



PERSONAL FINANCIAL PLANNING QUESTIONNAIRE

Name of Adviser	
Name of Client (s)	
Date of first contact	
Dates of subsequent contacts	

Introduced/Referred by: _____

(For use with Retail Clients Only)

Personal information you supply to us will be treated as confidential and held securely in accordance with Data Protection Regulations. Please ask your adviser for a copy of our Privacy Notice or view it online on the Nexus website: www.nexusifa.co.uk

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, then the advice given subsequently by your adviser may not be the best or most suitable advice, as it will only be based on the information you have provided.

Please enlarge on answers as required using the various Notes sections as you go.

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Nexus IFA Ltd, Reg. in England & Wales No. 07542873 | Reg. Office as above.*

	Self	Partner
Title		
Full Name		
Current Address		
Post Code		
Residential Status	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Family	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Family
How long have you lived at this address? (Years & Months)		
Previous Address if less than 3 years		
How long did you lived at this address? (Years & Months)		
Address which appears on the electoral roll if different from above.		
Home Telephone Number		
Mobile Telephone Number		
Email Address		
Date of Birth		
Marital Status/Relationship to other applicant (Single/Married/Partner)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
State of Health	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Health Conditions* (*Please list in Notes below)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Health Conditions* (*Please list in Notes below)
Height & Weight		
Units of alcohol per week**		
Have you smoked in last 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes how many daily on average?		
Have you ever smoked? If so when?		
National Insurance Number		
Notes:		

Family and Financial Dependants Details				
Full Name	Relationship	Age/DoB	Dependant?	Additional Comments
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	

** Acohol units: A 125ml glass of wine (13% ABV) is about 1.5 units, and a standard pint of lager (4% ABV) about 2.3 units.

Employment Details	Self	Partner
Employment Status (Employed/Self-Employed/Unemployed/Retired)		
Occupation		
Nature of Duties		
Name of Employer		
Employers Address		
Work Contact Telephone Number		
Number of years in current employment/role		
Details of previous employment if less than 1 year		
Are you likely to give up work in near future?		
Are you considering changing jobs in the near future?		
If self-employed number of years accounts available		
Tax office		
Tax reference number		
Employment Details Notes:		

Income Details	Self	Partner
Wage/Salary p.a.		
Other Benefits (P11D)		
Guaranteed additional income p.a.		
Regular additional income p.a.		
Bonuses		
Investment Income p.a.		
Pensions Income p.a.		
Other Income p.a.		
Gross Income p.a.		
Tax Band/Rate		
Net Income Per Month		
Self Employed Income Details	Self	Partner
Drawings p.a.		
Net profit last year		
Previous year		
Year before that		

Income Notes:

Does your employer provide you with:	Self	Partner
Death in Service		
If Yes, specify amount of cover		
Private Medical Insurance		
If Yes who does it cover (self/family etc)		
Permanent Health Insurance		
If Yes, specify amount of cover		
Deferred Period		
Sick Pay		
If Yes, specify number of weeks		

Expenditure	Self	Partner	Joint
Mortgage/Rent			
Utilities/Electricity/Gas			
Council Tax			
Hire Purchases			
Car Running Costs			
Telephone			
Social Expenses			
Household Expenses/Shopping			
Insurance Policies			
Child maintenance/alimony payments			
Other commitments including credit cards*, loans*, school fees etc (*see Main Liabilities below)			
Monthly Total			
Monthly Disposable Income			

Main Liabilities (Credit cards, loans and HP)					
Self/Partner/ Joint	Creditor	Reason	Amount Outstanding	Term Outstanding	Monthly Payment
<p>If remortgaging will you be paying off in full or in part any of the main liabilities listed above? If so which?</p>					
Credit History			Self	Partner	
Have you ever had a mortgage or loan refused?			YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Have you ever had a judgement debt or a loan default registered against you?			YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Have you ever been declared bankrupt or made an arrangement with your creditors?			YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Have you ever failed to keep up your repayments under any previous or current mortgage, rental or loan agreement?			YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	

Income Requirements	Self	Partner
What is the minimum level of income that you would need should your partner die?		
In the event of serious illness could you continue paying you financial commitments?		
Will you still receive any regular income?		
If yes, how much?		
For how long will this income continue?		
Do you have any Critical Illness or unemployment cover?		
Is the level of your income or expenditure likely to change significantly within the foreseeable future? If yes, give details below.		
What is the minimum level of income that you would need should you become unable to work due to sickness or injury for an extended period?		

Notes

Current Mortgage Details			
Self/Partner/Joint		Value of Property	
Lender		Amount Borrowed	
Account Number		Amount Outstanding	
Term of Mortgage		Term Remaining	
Type of Mortgage (Repayment/Interest Only)		Interest Type (SVR/Fixed/Tracker/Variable)	
Rate of Interest		If selling, sale price	
Early Redemption Penalty?		Term to end of Penalty Period	
Are you prepared to pay any early redemption penalty?		Is the current mortgage portable	

Second Property Mortgage Details (if any)			
Self/Partner/Joint		Value of Property	
Lender		Amount Borrowed	
Account Number		Amount Outstanding	
Term of Mortgage		Term Remaining	
Type of Mortgage (Repayment/Interest Only)		Interest Type (SVR/Fixed/Tracker/Variable)	
Rate of Interest		If selling, sale price	
Early Redemption Penalty?		Term to end of Penalty Period	
Are you prepared to pay any early redemption penalty?		Is the current mortgage portable	

N.B. Additional properties should be added in the additional notes section.

Proposed Mortgage Details			
Address of property (if known)			
Property Type:		House (Detached <input type="checkbox"/> / Semi <input type="checkbox"/> / Terraced <input type="checkbox"/>) Self-Build <input type="checkbox"/> Flat <input type="checkbox"/> / Maisonette <input type="checkbox"/> / Bungalow.. <input type="checkbox"/> / Other <input type="checkbox"/> _____	
Leasehold/ Freehold		Estimate Value/Purchase Price	
Mortgagees (Self/Partner/Joint)		Preferred Maximum Term	
Maximum Mortgage Amount		Remortgage / Purchase Price	
Amount of Deposit		Source of Deposit	
If the amount borrowed is greater than the purchase price please give reason, to include details of any proposed debt consolidation. (use Notes section below)			
Are you likely to move home within the mortgage term?			
If yes, will this potentially be to a larger or smaller property?			
Will this be the only property you own or have a mortgage on?			
Have you any plans to pay off some or the entire mortgage in foreseeable future?			
Name & relationship of anyone 18+ in addition to mortgage applicant(s) who will be living in property.			
Category/Type of Mortgage Applicants Self: First Time Buyer <input type="checkbox"/> Sell & Buy <input type="checkbox"/> Re-mortgage <input type="checkbox"/> 2 nd Mortgage <input type="checkbox"/> Further Advance <input type="checkbox"/> Right to Buy <input type="checkbox"/> Shared Ownership Scheme <input type="checkbox"/> Business Loan <input type="checkbox"/> Partner: First Time Buyer <input type="checkbox"/> Sell & Buy <input type="checkbox"/> Re-mortgage <input type="checkbox"/> 2 nd Mortgage <input type="checkbox"/> Further Advance <input type="checkbox"/> Right to Buy <input type="checkbox"/> Shared Ownership Scheme <input type="checkbox"/> Business Loan <input type="checkbox"/>			

Please indicate which of the following features are important to you and why		
Features	Tick	Reason important
To fix your mortgage costs for a certain period	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Access to an initial cash sum (Cashback)	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
A discount on your mortgage repayments in the early years.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
No early redemption penalty on part or full repayment.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
An upper limit on your mortgage costs for a specific period	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
No tie-in after a fixed, discounted or capped interest period	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
No high percentage lending fee	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Speed of mortgage completion	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Ability to add fees to the loan	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Ability to vary repayment amounts or take holidays	YES <input type="checkbox"/> / NO <input type="checkbox"/>	

Notes

Please indicate whether:	Self	Partner
You are concerned about the possibility of future interest rate movements	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
You want the certainty of your mortgage being repaid at the end of the term	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
You are comfortable if all or part of your mortgage is repaid from the proceeds of an investment product. i.e. an endowment, ISA or pension.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>

Mortgage Attitude to Risk		
Grade	Category	Summary
1	Cautious	You prefer to have certainty that your mortgage loan is repaid at the end of the term. This means taking out mortgage that is designed to use each monthly payment to pay interest and pay back part of the capital outstanding. If you keep up your repayments, your entire loan will be repaid at the end of the mortgage term.
2	Balanced	You are happy to proceed on an interest only basis with no repayment of capital. You prefer to accumulate savings to repay your mortgage when it's due. You understand there is a risk that your savings may not be sufficient to do so. Your monthly payments do not include the costs of any repayment vehicle.
3	Speculative	You are happy to proceed on an interest only basis with no definite method of repayment as you intend to repay the debt either by selling your property or trading down, utilising a potential inheritance or ad hoc lump sum payments, or by other means. You are fully aware that the debt must be repaid at the required time. Relying on an inheritance or sale of the property is not a guaranteed means of repayment and could be affected by influences outside of your control. Please ensure that you do have the necessary arrangements to pay off your interest only mortgage at the end of the term. The monthly payments illustrated do not include the cost of any repayment vehicle.

Please indicate your Attitude to Risk: Self: 1 ☐ 2 ☐ 3 ☐ Partner: 1 ☐ 2 ☐ 3 ☐

Family and Personal Protection		Include all types of plans	
Life Assured	Sum Assured	Premium	Type of Plan
Company	Term of Plan	Start Date	Reason for Plan
Life Assured	Sum Assured	Premium	Type of Plan
Company	Term of Plan	Start Date	Reason for Plan
Life Assured	Sum Assured	Premium	Type of Plan
Company	Term of Plan	Start Date	Reason for Plan

Are any of the above policies NOT available for use to protect the mortgage?		<input type="checkbox"/>
If so which one(s)		
Notes		

Requirements: Enter the lump sum & income that you require in the following circumstances			
	Lump Sum	Annual Income	Term (Years) / Life
If you were to die	£	£	
If your partner was to die	£	£	
If you were to become disabled, sick or redundant	£	£	
If your partner was to become disabled, sick or redundant	£	£	
If you were to have a critical illness – e.g. heart attack, cancer	£	£	
If your partner was to have a critical illness – e.g. heart attack, cancer	£	£	
How much money do you need as an emergency fund?	Self £	Partner £	Joint £

Please enter the risk level that you are prepared to accept.	Protection Premiums Guaranteed or Reviewable Rates	
Self	Guaranteed <input type="checkbox"/>	Reviewable <input type="checkbox"/>
Partner	Guaranteed <input type="checkbox"/>	Reviewable <input type="checkbox"/>
Reviewable: The monthly premium is likely to be lower initially but it could be increased in future years resulting in higher overall costs.		
Guaranteed: The monthly premium will be higher but it's guaranteed not to increase during the term of the policy (subject to any automatic increase options).		

Notes

Retirement Planning / Income Beyond Retirement	Self	Partner
Are you a member of a company scheme?		
Do you have access to a company scheme either now or at some known time in the future?		
Do you have a current personal pension?		
At what age do you wish to retire?		
If you were retiring today, what level of income do you feel you would require?		
Do you own more than 25% of the company shares?		
Are you a Controlling Director?		
Have you taken any tax free cash from any pension? (If yes please detail below.)		
Have you received any pension benefits? (If yes please detail below.)		
Have you (the client) applied for 'Primary Protection' under the Pension Simplification Transitional Arrangements? If yes adviser to refer to Compliance?		
Have (the client) applied for 'Enhanced Protection' under the Pension Simplification Transitional Arrangements? If yes adviser to refer to Compliance?		
Have you (the client) applied under the transitional arrangements to protect a tax free cash entitlement? If yes adviser to refer to Compliance.		
Are you actively considering entering drawdown of a pension?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
If so please tick the option below which applies (only tick one):		
• Option 1: I have no plans to touch my money in the next 5 years.	<input type="checkbox"/>	<input type="checkbox"/>
• Option 2: I plan to set up a guaranteed income (annuity) within the next 5 years.	<input type="checkbox"/>	<input type="checkbox"/>
• Option 3: I plan to start taking a long-term income within the next 5 years.	<input type="checkbox"/>	<input type="checkbox"/>
• Option 4: I plan to take my money within the next 5 years.	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

Current and Other Scheme details				
Owner	Type of Plan	Provider	Retirement Date	
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension	
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving	

Owner	Type of Plan	Provider	Retirement Date
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving

Owner	Type of Plan	Provider	Retirement Date
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving

Retirement Planning Notes

Assets & Investments	Owner Please tick (Self/Joint/Partner)	Policy/Account Number	Provider	Current Value	Income
Main Residence	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Other Property	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Personal Effects/Contents	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Business Interests	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Owned Cars/Caravans	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Bank Account 1	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Bank Account 2	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Bank Account 3	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Building Society	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
National Savings	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Shares/Equities	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Loan Stocks & Gilts	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Cash ISA (TESSA/PEP) 1	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Cash ISA (TESSA/PEP) 2	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Cash ISA (TESSA/PEP) 3	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Equity ISA 1	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Equity ISA 2	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Equity ISA 3	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Unit Trusts 1	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Unit Trusts 2	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Unit Trusts 3	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Investment Trusts 1	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Investment Trusts 2	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Investment Trusts 3	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Insurance Bonds 1	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Insurance Bonds 2	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Insurance Bonds 3	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Other (VCTs etc)	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Other (VCTs etc)	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Other (VCTs etc)	S <input type="checkbox"/> /J <input type="checkbox"/> /P <input type="checkbox"/>			£	£
Self Total				£	£
Partner Total				£	£
Joint Total				£	£

Investment Details			
Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date

Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date

Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date

Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date

Cash Assets			
Owner	Bank/BS	Type of Account	Withdrawal Notice
Current Balance	Interest Rate	Interest Paid Gross	Main Purpose

Owner	Bank/BS	Type of Account	Withdrawal Notice
Current Balance	Interest Rate	Interest Paid Gross	Main Purpose

Owner	Bank/BS	Type of Account	Withdrawal Notice
Current Balance	Interest Rate	Interest Paid Gross	Main Purpose

	Self	Amount	Partner	Amount
Do you have any unused 'ISA' allowance?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	£	YES <input type="checkbox"/> / NO <input type="checkbox"/>	£
Would you like to utilise all/some of it?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	£	YES <input type="checkbox"/> / NO <input type="checkbox"/>	£

Investments in Trust			
Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date
Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date
Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date

'Inflationary Risk' is the risk that inflation will undermine an investment's returns through a decline in purchasing power.

Do you understand the term ***'Inflationary Risk'***?

YES ☐ / NO ☐

'Market Risk' is the risk of losses on financial investments caused by adverse price movements.

Do you understand the term ***'Market Risk'***?

YES ☐ / NO ☐

If not detailed above, have you ever held stock market related investments?

YES ☐ / NO ☐

If yes, have any of these been implemented on an ***'Execution Only Basis'***?

YES ☐ / NO ☐

If yes, approximately what percentage of your portfolio at any given time?

_____ %

If yes, what type of investments?

Assets & Investments Notes

Other Information

Self

Partner

Are you expecting any Inheritance or Gifts? (Amount?)

Do you have any planned outgoing such as a Wedding or New Car?

Have you made a Will? If yes who is the main beneficiary?

Have Lasting Power of Attorney (LPAs) been completed? If so which?

Affordability

Self

Partner

Joint

Please indicate how much you are willing to set-a-side each month or as a Lump Sum to meet your financial plans.

Discontinuance of Advice

Self

Partner

Joint

Are you discontinuing/cancelling any existing investment or policy?

If Yes, please record details & reason(s)

Client Financial Aims/Objectives/Priorities			
Please indicate the areas where advice is required and the order of priority. Please enter a number against each area of financial planning. 1 = Essential 2 = High 3 = Medium 4 = Low 5 = No advice at this time.			
Area	Self	Partner	What do you wish to achieve
Personal/Family Protection			
Mortgage Protection			
Mortgage/Remortgage			
Regular Savings			
Investment Planning			
Retirement/Pension Planning			
Estate Planning/Inheritance Tax			
Long Term Care Planning			
Other (Please State)			
Other (Please State)			

Client Declaration:

Please read carefully then confirm by ticking the box and adding your name & the date below.

I/We confirm that the information provided is correct to the best of my/our knowledge. I/We have provided this information on the understanding that it will be used to assess my/our suitability for particular products or services, and to form the basis of any advice and recommendations made to me/us. I am/We are under no obligation to take up any recommendations made.

If I/We have declined to disclose some personal or financial information and noted this on the questionnaire, it is understood that this may prevent the adviser from being able to give appropriate advice or make appropriate recommendations, and that any advice or recommendations which is provided will be based **only** on the information that has been disclosed. I/We understand that the firm reserves the right to decline to give advice if full information is not provided.

I/We understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I/we understand that I/we must be sure of the ability to meet that commitment having given consideration to all other expenditure, and the provision for any emergencies, which may require access to funds.

If there are any changes in circumstances following completion of this questionnaire I/we will notify the firm in writing of the changes as soon as possible.

I/We confirm that I/we understand I/we may be contacted by the firm from time-to-time in the future to discuss my/our financial or mortgage arrangements, or bring to my/our attention additional products or services which the firm believes may be of benefit to me/us. I/We confirm that I/we will inform the firm if we do not wish to receive such letters, emails or phone calls.

I/We declare that I/we have received a copy of the **About Our Services & Fees** document, **Client Agreement, Term of Business** and a **business card**.

☐ Self: Full Name: _____ Date: _____

☐ Partner: Full Name: _____ Date: _____

Additional Notes

ADVISER USE ONLY

Identity Verification	Client 1		Client 2	
Source used	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Copy held on file?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If answering YES to both questions above you do not need to complete the rest of this section. If answering NO to either question above please complete the sections below and supply a copy for file.				
Primary / Secondary	Type:		Type:	
Serial No.				
Issue date				
Issuing Address				
Secondary	Type:		Type:	
Serial No.				
Issue date				
Issuing Address				

Summary / Addendum

Client Objectives / Goals

Actions Required (Why?)