STEGGLES & CO LTD

CONFIDENTIAL
CLIENT INFORMATION FORM

Client Name(s)

Adviser

SECTION 1: AIMS AND OBJECTIVES

What do you consider to be your current needs in planning your financial future? (Tick as applicable)

1 Main Priority

2 Important to discuss at this time

3 Of potential interest to discuss at future meetings

4 Not applicable or not important at this time

	Self/Joint					Partner				
	1	2	3	4		1	2	3	4	
Providing for your family in the event of death										
Providing for your family in the event of permanent ill health										
Providing for your family in the event of a critical illness										
Providing for medical expenses										
Arranging a mortgage/re-mortgage										
Raising money										
Planning for a secure retirement										
Planning long term care										
Savings for a specific purpose										
Providing for school fees/university costs										
Producing a good return on your savings										
Increasing your income										
Investing a lump sum										
Reducing your tax bill										
Mitigating Inheritance Tax										

Over what period are you prepared to invest? (Tick as applicable)

☐ 1-5 years ☐ 6-15 years ☐ 15+ years

How speculative are you prepared to be when considering investments? (Tick as applicable)

☐ CAUTIOUS
Deposit Accounts, Cash ISAs, National Savings, Guaranteed Bonds

☐ BALANCED
Insurance Company Managed/ With Profit/Specialist Funds, ISAs, General Unit Trusts

☐ ADVENTUROUS
Specialist Unit Trusts, Direct Equities, Investment Trusts

Have you strong views on where your money is invested? e.g. ethical funds (Tick as applicable)

☐ Yes (Please give details below) ☐ No

Do you have investment experience? (Tick as applicable)

☐ Yes ☐ No

Notes

SECTION 2: PERSONAL DETAILS

		Self	Partner
Title (Mr/Mrs/Miss/Ms/Other)			
Surname			
Forename(s)			
Previous Surname (if applicable)			
Address			
Postcode			
Telephone Numbers	Home		
	Work		
	Mobile		
	E-mail		
	Fax		
Gender			
Date of Birth			
National Insurance Number			
Marital Status			
Nationality			

Are you a UK resident for Tax? (Tick as applicable) ☐ Yes ☐ No ☐ Yes ☐ No

What is your current state of health?

Are you a smoker? (Tick as applicable) ☐ Yes ☐ No ☐ Yes ☐ No

Have you any financial dependants? (Tick as applicable) ☐ Yes ☐ No ☐ Yes ☐ No
If yes, please give details below

	Self/Joint (Delete as applicable)	Partner
Name		
Date of Birth		
Relationship		
Name		
Date of Birth		
Relationship		

Notes

SECTION 3: EMPLOYMENT AND INCOME DETAILS

	Self	Partner
Employment Status		
If self-employed give business year end		
Employer/company name		
Employer/company address		
Postcode		
Tax District		
Tax Reference		
Occupation		
Start/joining date		
Gross salary/earnings	£ pa	£ pa
Benefits in kind	£ pa	£ pa
Net basic salary/earnings	£ pm	£ pm
Bonus/commission/overtime	£ pm	£ pm
Unearned income and source	£ pm	£ pm
Total net income (A)	£ pm	£ pm
Maximum rate of tax	%	%

What are your future personal and career plans?		

SECTION 4: PERSONAL LIABILITIES AND EXPENDITURE

	Self/Joint (Delete as applicable)		Partner	
Mortgage/rent	£ pm		£ pm	
Capital outstanding	£		£	
Final repayment date				
Loans/credit cards outstanding	Lender			
Amount	£	£	£	£
Payment	£ pm	£ pm	£ pm	£ pm
Repayment date				
Other liabilities outstanding Type				
Amount	£	£	£	£
Regular monthly outgoings (Household expenditure, insurances, etc)	£ pm		£ pm	
Total monthly outgoings (B)	£ pm		£ pm	
Surplus Income (A-B)	£ pm		£ pm	

Would any of the above remain outstanding in the event of death, serious illness or retirement? (Tick as applicable) ☐ Yes ☐ No ☐ Yes ☐ No

If Yes, please give me details		

Notes

SECTION 5: PROPERTY AND MORTGAGE DETAILS

	Self/Joint (Delete as applicable)	Partner
Main residence – value	£	£
Mortgage outstanding	£	£
Type of mortgage		
Repayment date		
Second property (if any) - value	£	£

How are the properties owned? (sole tenancy, tenants in common, joint tenancy) Please give details		

Do you have vacant possession? (Tick as applicable) ☐ Yes ☐ No ☐ Yes ☐ No

Have you ever had CCJ's or arrears? (Tick as applicable) ☐ Yes ☐ No ☐ Yes ☐ No

Value of contents and other personal effects	£	£

SECTION 6: OTHER ASSETS

Product	Provider	Reference Number	Lump Sum/ Premium	Start Date	End Date/ Term	S	J	P	Value
Cash Savings			£						£
			£						£
Bonds			£						£
			£						£
Unit Trusts			£						£
OEICS			£						£
Investment Trusts			£						£
ISAs			£						£
			£						£
TESSAs			£						£
PEPs			£						£
Shares			£						£
			£						£
Savings Plans			£						£
MIPs/Endowments			£						£
National Savings			£						£
			£						£
Other (specify)			£						£
			£						£

S (Self), J (Joint) and P (Partner) (Tick as applicable)

Notes

SECTION 7: PENSION ARRANGEMENTS

	Self	Partner

Is there a company pension scheme? (Tick as applicable) ☐ Yes ☐ No ☐ Yes ☐ No

Are you a member? (Tick as applicable) ☐ Yes ☐ No ☐ Yes ☐ No

Eligibility conditions to join		

Have you a personal pension plan? (Tick as applicable) ☐ Yes ☐ No ☐ Yes ☐ No

	Self		Partner	
Type of scheme (Occupational, Personal, Group, Stakeholder etc)				
Contracted in/out				
Provider				
Reference number				
Scheme retirement age				
Personal contribution (gross)	£	£	£	£
Employer contribution (gross)	£	£	£	£
Waiver (yes/no)				
Death benefit (yes/no)				
Estimated benefits	£	£	£	£
Current fund value	£	£	£	£

At what age do you aim to retire?		

SECTION 8: LIFE ASSURANCE AND PROTECTION ARRANGEMENTS

Type of Policy/Protection	Life Office/ Reference Number	Life Assured/ Beneficiary	Sum Assured/ Benefit	Premium	Maturity/ Expiry Date	Is the policy in trust?	Value
Life (specify type)			£	£			£
			£	£			£
			£	£			£
PHI/IPI			£	£			£
			£	£			£
			£	£			£
PMI			£	£			£
			£	£			£
			£	£			£
Critical Illness			£	£			£
			£	£			£
			£	£			£
Other (Specify)			£	£			£
			£	£			£
			£	£			£

Notes

SECTION 9: ESTATE PLANNING

	Self	Partner
Have you made a Will? (Tick as applicable)	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please give details of main financial provisions		
When was it last reviewed?		

SECTION 10: SUMMARY OF GIFTS MADE AND RECEIVED

	Self	Partner
Have you received or made any gift which may affect inheritance tax liabilities? (Tick as applicable)	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please give details		
Are you likely to receive any inheritance? (Tick as applicable)	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please give details		

Notes

Information held about you
The information about your personal and financial circumstances that you have supplied in this fact find has been provided to us so that we may assess your suitability for particular products and services.

By signing this fact find:

1. You agree that the information about you supplied in this fact find, together with any other information which we hold about you, can be held on computer and/or paper files.
2. You agree that any information which you give us may be disclosed to third parties (e.g. credit reference agencies and product providers) for the purpose of processing any application.
3. You agree that we may use the information we hold about you to contact you from time to time by post, fax, e-mail or telephone to bring to your attention additional products or services which may be of benefit to you.
4. We agree that any consent given by you under paragraph 3 above may be withdrawn by you at any time by contacting us in writing at the address on the back of this form.

I have read and understood the Terms and Conditions stated above and agree to be bound by the same.

Declaration:
This information has been provided on the understanding that it will be used in strict confidence and that it places me/us under no obligation to take up any suggested recommendation. I/we have read the Confidential Client Information Form carefully before signing it.

Signature of Self

Date

Signature of Partner

Date

SECTION 11: ADVISERS NOTES

SECTION 12: NEEDS IDENTIFIED

Product/Reason Why	Company/Reason Why	S	J	P

For Adviser's use only

Money Laundering check ☐ Yes ☐ No Terms of Business ☐ Date Issued

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