

## Personal Fact Find New Client

<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 2018 and General Data Protection Regulations 2018.

I/We consent to KMG Independent Limited holding data contained in this document (including sensitive personal data*) 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"/>

\*sensitive personal data includes health information

## Personal details

	Self	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

	Self	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

## Health

	Self	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		

	Self	Partner
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

	Self	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"/> 45% <input type="checkbox"/>	20% <input type="checkbox"/> 40% <input type="checkbox"/> 45% <input type="checkbox"/>
Tax allowance	£	£
Do you anticipate any changes to your income? <i>If yes, please details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Regular commitments

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

	Self	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	£	£	£
<b>Surplus income (p/m)</b>	<b>£</b>	<b>£</b>	<b>£</b>

## Exceptional expenditure/(debt)

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

	Self	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	Investment (£)	Investment date	Current value (£)
			£		£
			£		£
			£		£

## Pension arrangements

	Self	Partner
At what age do you wish to retire?		
How many years NI contributions have you made?		
Do you qualify for NI 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 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

	Self	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? <i>If yes, where from/please detail</i>	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

	Self	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 <b>yes</b> , 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 <b>no</b> , 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?		
<b>Final salary schemes</b> Pension basis (e.g. 60 <sup>ths</sup> /80 <sup>ths</sup> )		
Lump sum in addition/by commutation	£	£
Benefit escalation in retirement	%	%
Death benefits		
<b>Money purchase/stakeholder schemes</b>		
Employer's contribution	£ or %	£ or %
Employee contribution	£ or %	£ or %
Current fund value	£	£
<b>Additional Voluntary Contributions</b> 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	
<b>Final salary schemes</b>	
Pension basis (e.g. 60 <sup>ths</sup> /80 <sup>ths</sup> )	
Lump sum in addition/by commutation	%
Benefit escalation in retirement	£
<b>Money purchase/stakeholder schemes</b>	
Current fund value	£
<b>AVCs</b>	
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)

	Self	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	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	Start date	Expiry date	Benefits (£)	Premium (£)
					£	£
					£	£
					£	£

## Inheritance planning

	Self	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?		
Where is the Will kept?		
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 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

	<b>Self</b>	<b>Partner</b>
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's name	Name and address of firm
Email	
Telephone number	
Accountant's name	Name and address of firm
Email	
Telephone number	

## Any additional 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>Self</b>	<b>Partner</b>
Completed by		
Date		

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