

Euro IFA (UK)

Artillery House, 121 Lynchford Road, Farnborough, Hants GU14 6ET

Telephone: 01252 512005 Fax: 01252 547688

E-mail: advice@euroifa.co.uk Website: www.euroifa.co.uk

Client Fact Find Form

The information requested in these pages is entirely confidential. It is both personal and financial information which is essential in assisting Euro IFA (UK) in offering you the most suitable available advice, as required by the Financial Services Act 1986. Euro IFA (UK) is authorized and regulated by the Financial Services Authority. Colin Holmes & Associates is a division of Colin Holmes & Associates (Brokers) Ltd. Registered in England & Wales at Artillery House, number 5588838. Director: Colin Holmes. This form is Copyright © Euro IFA (UK) 2009.

Periodically, Euro IFA (UK) may have to confirm that the information is current. It may not be necessary for you to complete all sections of this form – please ask us. However, in general terms, the more information you can provide, the better our service to you. Please mark each question. If left blank, it may have been overlooked in error. Some of the questions relate to you/your partner. Please ask your partner before providing information on their behalf.

SECTION 1: General Information

WHAT ARE YOUR FINANCIAL GOALS? (Please tick all boxes that apply)

1. Providing for your family in the event of death
2. Providing for your family in the event of permanent ill health
3. Providing for your family in the event of critical illness
4. Providing medical expenses
5. Buying/improving a house or repaying your mortgage
6. Raising money Mortgage Remortgage Equity Release Other
7. Planning your retirement
8. Savings for a specific purpose
9. Providing for school fees
10. Producing a good return on your savings
11. Increase your income
12. Investing a lump sum
13. Reducing your tax bill
14. Mitigating Inheritance Tax
15. For what period are you prepared to invest?
 Short (1-5 yrs) Medium (6-15 yrs) Long (15+ yrs)

16. How speculative are you prepared to be when considering investments?

In relation to type of product:	From	to	years.	% Product:
	From	to	years.	% Product:
	From	to	years.	% Product:
	From	to	years.	% Product:
	From	to	years.	% Product:
In relation to the fund invested in:	From	to	years.	% Product:
	From	to	years.	% Product:
	From	to	years.	% Product:
	From	to	years.	% Product:
	From	to	years.	% Product:

17. Do you have strong views/ethical considerations on where your money is invested? YES/NO
If Yes, please give details

18. Any other matter – please give details

SECTION 2: Personal Details and Assets

Title	Title
Forenames	Forenames
Surname	Surname
Previous/Maiden Name	Previous/Maiden Name
Address	Address (if different)
Street	Street
Town	Town
County	County
Postcode	Postcode
Tel: Home	Tel: Home
Business	Business
Fax	Fax
E-mail	E-mail
Occupation	Occupation
Marital Status	Marital Status
Date of Birth	Date of Birth
NI No.	NI No.
Desired retirement age	Desired retirement age
Are you in good health? YES/NO	Are you in good health? YES/NO
Do you smoke? YES/NO	Do you smoke? YES/NO
Have you made a Will? YES/NO	Have you made a will? YES/NO
Are either of you a beneficiary under a Trust? YES/NO	
Have you received or made any gifts/charitable donations which may affect Inheritance Tax liabilities? YES/NO	
What is your attitude to gifting or charitable donations?	
What are the main provisions of the Wills of yourself and your partner?	

Children (Full Names) Do children live with you? If not, where? Date of Birth Marital Status

1
2
3
4
5
6

Other Dependents (i.e. Parents, etc.) What relationship to you? Date of Birth Marital Status

1
2
3

SECTION 3: Assets

SELF

PARTNER

Main residence		
Second property (if any)		
How is this/either property owned? (Sole Tenants in common/Joint tenancy)		
Do you have vacant possession	YES/NO	YES/NO
House Contents & Other Personal Effects		
Quoted Shares and Stocks		
Unquoted Shares		
Building Society		
National Savings A/C or Bank Deposits, Unit or Investment Trusts		
Cash in the Bank		
Life Policies (see Section 6)	YES/NO	YES/NO
Occupational Pension Scheme (see Section 6)	YES/NO	YES/NO
Any other assets (please specify)		

SECTION 4: Income Details**SELF****PARTNER**

Earned income from employment (gross per annum)

Basic salary (net per month)

Regular overtime (per month)

Self-employed income (gross per annum)

Self-employed income (net per month)

Bonus/Commission (per month)

Any other income (per annum)

Investment income (give details) (per annum)

Benefits in kind (per annum)

TOTAL

Are you taxed separately?

YES/NO

YES/NO

Tax Rate

SECTION 5: Personal Liabilities**SELF****PARTNER**

Mortgages

What type of Mortgage do you have?

Is Mortgage repaid on death of self/partner?

YES/NO

YES/NO

When did your Mortgage commence (year)?

What is the repayment date (year)?

What is currently outstanding?

Any there any CCJs or arrears?

YES/NO

YES/NO

What are the monthly repayments

(including any Life Assurance or Pension premiums)

Is the Mortgage on a joint basis?

YES/NO

YES/NO

Bank overdraft

Personal Bank Loans

Hire Purchase liabilities

Credit Card balance(s)

Household Expenses

Other

Are you a Trustee?

YES/NO

YES/NO

Any other liabilities? (please specify)

GRAND TOTAL

SECTION 6: Pension and Life Assurance Arrangements

SELF

Type

Estimated Pension Benefit

Death Benefit

Personal/Other Contributions:

Source

Amount per month

Retirement Age

Beneficiary

Present Value

Under Trust? YES/NO

YES/NO

YES/NO

Product Provider

Policy Number

PARTNER

Type

Estimated Pension Benefit

Death Benefit

Personal/Other Contributions:

Source

Amount per month

Retirement Age

Beneficiary

Present Value

Under Trust? YES/NO

YES/NO

YES/NO

Product Provider

Policy Number

SELF

Type of Life Assurance

Date Commenced

Death Benefit

Premium

Maturity/Expiry Date

Beneficiary

Present Value

Under Trust? YES/NO

YES/NO

YES/NO

Product Provider

Policy Number

PARTNER

Type of Life Assurance

Date Commenced

Death Benefit

Premium

Maturity/Expiry Date

Beneficiary

Present Value

Under Trust? YES/NO

YES/NO

YES/NO

Product Provider

Policy Number

SELF

Type of Friendly Society Policy

Date Commenced

Death Benefit

Premium

Maturity/Expiry Date

Beneficiary

Present Value

Under Trust?

YES/NO

YES/NO

YES/NO

Product Provider

Policy Number

PARTNER

Type of Friendly Society Policy

Date Commenced

Death Benefit

Premium

Maturity/Expiry Date

Beneficiary

Present Value

Under Trust?

YES/NO

YES/NO

YES/NO

Product Provider

Policy Number

Please give details of other income-related insurance cover (e.g. Permanent Health Insurance/Family Income Benefit)

SECTION 7: Sundry Requirements and Notes

Are you a: Professional Investor Business Investor Experienced Investor other
(tick any box which applies)

Investment Aim: Capital Income Both Other (specify)

Accessibility of funds in the event of an emergency:

Immediate Less than one month Less than three months Other (specify)

Deferment periods: _____ weeks

Waiver of premiums? YES/NO

Hazardous sports? YES/NO

Lives assured

Required benefits (specify)

Other (specify)

SECTION 8: Investment Amount

What amount do you have to invest? Lump-sum
Monthly

Lump-sum
Monthly

SECTION 9: Further Information

SECTION 10: DECLARATION

Please ensure that you have read the following carefully before signing

This information has been provided on the understanding that it will be used in strict confidence and that it places us under no obligation to take up any recommendation. I/We have received the Adviser's business card and Terms of Business.

Signature of Self Date

Signature of Partner Date