

## Annual Review Form

<b>Client name</b>	
<b>Adviser</b>	
<b>Date</b>	

### Financial Services and Markets Act

Independent Financial Advisers are required to have proper regard for a client's best interests in any advice given. We must therefore do our utmost to ensure that we are aware of your personal and financial circumstances so that our advice is the most suitable for your needs. The questions here have been specifically designed to help us 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.

### General 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 and General Data Protection Regulations 2018.

I/We consent to KMG Independent Limited holding data contained in this document on their records as well as other information gathered in providing financial advice to me/us.	<input type="checkbox"/>
I/We authorise the transfer of information, on a confidential basis, when warranted between any necessary third parties.	<input type="checkbox"/>
I/We agree to KMG Independent Limited sending to us all information and marketing that they believe relevant to our circumstances.	<input type="checkbox"/>

## Personal details

	Client	Partner
Current email address		
Has your address or email changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
New address/email		
Address valid from		
Telephone (Home)		
(Business)		
(Mobile)		
Mailing preference	Email <input type="checkbox"/> Post <input type="checkbox"/>	Email <input type="checkbox"/> Post <input type="checkbox"/>
Please note any changes in your circumstances		
What is the main aim and objective of your investment portfolio?		

## Main employment details

	Client	Partner
Employer		
Employment status		
Has there been any changes to your circumstances or employment? <i>If yes, please provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation		
Do you anticipate any changes to your retirement date? <i>If yes, please provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Notes</b>		

## Dependents/children

Has there been any change to dependents over the last year? Yes  No

If yes, please provide details.

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Name	Age	Date of birth

## Health

	Client	Partner
General state of health	Good <input type="checkbox"/> Poor <input type="checkbox"/> Impaired health/disabled <input type="checkbox"/>	Good <input type="checkbox"/> Poor <input type="checkbox"/> Impaired health/disabled <input type="checkbox"/>
Details of current medical conditions		
Have you smoked cigarettes in the last 12 months? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>  per day	Yes <input type="checkbox"/> No <input type="checkbox"/>  per day
Average alcohol consumption 1 unit = 1 single shot of spirits 1.5 units = small glass wine Higher strength lager/beer/cider = 3 units	  units per week	  units per week
<b>Notes</b>		

## Cash holdings

	Client	Partner	Joint
Bank/building society	£	£	£
National savings/Premium Bonds	£	£	£
Cash ISAs	£	£	£
What cash reserve do you require for emergencies?	£	£	£
<b>Notes</b>			

## Income details

	Client	Partner
Gross annual income from employment	£	£
Gross annual income from self-employment	£	£
Gross annual income from dividends	£	£
Bank/building society interest	£	£
Investment income	£	£
Trust income	£	£
Rental income	£	£
State pension/benefits	£	£
Pension income	£	£
Other income <i>(please provide details)</i>	£	£
<b>Total annual income</b>	<b>£</b>	<b>£</b>
Tax rate	20% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/>	20% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/>
Tax allowance	£	£
Do you anticipate any changes to your income? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Regular commitments

	Client	Partner
<b>Total expenditure</b>	<b>£</b>	<b>£</b>
<b>Total surplus income</b>	<b>£</b>	<b>£</b>

	Client	Partner	Joint
Mortgage/Rent	£	£	£
Other loan and/or liabilities (e.g. overdraft/loans/ credit & store cards)	£	£	£
Utilities (e.g. gas/electric/water)	£	£	£
Living expenses	£	£	£
Maintenance	£	£	£
Travel expenses	£	£	£
Leisure	£	£	£
Other (e.g. school fees)	£	£	£
Savings	£	£	£

### Notes

## Pension details

Provider	Income drawdown?	Amount of income
	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
	Yes <input type="checkbox"/> No <input type="checkbox"/>	£

	Client	Partner
Have you made any changes to your pension arrangements over the last year? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you anticipate making any changes to your pension arrangements? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of non-KMG managed pensions not previously disclosed		
Have you completed a nomination form in respect of each of your pensions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Additional investments

If none, please check this box here  and move onto **Property details**

<p>Details of any additional contracts, investments, pensions etc that we are not aware of</p>
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## Property details

Current property details

Property type		Purchase date	
Purchase price	£	Current value	£
Mortgage lender			Term
Mortgage amount	£	Repayment method	
		Interest only	<input type="checkbox"/>
		Repayment	<input type="checkbox"/>
Owner of property	Joint	<input type="checkbox"/>	
	Tenants in common	<input type="checkbox"/>	
	Joint tenants	<input type="checkbox"/>	
	Sole	<input type="checkbox"/>	

Have you bought or sold any property during the last year? Yes  No

If yes, please provide details. If no, move onto **Estate planning and inheritance**

Property type		Purchase date	
Purchase price	£	Current value	£
Mortgage lender			Term
Mortgage amount	£	Repayment method	
		Interest only	<input type="checkbox"/>
		Repayment	<input type="checkbox"/>
Owner of property	Joint	<input type="checkbox"/>	
	Tenants in common	<input type="checkbox"/>	
	Joint tenants	<input type="checkbox"/>	
	Sole	<input type="checkbox"/>	

## Estate planning and inheritance

	<b>Client</b>	<b>Partner</b>
Have you made a Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date was the Will made?		
Does your Will reflect your current wishes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you arranged Enduring/ Lasting Powers of Attorney? <i>If yes, please give details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made any gifts in the last seven years? <i>If yes, please provide details including value, when and to whom</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received any inheritance or gifts in the last seven years? <i>If yes, please provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you expecting to receive an inheritance of any kind? <i>If yes, please give details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this affect your inheritance tax planning? <i>If yes, please give details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>  % of nil rate band	Yes <input type="checkbox"/> No <input type="checkbox"/>  % of nil rate band

## Risk profile

	<b>Client</b>	<b>Partner</b>
Has there been any change in your attitude to risk over the past year? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Portfolio objectives

	<b>Client</b>	<b>Partner</b>
I want my portfolio to provide:	Growth <input type="checkbox"/> Income <input type="checkbox"/> Growth and income <input type="checkbox"/> Provide £.... in .... years <input type="checkbox"/>	Growth <input type="checkbox"/> Income <input type="checkbox"/> Growth and income <input type="checkbox"/> Provide £.... in .... years <input type="checkbox"/>
Do you have any strong moral views on where your money should be invested? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Notes

## Declaration

I 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 understand that there is no obligation to accept any recommendations which are made.

I understand that the information which has been provided will be used in the strictest confidence.

I confirm that I have received KMG Independent Limited's Client Agreement and the adviser's business card.

	<b>Client</b>	<b>Partner</b>
Completed by		
Date		

	<b>Financial adviser</b>	
Completed by		
Date		