

All About Me, A Step Towards A Financial Plan

Adviser Name			Date of the completion of this document		
Client details					
Title			Surname		
First Name(s)	Client 1		Client 2		
Personal Details					
Address					
Postcode					
Email address					
Telephone Landline			Telephone Mobile		
Marital Status					
		Client 1		Client 2	
Date of Birth					
Smoker?					
Are you currently in good health?					
Have you had any (major) health problems in the past?					
Income					
Retired/Occupation					
Employment status					
Length of Service					
Basic Salary/pension					
Fluctuating Income					
Other income, e.g., investment/property					
TOTAL					
Target retirement age					
At retirement, what income would you want in today's terms?					
Expenditure					
Mortgage / Rent					
Loans/Credit Cards/Other Liabilities					
Other fixed expenses (just the total)					
Fun spending					
Holiday fund					
Anything else we need to know					

	Assets and Liabilities (including life assurance policies)			
Description	Asset Value & Debt Value Client 1		Asset Value & Debt Value Client 2	
Main property				
Other properties				
Investments				
ISAs				
Deposits				
National savings				
Other debts / liabilities				
Life assurance cover				
Emergency fund				
It is important to ensure there is an emergency fund to meet the cost of any unexpected outlays, taking into account your personal circumstances. How much capital, available immediately or at short notice, to meet any unexpected emergencies, is sufficient for you?				

Objectives/ Notes
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Do you have any previous pension benefits that you paid into or were provided by your employer?						
Client Name	Type	Provider	Policy Number	Retirement Age	Current Contribution	Current Value

	Death in Service	
	Does your employer offer death in service for employees and are you a member of the scheme?	
	Do you have sufficient life cover on top of the company scheme provision?	

CLIENT DECLARATION

The information we have requested within this document is a legal requirement when financial advice is given. It is required to ensure that the advice we offer 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 may be held on file 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.

We issue information and newsletters to clients. You need to tick this box if you want to receive this information. ☐

I/We confirm the information provided is a true and accurate reflection of my/our current position.

NAME(S)		
SIGNATURE(S)		
DATE		

LETTER OF AUTHORITY

I consent to the supply of any information which may be requested from time to time with regard to the policies / contracts / schemes listed underneath to

Firm Name:

FCA Number:

I further instruct you to accept a digital copy of this document as an original for the purpose of supply of said information.

With immediate effect I also request that you transfer the servicing rights to the listed policies, together with any commission / fees which will accrue. (Delete if not applicable.)

Provider/Administrator	Policy Number or Scheme Name

Address

Date of Birth

National Insurance Number.....

Name

Signed

Date

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