

Confidential Financial Review Form

Name

Completed by

on



Financial Services and Markets Act

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

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 1988. The information may also be used by Nicholls Stevens, to provide you with the details of products suitable to your requirements.

Nicholls Stevens is regulated by the Financial Services Authority



1. Personal Details

Self

Partner

Title Mr/Mrs/Miss/Ms/Other

First Name(s)

Surname

Home Address

Post Code

Address valid from

Residential Status

Telephone No.

Mobile No.

Fax No.

Email Address

Special Mailing

Instructions

Age	DOB
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Age	DOB
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Age and Date of Birth

Place of Birth

Marital Status

UK Resident for tax purposes

Residency for tax purposes

Passport Number

Domicile/Citizenship

National Insurance No.

Sex

Male

Female

Male

Female

Client Classification

Former Name

Previous Address

Notes For office use only

2. Dependants/Children

Education Funding inc College/University Expenses

Please complete this section if you are considering educational funding.

Name	Relationship	Date Of Birth	Start Year	Years	Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
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Notes					
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					

3. Income Details

	Self	Partner
Basic Annual Income	£	£
Regular Overtime	£	£
Bonus/Commission	£	£
Car Allowance	£	£
P11D Benefit <small>Please describe</small>	£	£
Bank/ B.Soc. Interest	£	£
Investment Income	£	£
Trust Income	£	£
Rental Income	£	£
PHI Income	£	£
State Benefits	£	£
Maintenance	£	£
Pension Income	£	£
Tax Free Income	£	£
Other Income <small>Please Describe</small>	£	£
	£	£
	£	£
Total Annual Income	£	£
Tax Rate	%	%
Tax Allowance	£	£

Salary Review Date	
Self	
Partner	

Trading Year End	
Self	
Partner	

P11D Benefit Description	
Self	
Partner	

Do you anticipate any changes to your Income?

4. Affordability

Self

Partner

What amount can you reasonably afford to invest?

per month

per month

lump sum

lump sum

For how long can you make this investment?

years

years

Please explain the source of these funds

5. Investments

	Self	Partner	Joint
Bank Account	£	£	£
Building Society	£	£	£
National Savings	£	£	£
Shares/Equities	£	£	£
Loan Stocks & Gilts	£	£	£
TESSAs	£	£	£
ISAs	£	£	£
PEPs	£	£	£
Unit Trusts	£	£	£
Investment Trusts	£	£	£
Bonds	£	£	£
Other Investments	£	£	£
Total	£	£	£

Owner	Description	Premium / Freq	Cost	Value	Date Acquired

6. 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)

On death of yourself or your partner

If you were unable to work through long term illness or disability

Following diagnosis of a critical illness

Providing the benefits of Private Health cover

Providing cover for long term care

Maintaining your standard of living in retirement

Providing for your children's education

Repaying your Mortgage

Reducing your tax burden

Mitigating your estate's liability to Inheritance Tax

Investment Planning

Long Term savings

Protecting your income

Raising Capital/(Re)Mortgage

Insurance for your business

Notes

6. (Cont'd). Specific Objectives

Date	Amount	Money Basis	Priority
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

Description

Notes

Date	Amount	Money Basis	Priority
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

Description

Notes

Date

Amount

£

Money Basis

Priority

Description

Notes

7. Approach to Investment

Self

Partner

How much investment experience do you have?

- Very little knowledge and experience
- Some investment knowledge and understanding
- Experienced private investor with good investment knowledge
- Business Investor
- Professional Investor

(Please tick 1 answer only)

If the stock market declined by 20%, would you -

- Sell immediately to avoid further worry
- Do nothing and wait for investment returns to improve
- Buy to take advantage of lower share prices in anticipation of future gains

(Please tick 1 answer only)

**Which of the following features do you require from your investment portfolio?
Please enter a priority for each from 1 to 5 (1 being the most important).**

- Growth
- Income
- Tax-efficiency
- Access
- Guarantees

Do you have any strong moral views on where your money should be invested?

Notes

8. Attitude to Investment Risk

Ultra Conservative

You would prefer to have no investment in the stock market whatsoever and are prepared to accept the inflationary risk that this implies.

Very Conservative

You would generally prefer to avoid the volatility of stock market investment, but would accept some stock market investment if essential to provide long term security.

Conservative

You prefer the security of cash and fixed interest investments, but are happy to accept a level of stock market investment necessary to provide long term security.

Cautious

You would prefer to have most of your investments in cash and fixed interest securities but are happy to have some stock market investment in order not to sacrifice too much long term return.

Cautious to Realistic

You would like to benefit from long term investment returns but are wary of stock market volatility and would like to make some compensation by means of low risk investments.

Realistic

You would like to ensure your short term financial security through low risk investment but also wish to benefit from long term investment returns to provide for future security.

Realistic to Aggressive

You would like to take advantage of equity investment with the prospect of good long term returns and can accept the increased short term volatility."

Aggressive

You would like to maximise long term returns and are not concerned by short term volatility, but still wish your short term financial security to be provided by low risk investments.

Speculative

You would like some investment in higher risk investments which carry the risk of potential loss of capital, but not to the detriment of either your long term or short term financial security.

Very Speculative

You would like considerable exposure to individual, high risk investments despite the potential loss of capital, though your short term and long term financial security should still not be jeopardised.

Highly Speculative

You are willing to accept considerable potential loss of capital in order to gain potentially high returns, though still not jeopardising your short term or long term financial security.

Default

Client	<input type="text"/>	% of Investment	<input type="text"/>
	<input type="text"/>	% of Investment	<input type="text"/>
Partner	<input type="text"/>	% of Investment	<input type="text"/>
	<input type="text"/>	% of Investment	<input type="text"/>

Additional Comments

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9. Data Protection Act 1998

Do you have any objection to your details being stored on computer?

Yes No

Preferred Contact Method

Self

Method

Details

Time

Morning

Afternoon

Evening

Notes

Contact and Marketing Options

Do Not Telephone

Do Not Email

Do Not Mail

Do Not Fax

Do Not Visit

Partner

(Telephone / Post /
Email / Fax / Visit)

Morning

Afternoon

Evening

Do Not Telephone

Do Not Email

Do Not Mail

Do Not Fax

Do Not Visit

10. Declaration

PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.

I/We confirm that the information given and recorded on this form is correct, and understand that it shall form the basis for all advice offered.

* I/We also confirm that the details given in Section regarding *my/our Company pension scheme are correct, and that *I/We have verified these with *my/our employer.

* Delete as applicable.

I HAVE READ THE DATA PROTECTION STATEMENT. I HAVE ALSO RECEIVED THE INITIAL DISCLOSURE DOCUMENT, TERMS OF BUSINESS LEAFLET AND BUSINESS CARD FROM MY FINANCIAL ADVISER.

Signature

Signature

Date

Date