

Personal Fact Find New Client

Client name	
Adviser	
Date	

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
Full name		
Maiden name		
Marital status		
Address		
Telephone	(Home) (Business) (Mobile)	
Email address		
Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post
Date of birth		
Anticipated retirement age		
National Insurance number		
Domicile/citizenship		
Nationality/residency status		

Employment status

	Client	Partner
Occupation		
Employer		
If self-employed, what is your business structure?	Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Shareholder <input type="checkbox"/>	Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Shareholder <input type="checkbox"/>

Children and other dependents

If none, check the box here and move onto Health

Name	Relationship	Date of birth	Details

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

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>)	£	£
Total annual income	£	£
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
Total expenditure	£	£
Total surplus income	£	£

	Client	Partner	Joint
Mortgage/Rent	£	£	£
Other loan and/or liability repayments (e.g. overdraft/ loans/credit and store cards)	£	£	£
Utilities (e.g. gas/electric/water)	£	£	£
Living expenses	£	£	£
Maintenance	£	£	£
Travel expenses	£	£	£
Leisure	£	£	£
Other e.g. school fees	£	£	£
Savings	£	£	£
Total expenditure	£	£	£
Surplus income (p/m)	£	£	£

Exceptional expenditure

Planned/expected costs (and when)

Main residence

Purchase date		Mortgage lender	
Purchase price	£	Outstanding balance	£
Current value	£	Repayment method	
Property type		Remaining term	
Ownership	Joint <input type="checkbox"/> Sole <input type="checkbox"/> Tenants in common <input type="checkbox"/> Joint tenants <input type="checkbox"/>		
Notes			

Additional property

If none held, check the box here and move onto Cash Holdings

Address			
Purchase date		Mortgage lender	
Purchase price	£	Outstanding balance	£
Current value	£	Repayment method	Interest only <input type="checkbox"/> Repayment <input type="checkbox"/>
Ownership	Joint <input type="checkbox"/> Sole <input type="checkbox"/> Tenants in common <input type="checkbox"/> Joint tenants <input type="checkbox"/>		
Remaining term		Rental income	£
Property type	Commercial <input type="checkbox"/>	Residential	<input type="checkbox"/>
Notes			

Address			
Purchase date		Mortgage lender	
Purchase price	£	Outstanding balance	£
Current value	£	Repayment method	Interest only <input type="checkbox"/> Repayment <input type="checkbox"/>
Ownership	Joint <input type="checkbox"/> Sole <input type="checkbox"/> Tenants in common <input type="checkbox"/> Joint tenants <input type="checkbox"/>		
Remaining term		Rental income	£
Property type	Commercial <input type="checkbox"/>	Residential	<input type="checkbox"/>
Notes			

Cash holdings

	Client	Partner	Joint
Bank	£	£	£
Building society	£	£	£
National savings	£	£	£
Cash ISAs	£	£	£
What cash reserve do you require for emergencies?	£	£	£

ISAs

If none held, check the box here and move onto Investments. Please enclose a schedule if you prefer

Provider	Plan number	Owner	Investment (£)	Investment date	Current value (£)
			£		£
			£		£
			£		£

Investments – (OEICs/unit trusts/investment bonds etc)

If none held, check the box here and move onto Pension arrangements. Please enclose a schedule if you prefer

Provider	Plan number	Owner	Plan	Investment (£)	Fund(s)	Investment date	Current value (£)
				£			£
				£			£
				£			£

Pension arrangements

	Client	Partner
At what age to you wish to retire?		
How many years National Insurance contributions have you made?		
Do you qualify for National Insurance credits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Private pension plans

If none held, check the box here and move onto Current company pension schemes

Company (provider)	Plan/policy number	Owner	Start date	Retirement age	Death basis	Current contribution (£)	Current value (£)
						£	£
						£	£

Pension protection details

If none held, check the box here and move onto Current company pension schemes

	Client	Partner
Do you have any pension protection? (Primary/Enhanced/Tiered)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you taken the Pension Commencement Lump Sum? (If yes, where from/please detail)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made an Expression of Wishes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Current company pension schemes

If none held, check the box here and move onto Previous company pension schemes

	Client	Partner
Does your current employer operate a pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you joined?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , what date did you join the scheme?		
Scheme retirement date		
Were you a member but have now left the scheme? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no , are you now or will you be eligible to join?		
Do you intend to join?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when?		
If no, why not?		
Final salary schemes Pension basis (e.g. 60 ^{ths} /80 ^{ths})		
Lump sum in addition/by commutation	£	£
Benefit escalation in retirement	%	%
Death benefits		
Money purchase/stakeholder schemes		
Employer's contribution	£ or %	£ or %
Employee contribution	£ or %	£ or %
Current fund value	£	£
Additional Voluntary Contributions AVCs	£ or %	£ or %

Previous company pension schemes

If none held, check the box here and move onto Direct shares

Company/scheme name	
Dates of joining and leaving the scheme	
Scheme retirement date	
Final salary schemes Pension basis (e.g. 60 ^{ths} /80 ^{ths})	
Lump sum in addition/by commutation	%
Benefit escalation in retirement	£
Money purchase/stakeholder schemes Current fund value	£
AVCs Current fund value	£

Please complete a separate sheet for further schemes held

Direct shares

If none held, check the box here and move onto Restricted assets

Company	Number of shares	Purchase date	Owner	Current value (£)
				£
				£

Restricted assets

If none held, check the box here and move onto Capital gains tax

Owners			
Is there a restriction on buying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a restriction on selling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Unit name			
Restriction type			
Is the holder subject to Stock Exchange rules? (Director of company, regulatory, ethical, other)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Notes			

Capital gains tax (CGT)

	Client	Partner
Have you used any part of your CGT allowance for the current year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any significant unrealised capital gains or losses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
CGT losses brought forward	£	£
Do you envisage selling any assets which may give rise to a CGT charge in the near future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes		

Mortgage protection details

Life/lives assured		Policy type	
Product provider		Policy number	
Sum assured	£	Premium frequency	
Start date		Maturity date	

Life insurance

If none held, check the box here and move onto Income protection for accident, sickness and unemployment and private medical insurances

Provider	Policy number	Plan	Life/lives assured	Start date	Expiry date	Sum assured (£)	Premium & frequency (£)
						£	£

Are any of these policies written under trust? Yes No
If yes, please give details

Income protection for accident, sickness and unemployment and private medical insurances

If none held, check the box here and move onto Inheritance planning

Provider	Policy number	Life covered	Plan	Start date	Expiry date	Benefits (£)	Premium (£)
						£	£
						£	£
						£	£

Inheritance planning

	Client	Partner
Have you made a Will? <i>If yes, what are its main provisions, who are the executors, beneficiaries and trustees?</i>	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"/>
Where is the Will kept?		
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 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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Trusts

	Client	Partner
Have you created any trusts? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a beneficiary under any trust arrangement? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a trustee over any trust arrangements? <i>If yes, please detail</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Professional advisers

Please list those advisers you would like us to work with on your behalf

Solicitor and contact name	Address	Telephone Fax Email
Accountant and contact name	Address	Telephone Fax Email

General financial objectives

Please specify your financial objectives by assigning a priority to the following areas.	Client	Partner
Investment planning	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Retirement planning	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Estate planning/Will writing	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Raising capital/mortgage	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Repaying your mortgage	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Life/serious illness cover	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Providing for long-term care	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Protecting your income	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Reducing your tax burden	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
School fees	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Investing for children/grandchildren	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>
Business protection	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/>

What are your savings for?	Client	Partner
	Next generation <input type="checkbox"/>	Next generation <input type="checkbox"/>
	Education <input type="checkbox"/>	Education <input type="checkbox"/>
	New house <input type="checkbox"/>	New house <input type="checkbox"/>
	Other (please state) <input type="checkbox"/>	Other (please state) <input type="checkbox"/>

Approach to investment

	Client	Partner
How much investment experience and knowledge do you have?	<input type="checkbox"/> Very little knowledge and experience	<input type="checkbox"/> Very little knowledge and experience
	<input type="checkbox"/> Some investment knowledge and understanding	<input type="checkbox"/> Some investment knowledge and understanding
	<input type="checkbox"/> Experienced private investor with good investment knowledge	<input type="checkbox"/> Experienced private investor with good investment knowledge
	<input type="checkbox"/> Business investor	<input type="checkbox"/> Business investor
	<input type="checkbox"/> Professional investor	<input type="checkbox"/> Professional investor
What is your capacity for loss? What level of investment fall are you comfortable with in poor market conditions?	<input type="checkbox"/> No loss	<input type="checkbox"/> No loss
	<input type="checkbox"/> Up to 10%	<input type="checkbox"/> Up to 10%
	<input type="checkbox"/> Up to 25%	<input type="checkbox"/> Up to 25%
	<input type="checkbox"/> Up to 50%	<input type="checkbox"/> Up to 50%
Do you have any strong moral views on where your money should be invested? <i>If yes, please give details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Affordability

	Client	Partner
What amount can you reasonably afford to invest?	£	£
Where would this funding come from (e.g. excess income/inheritance)		

Summary of agreed action

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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.

	Client	Partner
Completed by		
Date		

	Financial adviser	
Completed by		
Date		

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	Client	Partner
Risk assessment questionnaire completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, why?		
If yes, Overall result Secondary result Appetite for loss		