



Alpha Financial Management Ltd
22 Stuart Road, Waterloo,
Liverpool . L22 4QS

Telephone: 0151-949 1666 Facsimile: 0151-949 1777
Email: info@afm.org.uk



Client Name



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 1 Priority	Client 2 Priority	Adviser's Priority	Agreed Priority
Life Assurance				
Critical Illness Cover				
Permanent Health Insurance				
Private Medical Insurance				
Pension Planning				
Regular Savings				
Lump Sum Investments				
IHT Planning				
Long Term Care				
*New Mortgage				
*Remortgage				
*See completed Mortgage				
Fact Find				

Disposable Income

How much of your disposable income are you prepared to allocate towards any shortfall we identify during this review?

£ <input type="text"/>	£ <input type="text"/>
------------------------	------------------------

Personal Finances

Income and Expenditure

	Client 1	Client 2
Gross employment income p.a. <i>(including salary, bonuses, benefits in kind)</i>	£ <input type="text"/>	£ <input type="text"/>
Gross earnings p.a. from self-employment*	£ <input type="text"/>	£ <input type="text"/>
Gross private pension income p.a.	£ <input type="text"/>	£ <input type="text"/>
Gross state pension p.a.	£ <input type="text"/>	£ <input type="text"/>
Property rental income p.a.	£ <input type="text"/>	£ <input type="text"/>
Gross dividend income p.a. <i>(from shares and own business)</i>	£ <input type="text"/>	£ <input type="text"/>
State benefits p.a.* <i>(e.g. child benefit, attendance allowance, PIP etc)</i>	£ <input type="text"/>	£ <input type="text"/>
Any additional income received <i>(including investment income, savings interest, etc.*)</i>	£ <input type="text"/>	£ <input type="text"/>
Total annual income (gross)	£ <input type="text"/>	£ <input type="text"/>
Total monthly income (gross)	£ <input type="text"/>	£ <input type="text"/>
Total monthly income (Net)	£ <input type="text"/>	£ <input type="text"/>

Investment Risk

The questionnaire that you completed determines your attitude to investment risk as well as your capacity for loss. There are 5 possible outcomes which are:

- 1.) Cautious:** The investor is very worried about short term losses. The investor is willing to accept a lower return to help achieve the goal of keeping the investment safe. The investor accepts that to achieve a return higher than a very secure bank account, the money will be invested in assets that can rise and fall in value and so the money is at risk and some could be lost.
- 2.) Moderately Cautious:** The investor is sensitive to short term losses. The investor's aversion to losses could compel them to shift into a more stable investment if significant short-term losses occur. The investor is usually willing to accept somewhat lower returns in order to assure greater safety of the investment.
- 3.) Moderate:** The investor is somewhat concerned with short-term losses and may shift to a more stable option in the event of significant losses. The safeties of investment and return are typically of equal importance to the investor.
- 4.) Moderately Adventurous:** The investor's aim is to increase the value of their investment. They are willing to accept a higher risk of losing their money in order to achieve it. The investor is willing to leave their money invested despite a large fall in the value of their investment in order to recover their losses and to achieve their long-term investment aims.
- 5.) Adventurous:** The investor aims to maximise long term expected returns rather than to minimise possible short-term losses. The investor values high returns relatively more and can tolerate both large and frequent fluctuations through time in portfolio value in exchange for a higher return over the long term.

Client 1: You completed the questionnaire on _____ and the outcome was number _____

Client 2: You completed the questionnaire on _____ and the outcome was number _____

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 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 and terms of business letter.

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

We will be storing the information from this document on computer, the purpose being to enable accurate advice to be offered to you.

Client 1 _____ Client 2 _____

Signature 1 _____ Signature 2 _____

Adviser _____ Date Signed _____

Lump Sum Investments

	Client 1	Client 2
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?		

Estate Value/Liability

	Client 1	Client 2
Is your estate likely to be subject to IHT?		
Assets		
Liabilities		
Nil Rate Band (if applicable)		
Total Estate		

Emergency Fund

	Client 1	Client 2	Joint
How much emergency fund do you require*			
Details of any planned expenditure e.g. home improvement, tax			

* We would normally recommend a minimum of 6 months' expenditure. If a different level is agreed or required please provide the reason for this in the Notes section

Will

	Client 1			Client 2		
Have you made a will? Please confirm the main provisions in the notes section	Yes*		No	Yes*		No
If so, is your will up to date?	Yes**		No***	Yes**		No***

***If no please explain why in the notes section. **Please confirm when your will was last updated in the notes section below

Power of Attorney

	Client 1			Client 2		
Have you appointed an attorney? If so please provide details in the notes section	Yes*		No	Yes*		No
If so, on what basis is this? e.g. lasting, enduring, continuing.						
Has the POA been registered?	Yes		No*	Yes		No*
Record which powers are covered and confirm any restrictions e.g. financial affairs health and welfare, restrictions on sale of dwelling						

Gifts

Have you made any gifts in the last 7 years?

	Client 1	Client 2
Year		
TOTAL		

Personal Finances

Income and Expenditure

	Client 1	Client 2
Personal allowance <i>Including Marriage Allowance, Blind Person's Allowance, Married Couple's Allowance</i>	£	£
Highest rate of tax paid	Nil Rate Basic Rate Higher Rate Additional Rate	Nil Rate Basic Rate Higher Rate Additional Rate
Are you aware of any likely changes to your income employment status?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	Yes* <input type="checkbox"/> No <input type="checkbox"/>
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"/>

Expenditure

	Client 1	Client 2
Mortgage/Rent	£	£
Council Tax	£	£
Food Shopping	£	£
Gas/Water Rates/Electric	£	£
Car/Transport	£	£
Loans/HP/Rental agreements	£	£
Other	£	£
Total In	£	£
Total Out	£	£
Disposable Income	£	£

Assets and Investments

	Client 1	Client 2
House	£ _____	£ _____
Other Properties	£ _____	£ _____
Assets in private company or partnership	£ _____	£ _____
Bank deposit/Building Society	£ _____	£ _____
Stocks and Shares	£ _____	£ _____
Unit Trusts	£ _____	£ _____
Insurance Bonds	£ _____	£ _____
Non-Insurance based savings plans	£ _____	£ _____
Any other capital assets <i>(please state)</i>	£ _____	£ _____
	£ _____	£ _____

Liabilities

	Client 1	Client 2
Loans	£ _____	£ _____
Credit Cards	£ _____	£ _____
Overdraft	£ _____	£ _____
Other (Please specify)	£ _____	£ _____

Current Mortgages and Loans

Current Mortgage(s): - If none, please confirm here

1st Mortgage		2nd Mortgage	
Ownership (joint etc)			
If tenants in Common (%)			
Lender			
Mortgage Account number			
Property value	£	£	
Outstanding Loan	£	£	
Monthly Payment	£	£	
Original term of mortgage			
Final Repayment Date			
Current Rate of Interest			
Product	Variable Fixed Flexible Base Rate	Discount Capped LIBOR Tracker	Variable Fixed Flexible Base Rate
			Discount Capped LIBOR Tracker
Deal Expiry Date			
Early Repayment Charges	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ERC Expiry Date			
Repayment Type	Capital + Interest Interest Only Split	% %	Capital + Interest Interest Only Split
			% %
If applicable is repayment vehicle on track	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If applicable are you prepared to pay penalties if you transfer/repay current mortgage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are your current mortgage terms portable to a new property	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the property to be mortgaged be the only property you own/have a mortgage on	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Insurance and Pension Arrangements

Life & Protection Policies (inc. Employer provision PHI)

Name of Insurer	Type of Policy	Sum Assured	On Whose Life?	Premium pa/pm	Maturity Date	Estimated Maturity Value
		£		£		£
		£		£		£
		£		£		£
		£		£		£
		£		£		£
		£		£		£

Pensions

Client 1

	Your Contribution	Company Contribution	Benefits inc. Death Sickness and Accident
Company Scheme	£	£	£
Personal Pension	£	£	£
AVC	£	£	£
Paid up Pension	£	£	£

Client 2

	Your Contribution	Company Contribution	Benefits inc. Death Sickness and Accident
Company Scheme	£	£	£
Personal Pension	£	£	£
AVC	£	£	£
Paid up Pension	£	£	£

Additional Notes