

# ALDENHART FINANCIAL SERVICES LTD

## Personal Fact Find

Strictly Confidential

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Self

Partner

CLIENTS NAME(S) \_\_\_\_\_

### Basis of Advice

In order that we may advise you 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 do not wish to disclose certain personal/financial information, please indicate on the relevant section. You should be aware that this may prevent an Adviser from being able to identify areas where it might have been appropriate to make recommendations, or which could have an effect on the recommendations that have been made.

Please understand that we reserve the right to decline to give advice if full information is not provided.

**PLEASE NOTE THAT SECTIONS 1 – 3 INCLUSIVE AND SECTION 12 ARE COMPULSORY FOR ALL CLIENTS**

**Aldenhart Financial Services Ltd  
Bolingbroke House  
332 Brighton Road  
South Croydon  
CR2 6AJ**

**Tel: 020 8666 0201**

**Fax: 020 8686 0699**

**Authorised and Regulated by the Financial Services Authority (220496)**

# 1. PERSONAL OBJECTIVES

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 Priority	Partner Priority	Agreed Priority
Pension Planning			
Life Assurance			
Critical Illness cover			
Income Protection			
Lump Sum Investments			
Regular Savings			
IHT Planning			
Long Term Care			

Notes regarding your priority needs:

## ATTITUDE TO RISK

1	No Risk	Bank Deposits, Building Society Accounts, National Savings, Cash
2	Low Risk	Government Gilts, Some Corporate Bond funds
3	Medium Risk	With Profit Bonds – Balanced Managed Funds, Cautious/Distribution Funds
4	High Risk	Individual Sector Funds – Technology, Far East, Emerging Markets, Warrants, Futures + Options

*(This is a guide to the risks involved in various types of products. It does not include all products and if you are unsure about any aspect of this please refer to your Financial Adviser)*

**Having read the above description of Investment Risk, how speculative are you prepared to be when considering your investment? (please indicate by circling the appropriate level of risk)**

YOU	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
YOUR PARTNER	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
INVESTMENT INFORMATION	Do you wish to invest for GROWTH? <input type="checkbox"/> INCOME? <input type="checkbox"/> BOTH? <input type="checkbox"/>			
HOW LONG ARE YOU PREPARED TO INVEST FOR?	Short (1-5 yrs) <input type="checkbox"/> Medium (6-15 yrs) <input type="checkbox"/> Long (15+ yrs) <input type="checkbox"/>			

Any additional comments:

**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	Existing Provision

**Are your circumstances likely to change in the foreseeable future?**

*(e.g. employment, moving house, inheriting wealth, etc)*

**2. PERSONAL DETAILS**

	SELF	PARTNER
Title		
Surname		
Forenames		
Address		
Postcode		
Home Telephone		
Mobile Telephone		
Work Telephone		
Home E-Mail Address		
Date of Birth	/ /	/ /
Sex	Male / Female	Male / Female
Marital Status	Single / Married / Divorced / Widowed	Single / Married / Divorced / Widowed
Date of Marriage	/ /	/ /
No. of dependents + ages		
State of Health	Good / Some past problems	Good / Some past problems
Are You a Smoker	Yes / No	Yes / No
National Insurance No.		
Employment Status	Employed / Self Employed Unemployed / Retired	Employed / Self Employed Unemployed / Retired
Occupation		

### 3. PERSONAL FINANCES

	SELF	PARTNER	JOINT
<b>Income and Expenditure</b>			
Total annual income	£	£	£
Monthly amount available for saving	£	£	£

#### Assets

Property	£	£	£
Investments	£	£	£
Cash Accounts	£	£	£
Other (please specify)	£	£	£
<b>TOTAL</b>	<b>£</b>	<b>£</b>	<b>£</b>

#### Liabilities

Mortgages	£	£	£
Loans	£	£	£
Credit Cards	£	£	£
Overdraft	£	£	£
Other (please specify)	£	£	£
<b>TOTAL</b>	<b>£</b>	<b>£</b>	<b>£</b>

### 4. PENSIONS

**SELF**
**PARTNER**  
 Is pension planning a current priority? YES / NO YES / NO  
 (If you have answered No to the above please go directly to Question 5)

#### Occupational Schemes

Does your employer run a pension scheme?	YES / NO	YES / NO
Are you a member?	YES / NO	YES / NO
How much do <b>you</b> contribute per month?	£	£
How much does <b>your employer</b> contribute per month (or percentage of annual earned income)?	£ %	£ %
Date of joining (or date expected to join)	/ /	/ /
Scheme normal retirement age		

**PLEASE SUPPLY A COPY OF THE COMPANY PENSION SCHEME BOOKLET AND A CURRENT BENEFIT STATEMENT (IF AVAILABLE)**

#### Personal Pension and Stakeholder Pension schemes

*Do you currently have any Personal Pension Plans?	YES / NO	YES / NO
If yes, how much are you contributing per month?	£	£
At what age do you want to retire?		£

*\*Please insert details of any existing policies on page 7*

**SERPS** Are you contracted out of SERPS? Yes / No / Don't Know Yes / No / Don't Know

## 5. LIFE ASSURANCE

### LIFE ASSURANCE – Needs and Expectations

Is life assurance a current priority?	YES / NO	YES / NO
<b>(If you have answered No to the above please go directly to Question 6)</b>		
Over what period is cover required?	Years	Years
*Do you have any existing life cover	YES / NO	YES / NO

*\*Please insert details of any existing policies on page 7*

## 6. CRITICAL ILLNESS

### CRITICAL ILLNESS – Needs and Expectations

Is critical illness cover a current priority?	YES / NO	YES / NO
<b>(If you have answered No to the above please go directly to Question 7)</b>		
Over what period is cover required?	Years	Years
*Do you have any existing critical illness cover?	YES / NO	YES / NO

*\*Please insert details of any existing policies on page 7*

## 7. HEALTH

### Permanent Health Insurance (PHI) / Income Protection

Is PHI / Income Protection a current priority?	YES / NO	YES / NO
<b>(If you have answered No to the above please go directly to Question 8)</b>		
Would your employer continue to pay your full salary and for how long?	YES / NO months	YES / NO months
How much total income per month would you require? (This must be limited to a maximum of approximately 60% of current salary)	£	£
For how long could you support yourself/spouse before income was required?	4 8 13 26 52 weeks	4 8 13 26 52 weeks
To what age should protection apply?	50 55 60 65	50 55 60 65

*Please insert details of any existing policies on page 7*

## 8. INVESTMENTS - LUMP SUM

Do you want to invest a lump sum?	YES / NO	YES / NO
How much do you have to invest?	£	£
Source of funds for investment		
Do you want access to the capital?	YES / NO	YES / NO
How long do you want to invest for?	Years	Years
Do you want to invest for income?	YES / NO	YES / NO
Can you accept some capital volatility?	YES / NO	YES / NO

*Please insert details of any existing policies on page 7*

## 9. INVESTMENTS - REGULAR SAVINGS

How much capital should be retained for emergencies?	£	£
Do you want to save on a regular basis?	YES / NO	YES / NO
How much do you want to save per month?	£	£
Over what period of years do you want to save?	Years	Years

*Please insert details of any existing policies on page 7*

## 10. WILLS / INHERITANCE TAX

### Main Will Provisions

Have you made a Will?	YES / NO	YES / NO
Date of Will	/ /	/ /
Location of Will e.g. home, solicitors, bank etc.		

### Gifts made / received

Have you made or received any gifts in the last 7 years?	YES / NO	YES / NO
If yes, please give details		

### Inheritance Tax

*Is your estate likely to be subject to inheritance tax?	YES / NO	YES / NO
Is mitigating inheritance tax a priority?	YES / NO	YES / NO

*\*For further information about IHT, including current thresholds, please contact your Adviser.*

## 11. LONG TERM CARE

### Needs and Expectations

Is long term care for yourself a current priority?	YES / NO	YES / NO
How much income would you need to fund costs?	£	£
Would you realise assets to provide income to fund care costs?	YES / NO	YES / NO
What monthly contribution can you afford?	£	£

*\*Any additional comments:*

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# EXISTING POLICIES

Please complete whichever sections are applicable.

## Life Assurance and Critical Illness policies

	1	2	3	4
Policyholder name				
Company name				
Policy Number				
Start Date	/ /	/ /	/ /	/ /
Maturity Date	/ /	/ /	/ /	/ /
Death Benefit	£	£	£	£
Critical Illness Benefit	£	£	£	£
Monthly Premium	£	£	£	£

## Investment plans

	1	2	3	4
Policyholder name				
Company name				
Type of Policy				
Policy Number				
Initial Investment	£	£	£	£
Monthly Investment	£	£	£	£
Start Date	/ /	/ /	/ /	/ /
Maturity Date	/ /	/ /	/ /	/ /
Current value (if known)	£	£	£	£

## Pension plans

	1	2	3	4
Policyholder name				
Company name				
Policy Number				
Anticipated Retirement Age				
Start Date	/ /	/ /	/ /	/ /
Maturity Date	/ /	/ /	/ /	/ /
Monthly Contribution	£	£	£	£
Current value if known				

**12.**

**DECLARATION**

**Client Declaration – please read carefully and then sign and date below**

I confirm that the information I have provided is to the best of my knowledge correct. I have provided information on the 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 recommendations may be made which involve a regular financial commitment(s) or the investment of capital. Accordingly, I understand that I must be sure of my/our ability to meet that commitment(s), 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 and a Terms of Business letter and I understand that the Terms of Business letter should be read carefully.

I confirm that I have read and understood all the instructions detailed on the front of this Fact Find.

Please note that we will be storing the information from this document electronically to facilitate ongoing advice.

**Sign Name:** Client ..... Partner ..... Adviser: .....

**Print Name:** Client ..... Partner ..... Adviser: Andrew Holloway

**Date of issue:**                    /        /  
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