



FINANCIAL SERVICES

# Your Information

## Private and Confidential

<b>Client One:</b>	
<b>Client Two:</b>	
<b>Adviser:</b>	
<b>Date Completed</b>	

### Advice Areas

Date of first interview	
Type of Interview	
Anybody else present at the interview?	
Vulnerable client? Please provide details	Y / N
Protection	
Retirement Planning	
Savings & Investments	
Mortgage	

My advice is based on the information contained within this document. Unanswered questions or blank responses will be excluded from any advice given. If any details are incorrect or omitted, please let me know as this may impact on the suitability of the advice.

Belle Financial Services Ltd  
1 Church Lane, Eston, Middlesbrough, North Yorkshire, TS6 9DU

T: 01740 644842 | E: [admin@bellefinancialservicesltd.com](mailto:admin@bellefinancialservicesltd.com)  
Registered at above address, registered in England and Wales. Company Reg No: 5058156

## Disclosure and Key Facts

Type of Document	Date Issued
Client Agreement for Investments and Insurances	Y / N
Client Service Proposition and Engagement	Y / N
Customer Privacy Notice	Y / N
Attitude to Risk Assessment	Y / N
Previous Attitude to Risk	1 2 3 4 5 6 7 8 9 10

## ID Verification

	Client One	Client Two
Driving Licence Ref / Copy taken		
Driving Licence Expiry Date		
Original Passport Seen		
Country of Origin		
Passport ref		
Passport Expiry Date		
Mother's Maiden Name		
Electricity Bill Ref		
Inland Revenue Tax Notification		
Home Visit		
Bank Statement Seen		
Mortgage Statement Seen		
Council Tax Bill Seen		
Utilities Bill Seen		
Firearm/Shotgun Certificate Ref		
Firearm/Shotgun Certificate Expiry Date		

## Electronic ID Verification

(If above not available)	Client One	Client Two
ID Check Completed Date		
ID Check Expiry Date		

## Personal Details

	Client One	Client Two
Title		
First Name		
Middle Name		
Surname		
Maiden/Previous Name		
Date of Birth		
Age		
Gender		
Marital Status		
Since		
Nationality		
National Insurance No.		
Country of Residence		
Country / Place of Birth		
Do you have a valid and up to date Will?	Y / N	Y / N
Has the client been advised to make/update a Will?	Y / N	Y / N
Power of Attorney Granted?	Y / N	Y / N
Attorney Name	Y / N	Y / N
Are you a smoker?	Y / N	Y / N
Have you smoked in the last 12 months?	Y / N	Y / N
Are you currently in good health? If No, please provide details	Y / N	Y / N
Notes		
Any medical conditions (including date diagnosed)?		
Are there any particular social, ethical, environmental and/or religious considerations that should be taken into account?		
Notes		

## Family and Dependants

Full Name	Date of Birth	Related To	Financially Dependant? Until age	Dependant Living with Client(s)

## Contact Address

Addressee		
Address Line 1		
Address Line 2		
Address Line 3		
City / Town		
Country		
Postcode		
Address Type		
Residency Status		
Date From		
Date To		
Address Status		
Registered on Electoral Roll		
Time at Address (Years - Months)		
Previous Address (if less than 3 years)		

## Contact Details

Name	Contact Tel/Mobile/Email	Details	Note	Preferred Contact

## Bank Account Details

Client		
Bank Name		
Account Holder(s)		
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
City Town		
County/state/province		
Country		
Post Code		
Account Number		
Sort Code		
Default Y/N		

## Risk Profile

	Client One	Client Two
Result of the Defaqto Risk Questionnaire	<input type="checkbox"/> Defensive <input type="checkbox"/> Very Cautious <input type="checkbox"/> Cautious <input type="checkbox"/> Cautious Balanced <input type="checkbox"/> Balanced <input type="checkbox"/> Balanced Growth <input type="checkbox"/> Growth <input type="checkbox"/> Adventurous <input type="checkbox"/> Very Adventurous <input type="checkbox"/> Speculative	<input type="checkbox"/> Defensive <input type="checkbox"/> Very Cautious <input type="checkbox"/> Cautious <input type="checkbox"/> Cautious Balanced <input type="checkbox"/> Balanced <input type="checkbox"/> Balanced Growth <input type="checkbox"/> Growth <input type="checkbox"/> Adventurous <input type="checkbox"/> Very Adventurous <input type="checkbox"/> Speculative

## Risk Replay

Generated Risk Profile		
Do you agree with the generated Risk Profile?		
Date Completed		

## Profile Notes

# Current Employment Details

	Client One	Client Two
Total annual self-employed Net Profit, Net Dividend, Salary/employed gross basic, guaranteed, and regular overtime and bonus incomes		
Highest rate of income tax paid (%)		
<b>Client</b>		
<b>Employment Status</b>		
<b>Occupation</b>		
<b>Employer</b>		
<b>Business Type</b>		
<b>Address Line 1</b>		
<b>Address Line 2</b>		
<b>Address Line 3</b>		
<b>Address Line 4</b>		
<b>City / Town</b>		
<b>County/state/province</b>		
<b>Country</b>		
<b>Post Code</b>		
<b>Intended Retirement Age</b>		
<b>Start Date</b>		
<b>End Date</b>		
<b>Most Recent Annual Accounts Net Profit</b>		
<b>Most Recent Annual Accounts Net Dividend</b>		
<b>Most Recent Annual Accounts Salary</b>		
<b>Most Recent Annual Accounts Year End</b>		
<b>Year 2 Annual Accounts Net Profit</b>		
<b>Year 2 Annual Accounts Net Dividend</b>		
<b>Year 2 Annual Accounts Salary</b>		
<b>Year 2 Year End</b>		
<b>Year 3 Annual Accounts Net Profit</b>		
<b>Year 3 Annual Accounts Net Dividend</b>		
<b>Year 3 Annual Accounts Salary</b>		

Year 3 Year End		
Gross Basic Annual Income		
Net Basic Monthly Income		
Do you receive Overtime Income?		
Gross Guaranteed Annual Overtime		
Net Guaranteed Monthly Overtime		
Gross Regular Annual Overtime		
Net Regular Monthly Overtime		
Do you receive Bonus Income?		
Gross Guaranteed Annual Bonus		
Net Guaranteed Annual Bonus		
Gross Regular Annual Bonus		
Net Regular Annual Bonus		
Other Gross Income		
Total Gross Annual Earnings		
Continuous Employment (Months)		
In Probation		
Probation Period (Months)		

## Previous Employment

Owner	Employer	Start Date	End Date	Annual Salary

## Employment Notes

## Income

			Client One	Client Two	
Total annual self-employed Net Profit, Net Dividend, Salary/employed gross basic, guaranteed, and regular overtime and bonus incomes					
Total Gross Annual Earnings or Net Relevant Earnings					
Client	Description	Frequency	Gross Amount	Net Amount	Occupation

## Income Changes

Do you expect any changes in your income in the foreseeable future?					
Client	Date	Income rise or fall?	By how much?	Frequency	Description

## Notes



# Expenditure

Do you wish to carry out a detailed expenditure analysis? If 'no' then please enter a value into the Total Monthly Expenditure field				
Total Net Monthly Expenditure				
Category	Client	Description	Net Amount	Frequency
<b>Basic Essential Expenditure</b>				
Rent				
Council Tax				
Water				
Telephone				
Food & Personal Care				
Car/Travelling Expenses				
Housekeeping				
Building Insurance				
Combined Utilities				
Other (Basic Essential)				
<b>Basic Quality of Living</b>				
Clothing				
TV/Satellite/Internet/Basic Recreation				
School Fee/Childcare				
Other (Basic Quality of Living)				
<b>Non-Essential Outgoings</b>				
Gym				
Holidays				
Entertainment				
Life/General Assurance Premium				
Other (Non-Essential)				
<b>Liability Expenditure</b>				
Mortgage				
Other (Liability)				

## Expenditure Details

Calculated Total Monthly Household Expenditure				
Calculated Client 1 Monthly Household Expenditure				
Calculated Client 2 Monthly Household Expenditure				
Calculated Joint Monthly Household Expenditure				
Do you expect any changes in your expenditure in the foreseeable future?				
Date	Expenditure rise or fall?	By how much?	Frequency	Description
Date	Expenditure rise or fall?	By how much?	Frequency	Description

## Current Monthly Cash Flow

Total Net Monthly Income	
Total Monthly Expenditure	
Total Monthly Disposable Income	

## Modelling Monthly Affordability

Do you wish to incorporate expected income changes?	
Do you wish to incorporate expected expenditure changes?	
Do you wish to exclude existing liability expenditure which is to be consolidated?	
Do you wish to exclude existing liability expenditure which is to be repaid?	
Do you wish to re-broke your existing protection?	
Revised Monthly Income Available	
Revised Monthly Expenditure	
Consolidated Expenditure Payments	
To be Repaid Expenditure Payments	
Current Protection Premiums	
Revised Total Disposable Monthly Income Available	
Agreed Monthly Budget	

## Emergency Funds

Amount put aside for Emergency Fund	
Amount of Emergency Fund Required	
Emergency Fund Shortfall	

## Lump Sum Affordability

Total Lump Sum available for this Advice Session (including any emergency funds)	
Total Funds Available	
Agreed single amount for investment	
Source of Investment Funds	
Are these funds available without penalty?	
Additional Notes	

## Budget Notes

### Assets (Client does not wish to disclose Y/N)

Client/s	Description	Client 1 %	Client 2 %	Current value

### Liabilities

It is desirable that a greater priority be given to the repayment / reduction of the levels of your debt prior to making an investment or committing to a regular premium.

Do you have any liabilities?		
Do you wish to consider repayment or reduction of any liabilities? (provide details in notes section)		
Why do you not want to consider this?		
Notes		
Client does not wish to disclose?		
<b>Client</b>		
<b>Liability Account Number</b>		
<b>Liability Category</b>		
<b>Description</b>		
<b>Original Loan Amount</b>		
<b>Repayment or Interest Only?</b>		
<b>Rate Type</b>		
<b>Amount Outstanding</b>		
<b>Credit Limit</b>		
<b>Interest Rate (%)</b>		

Payment Amount (Monthly)		
Lender		
Loan Term (years)		
End Date		
Protected		
Early Redemption Charge		
Consolidate		
Whether liability is to be repaid?		
How will liability be repaid		
Is Guarantor Mortgage		

**Asset & Liability Notes**

**Credit History**

Have you ever been refused a mortgage / credit?		
Do you have an adverse Credit History?		
	Client 1	Client 2
Type		
Date Registered/ Discharged/ Repossessed		
Date Registered		
Date Discharged		
Date Repossessed		
Liability		
Lender		

Amount Registered/ Outstanding		
	Amount Registered	
Amount Outstanding		
	Number of Consecutive Payments Missed	
Number of Payments in Arrears		
	Date Satisfied/Cleared	
Arrears Cleared Upon Completion		
	Debt Outstanding?	
IVA Current		
	Years Maintained	

## Protection for your mortgage, debts, and standard of living in the event of death or critical illness

Would your mortgage(s) and debt(s) be cleared if you were to die or suffer from a critical illness?	
Would you and your dependants be able to maintain your standard of living if you were to contract a critical illness?	
Would your dependants be able to maintain their standard of living in the event of your death?	
Would you want the certainty of knowing that the cost of protection would not change?	
What would be the impact on you?	
What would be the impact on your dependants?	
How do you want to address this?	
If not reviewing now, what is the reason?	

## Protection for your payments and lifestyle in the event of accident, illness, or unemployment

In the event of you being unable to work due to accident or illness, would you and your dependants be able to maintain your standard of living?	
In the event of you being unable to work due to unemployment, would you and your dependants be able to maintain your standard of living?	
What would be the impact on you?	
What would be the impact on your dependants?	
How do you want to address this?	
If not reviewing now, what is the reason?	

## Protection for buildings and contents

Do you have any existing building insurance?	
Do you have any existing contents insurance?	
Do you have any Buy to Let properties?	
Do you have sufficient buildings and/or contents insurance?	
Do you have sufficient and appropriate protection to cover your buildings and contents in the event of loss or damage?	
How do you want to address this?	
When do you want to review this protection need?	
If not reviewing now, what is the reason?	

## Existing Protection Provision

Do you have any existing Protection policies (including death-in-service benefits)?		
Client does not wish to disclose		
	Client 1	Client 2
Provider		
Policy Number		
Type of Contract		
Plan Purpose		
Product Name		
Start Date		
Expiry Date		
Premium		
Premium Frequency		
Sum Assured		
Benefit		
Benefit Frequency		
Split Benefit Payable		
Split Benefit Frequency		
Life Cover Sum Assured		
Critical Illness Sum Assured		
Life Assured		
Payment Basis		
Benefit Period (if applicable)		
Specify		
Deferred Period (if applicable)		
Deferred Period Interval		
Split Deferred Period		
Split Deferred Period Interval		
Assigned / In Trust		
Status		
GMP Amount (p.a.)		



## Life Protection

	Client One	Client Two
Income Replacement		
Outstanding Mortgage Amount		
Other Liabilities		
Target Cover Required		
Existing Amount of Life Cover		
Life Protection Shortfall		

## Mortgage Payment Protection

	Client One	Client Two
Mortgage Repayments		
Payment Protection Cover		
Payment Shortfall		

## Income Protection

	Client One	Client Two
Net Income		
Existing Income Protection		
Income Shortfall		

## Illness Protection

	Client One	Client Two
Income Replacement		
Outstanding Mortgage Amount		
Other Liabilities		
Target Cover Required		
Existing Amount of Illness Cover		
Illness Protection Shortfall		

## Existing Protection for Buildings and Contents

Client	Client One	Client Two
Insurance Type		
Plan Type		
Product Name		
Provider		
Currency		
Premium		
Premium Frequency		
Start Date		
Renewal Date		
Buildings Sum Insured		
Buildings Accidental Damage		
Buildings Excess		
Contents Sum Insured		
Contents Accidental Damage		
Contents Excess		
Premium Loading		
Exclusions		

## Protection Notes

# Pension Section

## Goals (Retirement)

	Client One	Client Two
At Retirement		
Goal Type		
Goal Category		
Goal Description		
Target Amount		
Start Date		
Target Date		
Target Age		
Frequency		
Term (years)		
Lump Sum at Retirement Type		
Lump Sum at Retirement		
Details		

## Goals / Needs

## Future Income Requirement

	Client One	Client Two
What is your required annual net income in retirement (in today's money)?		

## Existing Pension Provision

	Client One	Client Two
Does your employer currently operate a pension scheme?		
Are you a member?		
Are you or will you become eligible to join?		
When will you become eligible to join?		
If there is an employer's pension scheme for you to join but you have not done so, why is this?		

## State Pension Entitlement

	Client One	Client Two
State Pension Retirement Age:		
Basic State Pension		
Additional State Pension		
Pension Credit		
Spouses Pension		
BR19 Projection		
Notes		

## Final Salary Pension Schemes

Do you have any existing final salary schemes?		
Client does not wish to disclose		
	Client One	Client Two
Provider		
Employer		
Product Name		
Currency		
Normal Ret. Age		
Prospective Pension at Retirement (p.a.) - No Lump Sum Taken		
Prospective Pension at Retirement (p.a.) - Lump Sum Taken		
Prospective Lump Sum at Retirement		
Accrual Rate(x'ths)		

Date Scheme Joined		
Expected Years of Service		
Pensionable Salary		
Indexed?		
Preserved?		
Cash Equivalent Transfer Value		
Transfer Value Expiry Date		
Status		
GMP Amount (p.a.)		
Death in service spousal benefits		
Early Retirement Factor Considerations		
Dependant Benefits		
Availability to purchase added years?		
Details		
Availability of affinity defined contribution scheme?		
Details		
Indexation Notes		
Additional Notes		

## Money Purchase Pension Schemes

Do you have any existing money purchase schemes?			
Client does not wish to disclose			
Client			
Provider			
Contract Type			
Linked To (Policy Number)			
Linked To (Plan Type/Provider)			
Product Name			
Policy No			
Currency			
Employer			

<b>Date Scheme Joined</b>			
<b>Ret. Age</b>			
<b>Your Cont. (reg)</b>			
<b>Emp. Cont. (reg)</b>			
<b>Freq.</b>			
<b>Lump Sum Cont.</b>			
<b>Value</b>			
<b>Valuation Date</b>			
<b>Indexed?</b>			
<b>Preserved?</b>			
<b>Status</b>			
<b>WRAP</b>			
<b>Employer Contribution Matching Details</b>			
<b>GMP Amount (p.a.)</b>			
<b>Enhanced Tax-Free Cash</b>			
<b>Guaranteed Annuity Rate / Pension (or similar)</b>			
<b>Applicable Penalties</b>			
<b>EFI/Loyalty Bonus/Terminal Bonus</b>			
<b>Guaranteed Growth Rates</b>			
<b>Death in service spousal benefits</b>			
<b>Lifetime Allowance Used (%)</b>			
<b>“Lifestyling” strategy?</b>			
<b>Details</b>			
<b>Options Available at Retirement</b>			
<b>Other Benefits and/or Material Features</b>			
<b>Additional Notes</b>			

# Personal Pensions

Do you have any existing Personal Pension arrangements?			
Client does not wish to disclose			
<b>Client</b>			
<b>Contract Type</b>			
<b>Product Name</b>			
<b>Provider</b>			
<b>Linked To (Policy Number)</b>			
<b>Linked To (Plan Type/Provider)</b>			
<b>Policy No</b>			
<b>Currency</b>			
<b>Policy Start Date</b>			
<b>Ret. Age</b>			
<b>Your Cont. (reg)</b>			
<b>Emp. Cont. (reg)</b>			
<b>Freq.</b>			
<b>Transfer Cont.</b>			
<b>Lump Sum Cont.</b>			
<b>Value</b>			
<b>Valuation Date</b>			
<b>PCLS</b>			
<b>PCLS Paid By</b>			
<b>Protected PCLS</b>			
<b>GAD / Maximum Income Limit (p.a.)</b>			
<b>Guaranteed / Minimum Income (p.a.)</b>			
<b>GAD Calculation Date</b>			
<b>Next Review Date</b>			
<b>Capital / Value Protected?</b>			
<b>Capital / Value Protected Amount</b>			
<b>Indexed?</b>			

Preserved?			
Lump Sum Death Benefit			
In Trust?			
Status			
GMP Amount (p.a.)			
Enhanced Tax-Free Cash			
Guaranteed Annuity Rate / Pension (or similar)			
Applicable Penalties			
EFI/Loyalty Bonus/Terminal Bonus			
Guaranteed Growth Rates			
Death in service spousal benefits			
Lifetime Allowance Used (%)			
Lifestyling strategy?			
Details			
Options Available at Retirement			
Other Benefits and/or Material Features			
Additional Notes			

## Annuities

Do you have any existing Annuity plans?			
Client does not wish to disclose			
Client			
Type			
Product Name			
Provider			
Policy No			
Currency			
Policy Start Date			
Total Purchase Amount			
Premium Start Date			
Capital Element (p.a.)			
Assumed Growth Rate %			



Income Amount			
Income Frequency			
Income Effective Date			
Annuity Payment Type			
PCLS			
PCLS Paid By			
Spouses / Dependants Benefits			
Spouses / Dependants %			
Overlap			
Guarantee (Years)			
With Proportion			
Capital / Value Protected?			
Capital / Value Protected Amount			
Status			
WRAP			
GMP Amount (p.a.)			
Additional Notes			

## Next Steps

Client	Goal Type	Goal Description	Target Amount	Target Date	Risk Profile

## Notes

# Investment Section

## Goals (Investment)

Client			
Goal Type			
Goal Category			
Goal Description			
Target Amount			
Start Date			
Target Date			
Frequency			
Term (years)			
Details			

## Goals / Needs

## Existing Bank Accounts / Existing Cash

Client	Provider	Account Type	Plan Purpose	Product Name	Current Balance	End date if applicable	Interest rate if known

Total Client 1 \_\_\_\_\_

Total Client 2 \_\_\_\_\_

Joint Total \_\_\_\_\_

# Existing Investments

Do you have any existing investments?			
Client does not wish to disclose			
<b>Client</b>			
<b>Provider</b>			
<b>Policy No</b>			
<b>Contract Type</b>			
<b>Linked To (Policy Number)</b>			
<b>Linked To (Plan Type/Provider)</b>			
<b>Product Name</b>			
<b>Plan Purpose</b>			
<b>Cont. this tax year?</b>			
<b>Your Cont. (reg)</b>			
<b>Regular Cont. Freq.</b>			
<b>Lump Sum Cont.</b>			
<b>Current Value</b>			
<b>Valuation Date</b>			
<b>Start Date</b>			
<b>Maturity Date</b>			
<b>Low Maturity Value</b>			
<b>Medium Maturity Value</b>			
<b>High Maturity Value</b>			
<b>Maturity Value Projection Details</b>			
<b>Monthly Income, if applicable</b>			
<b>In Trust</b>			
<b>To Whom</b>			
<b>Product has a guarantee / protection to protect original investment?</b>			
<b>Status</b>			
<b>WRAP</b>			
<b>Gross Interest Rate</b>			

## Next Steps

Client	Goal Type	Goal Description	Target Amount	Target Date	Risk Profile	Reason For Change

## Notes

## Estate Planning Current Position

	Client One	Client Two
What is the broad content of your Will?		
Total Assets (including all Savings and Investments)		
Joint Total Assets (including all Savings and Investments)		
Have you made any gifts of capital in the last 7 years?		
Have you made any gifts during the current and previous tax years i.e. used annual exemption?		
Are you making any regular gifts out of income?		
Are you expecting any inheritance or gifts?		

# Mortgage Section

## Existing Mortgage Details

Do you have an existing mortgage?			
Owner			
Lender			
Product Name			
Policy Number			
Currency			
Address Line 1			
Rate Type			
Rate period from completion(months)			
Mortgage Type			
Are you a First Time Buyer?			
Property Type			
Repayment Method			
Details			
Capital Repayment Amount			
Capital Repayment Term			
Interest Only Amount			
Interest Only Term			
Interest Only Repayment Vehicle			
Value of Property			
Monthly Repayment Amount			
Original Loan Amount			
Lender Fees			
Interest Rate (%)			
Base Rate			
Loading (%)			
Feature Expires			
Original Mortgage Term			

<b>Start Date</b>			
<b>End Date</b>			
<b>Remaining Term</b>			
<b>Current Balance</b>			
<b>Account Number</b>			
<b>Is Guarantor Mortgage?</b>			
<b>Is the loan subject to Redemption Penalty?</b>			
<b>Redemption Terms</b>			
<b>Redemption End Date</b>			
<b>Does the Redemption Penalty have an overhang?</b>			
<b>Are you prepared to pay the Redemption?</b>			
<b>Is the mortgage Portable?</b>			
<b>Consent to Let?</b>			
<b>“Consent to Let” Expiry Date</b>			
<b>Discharge on completion</b>			
<b>Linked to Asset</b>			
<b>Income Status</b>			
<b>Applicable to Mortgage Transaction?</b>			
<b>Is any Mortgage Equity to be used to consolidate debts?</b>			

## Existing Equity Release Details

Do you have an existing Equity Release Mortgage?			
Owner			
Lender			
Equity Release Type			
Percentage Ownership Sold (%)			
Product Name			
Policy Number			
Currency			
Address Line 1			
Rate Type			
Start Date			
Repayment Method			
Details			
Capital Repayment Amount			
Interest Only Amount			
Total Loan Amount			
Value of Property			
Interest Rate (%)			
Lump Sum			
Monthly Income			
Linked to Asset			
Interest Rate (APR)			
Amount Released			
Current Balance			
Is the loan subject to Redemption Penalty?			
Redemption Terms			
Redemption End Date			
Applicable to Mortgage Transaction?			

# Property Details

Addressee			
Property Type			
Additional Property Detail			
Tenure Type			
Leasehold End Date			
Property Status			
Construction			
Other			
Roof Construction			
Number of Bedrooms			
Year Built			
Is property covered by NHBC Certificate (Y/N)			
Is property covered by any Other Certificates (Y/N and details)			
Builder's name			
Ex-Local Authority			
No. of Outbuildings			
Address Line 1			
Address Line 2			
Address Line 3			
City/Town			
County			
Post Code			
Address Type			
Residency Status			
Date From			
Date To			
Default			
Address Status			
Registered on Electoral Roll			



# Mortgage Requirements

Client/Joint			
Unique Identifier			
Is Equity Release?			
Equity Release Type			
Percentage Ownership Sold (%)			
Mortgage Type			
Are you a First Time Buyer?			
Property			
Plan Purpose			
Repayment Method			
Details			
Capital Repayment Amount			
Capital Repayment Term			
Interest Only Amount			
Lump Sum			
Monthly Income			
Interest Only Term			
Interest Only Repayment Vehicle			
Price/Valuation			
Deposit/Equity			
Loan			
LTV (%)			
Term			
Source of Deposit			
Guarantor Mortgage			
Guarantor Details			
Has any debt been consolidated previously?			

## Mortgage Preferences & Attitude to Risk

Do you want the certainty of the mortgage being repaid at the end of the term?	
Are you comfortable if all or part of the mortgage is repaid from the proceeds of an investment vehicle such as an endowment policy, ISA or pension?	
Might you redeem part or all your mortgage in the foreseeable future?	
Are you likely to move in the next five years?	
Expected Move Date	

## Which of the following are important to you?

Avoid uncertainty of interest rate changes	
Minimise mortgage payments in the first few years	
The maximum early redemption period I would accept is	
Ability to vary monthly payments or pay lump sums off mortgage without penalty	
To link your mortgage to a savings or current account	
Ability to add fees to the loan	
Do you give your express consent for mortgage fees to be added to the loan?	
Free legal fees	
No valuation fees	
No arrangement or booking fees	
Access to initial sums ('cash back')	
Are you concerned about the possibility of future interest rate changes?	
No early redemption charge	
No early redemption overhang	
Limited or no Higher Lending Charge?	
To have Interest rate calculated daily	
Have you any other requirements or comments you would like to make	

# Checklist

	Question	
<b>General</b>		
1	Key messages about the service being offered have been disclosed and discussed with the client	<input type="checkbox"/>
2	The different types of products and interest rate arrangements that might meet your customer's future needs (including what your customer's future repayments will be after a concessionary scheme)	<input type="checkbox"/>
3	The main repayment methods available	<input type="checkbox"/>
4	For mortgages based in part or in full on an interest only basis:	
a)	The various methods available for repayment of the loan	<input type="checkbox"/>
b)	The consequences of failing to make suitable arrangements for the repayment of the mortgage	<input type="checkbox"/>
c)	Confirm that it is the customer's responsibility to ensure that a repayment vehicle is maintained for the duration of the mortgage	<input type="checkbox"/>
d)	Client is aware that they will have to demonstrate to the Lender that a clearly understood and credible repayment strategy is in place	<input type="checkbox"/>
5	The consequences should they repay the mortgage early	<input type="checkbox"/>
6	Related insurances	<input type="checkbox"/>
7	The customer's responsibility to ensure that all necessary forms of insurance relating to the property and mortgage are in place	<input type="checkbox"/>
8	Explain that certain insurances may be a condition of the mortgage	<input type="checkbox"/>
9	All costs and fees associated with the mortgage	<input type="checkbox"/>
10	Whether or not the terms and conditions of the mortgage product are portable in the event of moving to a new house	<input type="checkbox"/>
11	Explain when the customer's account details may be passed to a credit reference agency	<input type="checkbox"/>
12	Explain what a higher lending charge is	<input type="checkbox"/>
13	The possible consequences for the customer's mortgage should their personal circumstances change (e.g. accident, sickness, redundancy) and the options open to them (e.g. Mortgage Payment Protection)	<input type="checkbox"/>
14	Joint applications - concept of joint and several liability	<input type="checkbox"/>
15	The implications of adding fees and costs to the loan / or of debt consolidation	<input type="checkbox"/>

## Mortgage Notes

## Declaration

Date Fact Find Completed	
Date ID/AML Checked	
Date Declaration Signed	

## Additional Notes

Client One	
Client Two	

## Our Acknowledgements

I/We the undersigned confirm that the information provided in this review is correct and is given on the understanding that it does not place me/us under any obligation to buy or take up any recommendation which may be made and that a copy of this form is available on request. I/We the undersigned confirm my/our financial planning objectives are those identified and prioritised in this document.

Signed ..... Date .....

Signed ..... Date .....