

M F S
INDEPENDENT FINANCIAL ADVISERS



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Financial Review Document

PRIVATE AND CONFIDENTIAL

Client 1

Client 2

Adviser

Date of Completion

Reason For Meeting

Update

Client agreement/Services and Costs Disclosure
Document Date

Core Details

	Client 1	Client 2
Title		
Forenames		
Surname		
Full postal address		
Postcode		
Email Address Home		
Email Address Work		
Home Telephone		
Work Telephone		
Mobile Telephone		
Preferred Contact Method		
Date of birth		
Sex		
Marital status		
National Insurance number		
Nationality		
Country of birth		
Country of residence		
Domicile		
Taxation residency		

Client 1**Client 2**

Do you smoke?		
Are you in good health?		

Hobbies and Interests

What's important to You and Your Family?

Notes

Employment Details**Client 1****Client 2**

Employment Status

Employed <input type="checkbox"/>	Employed <input type="checkbox"/>
Self-Employed	Self-Employed <input type="checkbox"/>
Retired <input type="checkbox"/>	Retired <input type="checkbox"/>

Occupation

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Employer's Name

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Intended retirement age

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Do you have any financial dependants? Yes No

Dependant's name	D.O.B	Dependent on	Anticipated age of independence	Relationship & reason for dependency

Do you have an Accountant?

✓ Yes No

Accountants details:

Bank Details

Type	Owner	Contact Name	Contact Details
			Tel:
			Fax:
			Email:
Name of Bank:			
Address:			
Sort Code:		Account Number:	

Income

Client 1

Client 2

	Client 1	Client 2
Gross employment income (p.a)		£
Gross income from self-employment (p.a.)	£	£
Gross private pension income (p.a)	£	£
Gross state pension (p.a.)	£	£
Bonus Income (p.a.)	£	£
Investment Income (p.a.)	£	£
Dividend Income (p.a.)	£	£
ISA Income	£	£
Benefits Income (p.a.)	£	£
Total annual income (gross)	£	£
Total monthly income (gross)	£	£
Total monthly income (Net)	£	£

Highest rate of tax paid		
Salary review date		
Are you aware of any likely changes to your tax status in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes

Expenditure

Please provide a full breakdown of expenditure

	Client 1	Client 2	Joint
Fixed Household Costs			
Mortgage / Rent	£	£	£
Council Tax	£	£	£
Utilities	£	£	£
Food shopping	£	£	£
TV / Satellite / Cable / Internet	£	£	£
Phone (if separate to above)	£	£	£
Transportation Costs	£	£	£
Financials	£	£	£
Loans/Credit/Store Card repayments	£	£	£
Savings	£	£	£
Insurance	£	£	£
Pension contributions	£	£	£
Miscellaneous	£	£	£
Holidays	£	£	£
Regular subscriptions	£	£	£
Clothing	£	£	£
Other*	£	£	£
Total Outgoings	£	£	£
Surplus Income (net monthly income less total outgoings)	£	£	£

Financial Planning Budget	Client 1	Client 2	Joint
Of the surplus income above, what amount do you feel you would like to commit to achieving your financial goals?	£	£	£

Is this likely to change in the foreseeable future? Yes/No

If so please provide further information:-

Assets

Summary of Assets (further details need to be provided in the policy schedule)

	Client 1	Client 2	Joint
Home		£	£
Other Property	£	£	£
Current Account	£	£	£
Savings Accounts	£	£	£
Cash ISAs	£	£	£
Investment ISAs	£	£	£
Investment Bonds	£	£	£
General Investment Accounts	£	£	£
Shares	£	£	£
Business Assets	£	£	£
Personal Assets	£	£	£
Total Assets	£	£	£
Grand Total (Joint)			£ _____

Available ISA Allowance in Current Tax Year	£	£	£
CGT Allowance/allowable losses utilised in Current Tax Year	£	£	£

Notes

Summary of Liabilities

	Client 1	Client 2	Joint
Mortgage (main residence)	£	£	£
Credit cards	£	£	£
Overdraft	£	£	£
Loans/HP	£	£	£
Mortgage (other property)	£	£	£
Any other lending	£	£	£
Total Debt	£	£	£

Breakdown of Liabilities

Mortgages/Loans

Mortgage/loan/ credit owner	Lender	Amount O/S	Repayment type	Repayment date
		£		
		£		
		£		
		£		

Notes

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Emergency Fund

	Client 1	Client 2	Joint
How much emergency fund do you require?	£	£	£
Details of any planned expenditure e.g. home improvements, tax	£	£	£

Will

Have you made a will? **Client 1** **Client 2**
 Yes No Yes No

Please confirm the main provisions in the notes section.

Below are some example questions relating to wills.

- Have there been any significant changes that may mean the wills are not up to date?
- Are the wills up to date?
- Do they reflect your ongoing requirements?
- Is your children’s guardianship catered for in the will?
- Do you own a foreign property? (A UK will may not be valid for foreign realty)
- Have your circumstances changed since last updating your will?
- Do you have a power of attorney in place? Is this a lasting or enduring arrangement?

Notes

Financial Priorities

Please indicate the relative importance of the following needs/objectives on a scale of 1 to 5. Insert 1 to indicate very important and 5 to indicate that you attach little importance to that item.

	Client 1	Client 2	Adviser
Personal protection (death, ill health, medical costs etc.)			
Pension Planning			
Options at retirement			
Savings and investments			
Estate Planning			
Mortgage needs			
Equity release			
Long Term Care			

Notes regarding your needs

Savings And Investments

Owner	Provider	Policy number	Product/plan type	In trust?	Last valuation (£)

Affordability & Source of funds.

	Client 1	Client 2	Joint
The amount can you afford to invest p.m.	£	£	£
The amount can you afford to invest as a lump sum?	£	£	£
For how long can you make the planned investment(s)?	Years	Years	Years
What is the source of the funds for possible investment?			
Do you require Ethically based investment?			

Pensions

Owner	Provider	Policy number	Product/plan type	Contribution (£)	Frequency	In force?	Last valuation (£)

Notes:

Protection

Owner	Provider	Policy number	Product/plan type	Gross Premium (£)	Frequency	In force?	In trust?	Term	Life Cover (£)	Critical Illness (£)

Notes:

Declaration

Please read and check the entire form before signing

***I/We 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/We confirm that the details given in the Pensions section regarding *my/our company pension scheme/s are correct and that *I/We have verified these with *my/our employer**

***I/We also confirm that following completion of a risk questionnaire, *my/our attitude to risk has been confirmed as *Very Conservative/Lower Risk/Middle Risk/Higher Risk/Speculative**

(*delete as applicable)

***I/we have also received the "Key Facts" About Our Service document, Client Agreement and a Business Card from *my/our Financial Adviser**

Signature:..... Signature:.....

Name: Name:

Date: Date:

Financial services and Market Act 2000

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 to 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 suitable advice, as it can only be based on the information provided.

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