

Personal Factfind

Client Name

Partner Name

Adviser

Date of Meeting

Date of issue

IDD

Client
Agreement

ML

File Copy?

IDD

Client Agreement

Money Laundering

Client Classification:

Retail

Professional

Eligible Counterparty

In order that we may advise you regarding your financial planning requirements, it is essential that we obtain from you current and relevant information. Please therefore complete the following details as comprehensively as you are able.

If you choose to omit various sections you should be aware that our advice will be based only on the information provided.

Skerritt Consultants Limited
Skerritt House
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Hove
BN3 5AB

Tel: 01273 204999

Fax: 01273 204480

Personal Objectives

Please indicate the relative importance of the following needs/objectives and which areas are to be reviewed.

	Client	Partner
Life Assurance		
Critical Illness Cover		
Permanent Health Insurance		
Private Medical Insurance		
Pension Planning		
Regular Savings		
Lump Sum Investments		
IHT Planning		
Long Term Care		

Notes regarding your priority needs

Specific future events for which you wish to plan

(e.g. holiday home, early retirement, inheritance tax, school fees, children's wedding, new car, Long Term Care.)

Date	Event	Any Existing Provision

Are your circumstances likely to change in the foreseeable future?

(e.g. employment, moving abroad, inherit wealth, etc)

Personal Details

Personal	Self	Partner
Title / Surname	_____	_____
Forenames	_____	_____
Address	_____	_____
	_____	_____
Postcode	_____	_____
Home Telephone/Mobile	_____	_____
Home E-Mail Address	_____	_____
Work E-Mail Address	_____	_____
Date of Birth	_____	_____
NI Number	_____	_____
Sex	_____	_____
Marital Status	_____	_____
Date of Marriage	_____	_____
State of Health	_____	_____
Are You a Smoker	_____	_____
Nationality / Domicile	_____	_____
Employment Status	_____	_____
Occupation	_____	_____
Occupation Description	_____	_____
Business Name	_____	_____

Children / Dependants

Dependant's Name	Birth Date	Dependent Of	Relationship	Reason for Dependency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will

Have you made a will? Yes No Yes No

Referral to Solicitor? Yes No Yes No

Which Company?

Can Factfind be given to Solicitor?

What are its main provisions? _____

Notes(*E.G. Hazardous pursuits, etc*)

Personal Finances

Income and Expenditure

	Self	Partner
Total annual earned income	_____	_____
Total annual unearned income taxable	_____	_____
Total annual unearned income taxable at lower	_____	_____
Total annual unearned income non taxable	_____	_____
Total annual P11D taxable	_____	_____
Monthly take home income	_____	_____
What are your total monthly outgoings?	_____	_____
Net monthly disposable income	_____	_____
Monthly amount available for saving	_____	_____

Assets

	Self	Partner	Joint
Property	_____	_____	_____
Investments	_____	_____	_____
Cash Accounts	_____	_____	_____
Business Shares	_____	_____	_____
Personal Assets	_____	_____	_____
Pension Assets	_____	_____	_____
Other	_____	_____	_____
TOTAL	_____	_____	_____

Liabilities

Mortgages	_____	_____	_____
Loans	_____	_____	_____
Credit Cards	_____	_____	_____
Overdraft	_____	_____	_____
Total	_____	_____	_____
NET WORTH	_____	_____	_____

Mortgage and Loans

	1 st Mortgage	2 nd Mortgage
Are you planning / do you have a mortgage?	_____	_____
Property Value	_____	_____
Ownership (joint etc)	_____	_____
Held as Tenants in Common (%)	_____	_____
Amount of Loan Outstanding	_____	_____
Mortgage Repayment Date	_____	_____
Mortgage Type	_____	_____
Rate of Interest	_____	_____
Fixed or Variable	_____	_____
If Fixed...Fixed Rate Expiry Date	_____	_____
Redemption Period (Months)	_____	_____
Personal Loans	_____	_____
Personal Loan Purpose	_____	_____
Loan Repayable Date	_____	_____
Do You Expect to Receive Inheritance?	_____	_____
Indicate the Amount	_____	_____

Planning Objectives – Life Assurance

Please note that reference to previous sections and separate analysis calculations may be needed

Life Assurance – Needs and Expectations

Is life assurance a current priority?	_____	_____
In the event of death would you want to clear all debt?	_____	_____
Would you want to supplement income?	_____	_____
Income required in today's terms	_____	_____
Over what period would you want the income payable (years)?	_____	_____
Do you require additional capital – beyond debt repayment?	_____	_____
If so, how much additional capital would you require?	_____	_____
Over what period is cover required?	_____	_____
Priority in relation to other financial planning needs (1 highest 5 lowest)	1 2 3 4 5	1 2 3 4 5

Potential Shortfalls

Current Liabilities	_____	_____
Current Life Cover	_____	_____
Sub Total (shortfall for debt repayment)	_____	_____
Target income in today's terms (as above)	_____	_____
Sum assured required in order to meet income needed	_____	_____
Additional Cover (as above)	_____	_____
TOTAL LIFE COVER REQUIRED	_____	_____

Life assurance needs analysis notes

Planning Objectives – Critical Illness

Please note that reference to previous sections and separate analysis calculations may be needed

Critical Illness – Needs and Expectations

	Self					Partner				
Is critical illness a current priority?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Would you want to clear all debt?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Do you require additional capital – beyond debt repayment?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
If so, how much additional capital would you require?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Over what period is cover required?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Priority in relation to other financial planning needs (1 highest 5 lowest)	1	2	3	4	5	1	2	3	4	5

Potential Shortfalls

Current Liabilities	_____	_____
Current Cover	_____	_____
SHORTFALL	_____	_____

Critical illness needs analysis notes

Planning Objectives – Health

Permanent Health Insurance – Needs and Expectations

Is Permanent Health Insurance a current priority?	_____	_____
If in employment, what entitlement to sick pay do you have?	_____	_____
Would you want to replace income?	_____	_____
For how long could you support yourself/spouse before the income was required? (answer in weeks)	_____	_____
To what age should protection be in place?	_____	_____
Priority in relation to other financial planning needs (1 highest 5 lowest)	1 2 3 4 5	1 2 3 4 5
	_____	_____
	_____	_____

Potential Shortfalls

What is the income you would require in today's terms?	_____	_____
What is the income you would receive from your employer?	_____	_____
What income could you receive from your permanent health policies?	_____	_____
SHORTFALL		

Permanent Health Insurance needs analysis notes

Planning Objectives – Pensions

	Self						Partner				
Are pensions a current priority?	_____						_____				
Target retirement age	_____						_____				
What is the income you require in today's terms?	_____						_____				
At what rate do you expect your earnings to increase?	_____						_____				
Would your employer contribute to a PPP?	_____						_____				
What degree of personal choice would you like to exercise over the investment strategy?	_____						_____				
Would you value your ability to phase retirement?	_____						_____				
Are you a controlling director?	_____						_____				
Priority in relation to other financial planning needs (1 highest 5 lowest)		1	2	3	4	5	1	2	3	4	5
What is the income you require in today's terms?	_____						_____				
What pension income could you expect in today's terms? (existing provision and state)	_____						_____				
SHORTFALL	_____						_____				

Occupational Schemes

Current

	Self	Partner
Do you wish to consider pension planning?	_____	_____
Does your employer run a pension scheme?	_____	_____
Are you a member?	_____	_____
Date of joining (or date expected to join)	_____	_____
Scheme normal retirement	_____	_____
Definition of pensionable salary	_____	_____
Early retirement penalties	_____	_____
*Approximately what pensionable benefits are payable on retirement? (state benefit type : final salary etc)	_____	_____
**State the level of PERSONAL contribution	_____	_____
Is the scheme contracted out of SERPS?	_____	_____
Is there an AVC scheme available?	_____	_____
State the level of contribution (£)	_____	_____

*Also state the accrual rate

Final salary schemes

**Percentage of current earnings
contributed to the company pension scheme

If money purchase:

State the level of EMPLOYER contribution	_____	_____
Insurer	_____	_____
Have you ever chosen not to join a company pension scheme?	_____	_____

Deferred Occupational Pensions/Potential Transfers

Do you have pension scheme benefits in the scheme of a previous employer?	_____	_____
(If so, please confirm with whom, benefit type and NRA)	_____	_____
Name and address of pension scheme manager. (This question relates to any past employer with whom you may have pension benefits remaining)	_____	_____
Date of joining scheme	_____	_____
Date of leaving service	_____	_____
Was the scheme In/Out?	_____	_____
The accrual rate of the scheme?	_____	_____
Scheme retirement age	_____	_____
Current transfer value	_____	_____
Current deferred pension	_____	_____

Projected pension at NRD

_____	_____
_____	_____

Occupational Schemes Cont...

	Self	Partner
Do you imminently expect to leave your employer?	_____	_____
Please indicate the date that you expect to leave your current employer	_____	_____
How long do you anticipate staying with your current employer?	_____	_____
When will you be entitled to join any new employer's pension scheme (if you are yet to join?)	_____	_____

Occupational Scheme Notes

Pension needs and analysis notes

Planning Objectives – Investments

Regular Savings

	Self	Partner
How much capital should be retained for emergencies?	_____	_____
Do you want to save on a regular basis?	_____	_____
How much do you want to save?	_____	_____
Over what period of years do you want to save?	_____	_____
For what purpose do you want to save?	_____	_____
Priority in relation to other financial planning needs (1 highest 5 lowest)	1 2 3 4 5	1 2 3 4 5
Where you are saving for more than one purpose, are the various priorities recorded in the savings notes section?	_____	_____

Lump Sum Investments

Do you want to invest a lump sum?	_____	_____
How much do you have to invest?	_____	_____
Source of funds for investment	_____	_____
Do you want access to the capital?	_____	_____
How long do you want to invest for?	_____	_____
Do you want to invest for income?	_____	_____
Purpose	_____	_____
Can you accept capital volatility?	_____	_____
Priority in relation to other financial planning needs (1 highest 5 lowest)	1 2 3 4 5	1 2 3 4 5
Where you are investing for more than one purpose, are the various priorities recorded in the savings notes section?	_____	_____

Lump sum / regular savings notes

Planning Objectives – Wills / Inheritance Tax

Main Will Provisions

	Self	Partner
Have you made a will	_____	_____
Main provisions	_____	_____
Indicate to whom the assets are to go on death	_____	_____
	_____	_____
When last updated	_____	_____

Notes regarding the will

Gifts made / received

Year	Self	Partner
Have you made or received any gifts in the last 7 years?	_____	_____
Please indicate the gifts made by you or your partner in the past 7 years	_____	_____
	_____	_____
	_____	_____
TOTAL	_____	_____

Are you the beneficiary of a trust?
Please give the details of the entitlement

Was it credited in the last 7 years?

Will you benefit from a trust soon?

Will you receive an inheritance soon?

Capital or income receivable?

Planning Objectives – Inheritance Tax Cont...

Estate Value / Liability

	Self	Partner			
Is your estate likely to be subject to IHT?	_____		_____		
	Self	Partner	Joint	Total	
Total Assets on Death	_____	_____	_____	_____	
Total Assets in Trust	_____	_____	_____	_____	
Total liabilities	_____	_____	_____	_____	
Current IHT nil band Exemptions	_____	_____	_____	_____	
Total liable to tax	_____	_____	_____	_____	
TAX LIABILITY	_____	_____	_____	_____	

Planning Objectives

	Self	Partner								
Is mitigating IHT an issue?	_____		_____							
	Self					Partner				
Priority related to other financial planning needs (1 highest 5 lowest)	1	2	3	4	5	1	2	3	4	5
Over what term should cover extend?	_____					_____				

Notes Regarding Will

Additional Employee Benefits

Are you entitled to any lump sum death
in service benefits?

Amount of cover

Nominated beneficiaries

Will your spouse or dependants be
entitled to any pension benefit in the
event of your death in service?

Amount of benefit

Are you entitled to critical illness
cover?

Details of Cover

Are you entitled to income protection
cover?

Details of Cover

Are you entitled to medical insurance
cover?

Details of Cover

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Private Medical Expenses – Needs and Expectations

Do you want private medical
insurance?

Priority in relation to other
financial planning needs
(1 highest 5 lowest)

_____	_____
1 2 3 4 5	1 2 3 4 5
_____	_____

Private Medical Expenses needs analysis notes



Planning Objectives – Long Term Care

Needs and Expectations

Is Long Term Care a current priority?	_____	_____
Would you want to protect your estate?	_____	_____
How much income would you need to fund care costs?	_____	_____
Would you realise assets to provide income to fund care costs?	_____	_____
What level of assets would you be prepared to realise?	_____	_____
What monthly contribution can you afford?	_____	_____
Would you want to receive care (home/residential/nursing)?	_____	_____
Priority in relation to other financial planning needs (1 highest 5 lowest)	1 2 3 4 5	1 2 3 4 5

Potential Shortfalls

What is the income you would require for LTC in today's terms?	_____	_____
What income could you expect from your LTC policies/investments	_____	_____
Shortfall	_____	_____

Long Term Care Needs Analysis Notes

Client Declaration – please read carefully

I confirm that the information I have provided is to the best of knowledge correct. I have provided this information understanding that it is used to form the basis of any advice and recommendations made to me and that I am not under any obligation to take up any recommendation made.

I understand that the recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I understand that I must be sure of the ability to meet that commitment having given consideration to all other expenditure, and the provision for any emergencies, which may require access to funds.

I confirm that I have received a Business card, Client Agreement, Key Facts about our services and Key Facts about the costs of our services

Client:	Partner	Adviser
Date	Date	Date

Authority to Seek Personal Financial Details.

To: *(please fill in details of Insurance Company and policy number for all investments held)*

Investment Company	Policy Number

I authorise Skerritt Consultants, Skerritt House, 23 Coleridge Street, Hove, East Sussex, BN3 5AB. to seek information and deal with any future servicing of the above policies. I understand that any information provided to Skerritt Consultants will be treated in the strictest confidence and will only be used for the purpose of providing independent financial advice.

Full Name(s) _____

Dates of Birth _____

Address _____

_____ Postcode _____

Signed

Date

Investment Risk Profiler



CLIENT NAME

PARTNER NAME

Question		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. I do not like to keep up to date on financial matters	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. I am comfortable with the idea of my investments falling and rising rapidly.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. I would describe my experience of investment as very limited.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. My knowledge of financial terms is very limited.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Once I make an investment I hardly ever review it.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. I have sound financial experience to help me make an investment decision.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. I prefer having a long term financial plan.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. The thought of losing my money on an investment makes me nervous.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. I like the excitement of investing in volatile foreign markets to potentially gain higher returns.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Question		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
10. I try to make as much money as quickly as possible.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11. Most of the time, I do not read the financial section in my newspaper.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12. I am used to taking financial risk.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13. Financial press is a major influence on my investment decisions.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14. I prefer savings accounts to stock-market related investments.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
15. I would not like to invest in long term investments as I wish to respond to changes in my budgetary requirements quickly.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
16. I am prepared to take high risk in order to gain high returns.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17. I do not think of accumulating huge wealth through investments.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
18. Had I been unlucky with investments in the past, I would make an investment again.	Client Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Notes

Signed: _____

Date: _____

Current Provision – Policy Schedule

Company	Policy Type	Policy holder	Policy Number	Premium & Freq	Start Date	Maturity Date	Prem. Waiver	In Trust	Sum Assured	Value	Additional Benefits
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