

MFS

I N D E P E N D E N T F I N A N C I A L A D V I S E R S

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FINANCIAL REVIEW DOCUMENT

Client 1

Client 2

Adviser

Date of Completion

Reason For Meeting

Update

Client agreement/Services and Costs Disclosure Document Date

CLIENT AGENDA

Your service preference as follows:

- | | | |
|--|--------------------------|---------------------------------|
| Review of your full current financial situation | <input type="checkbox"/> | With an overview to other areas |
| Repaying your Mortgage/Raising Finance | <input type="checkbox"/> | With an overview to other areas |
| Protecting your Income to ensure that you have enough money to meet your monthly requirements should you be unable to work due to accident or illness for a prolonged period of time. | <input type="checkbox"/> | With an overview to other areas |
| Protecting your Family to ensure that in the event of you or your partner's death or the diagnosis of a critical illness, your family has enough money to provide for their on-going financial needs. | <input type="checkbox"/> | With an overview to other areas |
| Retirement Lifestyle (including pensions freedom and accessing pension funds) to ensure that you (and your partner) have sufficient income in retirement to afford the lifestyle that you want. | <input type="checkbox"/> | With an overview to other areas |
| Regular Savings ensuring that you have a cash emergency fund to cater for the short-term, planning regular savings aims to allow you to make structured plans for savings in general or to provide a vehicle to allow you to save towards a specific future event in the medium to long-term. | <input type="checkbox"/> | With an overview to other areas |
| Capital Investment giving the opportunity to optimise the returns from your investments whether their aim be tax-efficiency, maximising income or planning for growth. | <input type="checkbox"/> | With an overview to other areas |
| Private Medical Insurance to provide independent care either in the UK or abroad should medical treatment be required. | <input type="checkbox"/> | With an overview to other areas |
| Long Term Care to provide care in your old age is a way of helping to ensure that you can afford the help you may need. For example, care can be provided in your own home or in a suitable Nursing Home should you become disable or unable to perform some of the tasks that allow you to be independent. | <input type="checkbox"/> | With an overview to other areas |
| Inheritance Tax Planning to plan how to reduce any liability to inheritance tax therefore maximising the value of your estate, which can be passed to your heirs. | <input type="checkbox"/> | With an overview to other areas |

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?

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Notes

--

Employment Details

Client 1

Employment Status Employed Self-Employed Retired

Occupation

--

Employer's Name

--

Intended retirement age

--

Do you have any financial dependants? (tick) YES NO

Employment Details**Client 2**Employment Status Employed Self-Employed Retired

Occupation

Employer's Name

Intended retirement age

Do you have any financial dependants? (tick) YES NO

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

Do you have an Accountant? (tick) YES NO **Bank Details****Client 1**

Name of Bank

Sort Code

Account Number

Client 2

Name of Bank

Sort Code

Account Number

INCOME

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?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Notes

EXPENDITURE

Please provide a full breakdown of monthly 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	£	£	£
School Fees	£	£	£
Other	£	£	£
Total Outgoings	£	£	£
Surplus Income (net monthly income less total monthly outgoings)	£	£	£

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

Is your financial budget likely to change in the foreseeable future? (tick)

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	£	£	£

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

Notes

SUMMARY OF LIABILITIES

Client 1

Client 2

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

BREAKDOWN OF LIABILITIES

MORTGAGES/LOANS/CREDIT CARD

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

Notes

EMERGENCY FUND

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

	Client 1	Client 2
How much emergency fund do you require?	£	£

Details of any planned expenditure or commitments such as home improvements, change of car, o/s tax bill etc

WILL

Client 1

Client 2

Have you made a will? (tick)

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?

INVESTMENTS UNDER TRUST

Are you a Trustee, settler or beneficiary of an investment within a trust?

Client 1

Client 2

YES NO

YES NO

If so, do you know of the Trust has been registered with HMRC?

Client 1

Client 2

YES NO DON'T KNOW

YES NO DON'T KNOW

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 INSURANCE (Put details of any Income Protection in the “Notes” box below)

Person(s) insured	Provider	Policy number	Product type	Gross Premium (£)	Frequency	In Trust?	End date	Life Cover (£)	Critical Illness (£)

Notes

DECLARATION

Please read and check the entire form before signing

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.

We confirm that the details given in the Pensions section regarding our company pension scheme(s) are correct and that

We have verified these with our employer(s)

We also confirm that following completion of a risk questionnaire, our attitude to risk has been confirmed as the following:

Please tick ✓

Very Conservative

Lower Risk

Middle Risk

Higher Risk

Speculative

We have also received MFS Client Agreement form and a Business Card from my 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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MFS is the Trading name of ART Holdings Ltd

Authorised and Regulated by the Financial Conduct Authority