

# Personal Financial Summary

Name:



## **Financial Services Act 2013**

Independent Financial Advisers are required to have proper regard for a client's best interests in any advice given. They must therefore do their utmost to ensure that they are aware of your personal and financial circumstances so that their advice is the most suitable for your needs. The questions here have been specifically designed to help your adviser provide advice that meets your needs. If, for any reason, you decline to answer any or all of the questions or if you fail to provide true and accurate information to the best of your knowledge, the advice given subsequently may not be best advice as it can only be based on the information provided.

## **General Data Protection Regulation 25<sup>th</sup> May 2018**

The information that we hold about you will be held on computer and/or paper files. This information will be used to administer your application, to deal with queries and to bring to your attention additional services and products that may be of benefit to you. The information that you give us may be disclosed to third parties such as product providers and credit reference agencies for the purpose of processing your application, to our Regulators, the Financial Conduct Authority, and to our Compliance Advisors

**Mediclub is a trading style of Chantler Kent Investments  
Chantler Kent Investments is authorised and regulated by the Financial Conduct Authority**

## 1. General Financial Objectives

|  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| On death of yourself or your partner                               | <input type="checkbox"/> | Reducing your tax burden                              | <input type="checkbox"/> |
| If you were unable to work through long term illness or disability | <input type="checkbox"/> | Mitigating your estate's liability to Inheritance Tax | <input type="checkbox"/> |
| Following diagnosis of a critical illness                          | <input type="checkbox"/> | Investment Planning                                   | <input type="checkbox"/> |
| Providing the benefits of Private Health cover                     | <input type="checkbox"/> | Long term savings                                     | <input type="checkbox"/> |
| Providing cover for long term care                                 | <input type="checkbox"/> | Protecting your income                                | <input type="checkbox"/> |
| Maintaining your standard of living in retirement                  | <input type="checkbox"/> | Raising Capital / (Re)mortgage                        | <input type="checkbox"/> |
| Providing for your children's education                            | <input type="checkbox"/> | Insurance for your business                           | <input type="checkbox"/> |
| Pensions   | <input type="checkbox"/> | Other specific objectives                             | <input type="checkbox"/> |

**2. Personal Details**

**Self**

**Partner**

Title Mr/Mrs/Ms/Other

First Name (s)

Surname

Home Address

Postcode

Home Telephone No

Business Telephone No

Mobile No

Email address - Home

Date of Birth

Marital Status

UK Resident

Domicile/Citizenship

National Insurance Number

Sex

Notes: for office use only

**3. Dependants/Children**

| Name | Relationship | Date of Birth | Notes |
|------|--------------|---------------|-------|
|      |              |               |       |
|      |              |               |       |
|      |              |               |       |
|      |              |               |       |
|      |              |               |       |
|      |              |               |       |

**4. Employment Details**

**Client**

**Partner**

|  |                      |                      |
|--|----------------------|----------------------|
| Occupation   | <input type="text"/> | <input type="text"/> |
| Employment Status  | <input type="text"/> | <input type="text"/> |
| Business Name  | <input type="text"/> | <input type="text"/> |
| Business Address   | <input type="text"/> | <input type="text"/> |
| Post Code  | <input type="text"/> | <input type="text"/> |
| Tax District   | <input type="text"/> | <input type="text"/> |
| Tax Reference  | <input type="text"/> | <input type="text"/> |
| Do you anticipate any changes to your circumstances or employment? | <input type="text"/> | <input type="text"/> |
| If yes, Please give details  | <input type="text"/> | <input type="text"/> |

**5. Income details**

**Self**

**Partner**

|   |                      |                      |
|---|----------------------|----------------------|
| Basic Annual Income                         | <input type="text"/> | <input type="text"/> |
| Regular Overtime                            | <input type="text"/> | <input type="text"/> |
| Bonus/Commission                            | <input type="text"/> | <input type="text"/> |
| P11D Benefit <small>Please describe</small> | <input type="text"/> | <input type="text"/> |
| Bank/B.Soc. Interest                        | <input type="text"/> | <input type="text"/> |
| Investment Income                           | <input type="text"/> | <input type="text"/> |
| Trust Income                                | <input type="text"/> | <input type="text"/> |
| Rental Income                               | <input type="text"/> | <input type="text"/> |
| PHI Income                                  | <input type="text"/> | <input type="text"/> |
| State Benefits                              | <input type="text"/> | <input type="text"/> |
| Maintenance                                 | <input type="text"/> | <input type="text"/> |
| Pension Income                              | <input type="text"/> | <input type="text"/> |
| Dividend Income                             | <input type="text"/> | <input type="text"/> |
| Other Income <small>Please describe</small> | <input type="text"/> | <input type="text"/> |
| <b>Total Annual Income</b>                  | <input type="text"/> | <input type="text"/> |
| Tax Rate                                    | <input type="text"/> | <input type="text"/> |
| Tax Allowance                               | <input type="text"/> | <input type="text"/> |

|                         |                      |
|-------------------------|----------------------|
| <b>Trading Year End</b> |                      |
| Self                    | <input type="text"/> |
| Partner                 | <input type="text"/> |

Notes

|              |
|--------------|
| <br><br><br> |
|--------------|

Self Employed Income – Last 3 years

| Year | Self | Partner |
|------|------|---------|
| <br> |      |         |
| <br> |      |         |
| <br> |      |         |







**13. Health**

|                         | Self                 | Partner              |
|-------------------------|----------------------|----------------------|
| Are you in good health? | <input type="text"/> | <input type="text"/> |
| Do you smoke?           | <input type="text"/> | <input type="text"/> |
| Do you drink alcohol?   | <input type="text"/> | <input type="text"/> |
| What is your height     | <input type="text"/> | <input type="text"/> |
| What is your weight     | <input type="text"/> | <input type="text"/> |

**14. Estate Planning**

|   | Self                 | Partner              |
|---|----------------------|----------------------|
| Have you made a Will?                         | <input type="text"/> | <input type="text"/> |
| If yes – Where is it held?                    | <input type="text"/> | <input type="text"/> |
| If yes, what are the main provisions?         | <input type="text"/> | <input type="text"/> |
| On what date was it made?                     | <input type="text"/> | <input type="text"/> |
| Does it reflect your current wishes?          | <input type="text"/> | <input type="text"/> |
| Are you expecting an inheritance of any kind? | <input type="text"/> | <input type="text"/> |
| If yes, please give details.                  | <input type="text"/> | <input type="text"/> |

Do you hold a Lasting Power of Attorney on anyone’s behalf                      YES/NO

Does anyone hold a Lasting Power of Attorney on your behalf                      YES/NO

**15. Income Requirements**

Please enter the lump sum and income that you require in the following circumstances -

|  | Lump Sum             | Annual Income        | Term (years)         |
|--|----------------------|----------------------|----------------------|
| If you were to die   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| If your partner were to die                                | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| If you were to become disabled, sick or redundant          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| If your partner were to become disabled, sick or redundant | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  | <b>Client</b>        | <b>Partner</b>       |                      |
| How much money do you need as an emergency fund?           | <input type="text"/> | <input type="text"/> |                      |



**16. Contacts and Advisers** (Type - Banks, Accountants, Solicitors, Doctors)

| Owned By | Type | Name | Address | Telephone | Email |
|----------|------|------|---------|-----------|-------|
|          |      |      |         |           |       |
|          |      |      |         |           |       |
|          |      |      |         |           |       |
|          |      |      |         |           |       |
|          |      |      |         |           |       |
|          |      |      |         |           |       |

Notes

**17. Declaration**

**PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.**

I/We confirm that the information given and recorded on this form is correct, and understand that it shall form the basis for all advice offered.

\* Delete as applicable.

**I HAVE ALSO RECEIVED A TERMS OF BUSINESS LETTER, PRIVACY NOTICE AND BUSINESS CARD FROM MY FINANCIAL ADVISER.**

Signature

Signature

Date

Date