |  |
| Personal Effects/Contents |  |  |  |  |
| Bank / Building Society |  |  |  |  |
| National Savings |  |  |  |  |
| Investments: |  |  |  |  |
| ISAs |  |  |  |  |
| Share/Equities |  |  |  |  |
| Collective Investments  (unit trusts, Investment bonds) |  |  |  |  |
| Tax based investments (VCT, EIS) |  |  |  |  |
| Business Interests |  |  |  |  |
| Other: |  |  |  |  |
|  |  |  |  |  |
| **Total Assets** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LIABLILITIES** | **Provider** | **Type** | **Capital Outstanding** | **Monthly Payment** | **Remaining Term** |
| **Outstanding Mortgage** |  |  |  |  |  |
| **Long term (Loans)** |  |  |  |  |  |
| **Short term (Credit Cards)** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

# **Income and Expenditure - Budget Calculator**

|  |  |  |
| --- | --- | --- |
| **Primary Employment Income (Gross)** | **Self** | **Partner** |
| **Basic Annual Income** |  |  |
| **Bonus/Commission** |  |  |
| **P11D Benefit** |  |  |
| **Self-Employed: Turnover** |  |  |
| **Net Profit** |  |  |
| |  |  |  | | --- | --- | --- | | **Other Income (Gross)** | **Self** | **Partner** | |  |  |
| **Investment Income** |  |  |
| **Trust Income** |  |  |
| **Rental Income** |  |  |
| **State** |  |  |
| **Pension Income** |  |  |
| **Other** |  |  |

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| --- | --- | --- |
| **TOTAL of all Income** |  |  |

**Expenditure** (a more detailed summary can be provided, if necessary)

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| --- | --- | --- | --- | --- |
|  | **Self** | **Partner** | **Joint** | **Total** |
| **Fixed** |  |  |  |  |
| **Discretionary** |  |  |  |  |

**Notes** (including details of exceptional income/expenditure, such as holidays, weddings etc.)

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# **More about You Your health details and medical notes**

**Health and Wellbeing**

|  | **Self** | **Partner** |
| --- | --- | --- |
| **Do you suffer from any long term illnesses?** |  |  |
| **Do you Smoke, or have you smoked within the last 12 months?** | **Yes/No**  **How many per day?** | **Yes/No**  **How many per day?** |
| **What is your Alcohol intake?** | **Low / Medium / High** | **Low / Medium / High** |
| **Are there hereditary illnesses in the family?** |  |  |

**Estate Planning and Inheritance**

|  |  |  |
| --- | --- | --- |
|  | **Self** | **Partner** |
| **Have you made a Will? (Y/N)** |  |  |
| **What are the main provisions?** |  |  |
| **Are any inheritances expected? If so, please provide details** |  |  |

# Please provide us will a copy of your Will is possible

# **Detailed Schedule of Liquid Assets**

# **Schedule of Existing Personal Pensions Your personal pension policies, their benefits and their current values**

| **Owner** | **Provider** | **Type** | **Policy Number** | **Contribution**  (Personal / Employer) | **Started** | **Approximate Value** |
| --- | --- | --- | --- | --- | --- | --- |
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Please provide us with any recent statements if possible

**Schedule of any Existing Personal or Deferred / Current Employer Pension Schemes**

| **Owner** | **Employer** | **Type** | **Policy Number** | **Contribution**  (Personal / Employer) | **Started** | **Approximate Value or Benefits** |
| --- | --- | --- | --- | --- | --- | --- |
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Please provide us with any scheme booklets, and most recent benefit statements and valuations if possible

**Notes**

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# **Schedule of Existing Investments Your personal pension policies, their benefits and their current values**

| **Owner** | **Provider** | **Type** | **Policy Number** | **Contribution (if any regular payments)** | **Started** | **Approximate Value** |
| --- | --- | --- | --- | --- | --- | --- |
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# **Schedule of Protection Arrangements A list of your financial insurances and assurances along with their benefits and current value**

|  | **Life Assured/**  **Beneficiary** | **Policy No**  **& Type** | **Start**  **Date** | **Provider** | **Sum Assured**  **Or Benefits** | **Premium** | **Maturity Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Life Assurance** |  |  |  |  |  |  |  |
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| **Critical Illness** |  |  |  |  |  |  |  |
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| **Income Replacement (PHI)** |  |  |  |  |  |  |  |
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Please provide us with copies of any policy schedules or summaries where possible

**Additional Information**

**Please provide us with any additional information you believe may be relevant, or if not enough space has been provided above. Please feel free to provide additional pages if relevant.**

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