

Confidential Financial Review Form

Client Name(s):

Financial Services and Markets Act 2000

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.

Rosedale Financial Management

1 Rosedale View, Walton, Chesterfield S42 7HG
Tel: (01246) 567234 Mobile: (07798) 831085 Email: ashley@rosedalefm.com
www.rosedalefm.com FCA Firm Number: 473931

Rosedale Financial Management is Authorised and Regulated by the Financial Conduct Authority.
Senior Partner: Mr A J Hewitt (Advising), Partner: Mrs C L Hewitt (Non-Advising)

1. Profile	Self	Partner
Title Mr/Mrs/Miss/Other	<input type="text"/>	<input type="text"/>
First Name (s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Telephone No	<input type="text"/>	<input type="text"/>
Mobile No	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	<input type="text"/>
Age / Date of Birth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Place of Birth	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
UK Resident	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Domicile	<input type="text"/>	<input type="text"/>
National Insurance No.	<input type="text"/>	<input type="text"/>
Sex	<input type="text"/> Male <input type="text"/> Female	<input type="text"/> Male <input type="text"/> Female
State of Health	<input type="text"/> Poor/Reasonable/Good	<input type="text"/> Poor/Reasonable/Good
Smoker status	<input type="text"/> Smoker/Non-Smoker	<input type="text"/> Smoker/Non-Smoker
Amount of unsecured debt outstanding	£ <input type="text"/>	£ <input type="text"/>
Are you financially dependent on your partner?	<input type="text"/> No, don't share finances/ dependent on each other/ dependent on partner/ partner dependent	<input type="text"/> No, don't share finances/ dependent on each other/ dependent on partner/ partner dependent

2. Dependents					
Name	Relationship	DOB	If born since 1/9/2002 Name of Child Trust Fund Provider/ OR Junior ISA Provider	Latest Approx. Value	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes: Please insert any additional information here e.g., where children are from a previous marriage, health issues of either party etc

3. Income and Employment

	Self	Partner
Occupation	<input type="text"/>	<input type="text"/>
Employment Status	<input type="text"/>	<input type="text"/>
Length of time in employment	<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"/>
Business Telephone No.	<input type="text"/>	<input type="text"/>
Business Fax No	<input type="text"/>	<input type="text"/>
Do you anticipate any changes to your circumstances or employment, If yes, please give details below:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Self	Partner	If self employed
Basic Gross Annual Income	£ <input type="text"/>	£ <input type="text"/>	Trading Year End Self <input type="text"/> Partner <input type="text"/>
Regular Overtime	£ <input type="text"/>	£ <input type="text"/>	
Bonus / Commission	£ <input type="text"/>	£ <input type="text"/>	
Other (Please describe)	£ <input type="text"/>	£ <input type="text"/>	
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	
Total Annual Income	£ <input type="text"/>	£ <input type="text"/>	
Total Net Income pm	£ <input type="text"/>	£ <input type="text"/>	
Tax Rate	<input type="text"/> %	<input type="text"/> %	
Tax Status	N / B / H / A	N / B / H / A	

Notes:

Notes: Please include details of any other sources of income such as investment income (amounts/source/date to end), State Benefits (tax status/amounts/date to end). Please also detail any P11D benefits. Please also specify any expected rates of increase in salary.

4. Regular Commitments							
Mortgage/Rent/Board	£		pm	Property/Contents Ins	£		pm
Loan(s) / HP				Car Tax	£		pm
(Amount Outstanding)	£			Car Insurance	£		pm
(Monthly Repayments)	£		pm	Fuel	£		pm
(Initial Term & Term Left)				Other Travel Expenses	£		pm
Credit/Charge Cards				Other Associated Expenses	£		pm
(Amount Outstanding)	£						
(Monthly Repayments)	£		pm				
Council Tax	£		pm	Food	£		pm
Gas	£		pm	Pet Expenses	£		pm
Electricity	£		pm	Social Expenses	£		pm
Other Fuel/Maintenance	£		pm	Regular Savings	£		pm
Water	£		pm	Holidays	£		pm
Telephone	£		pm	Other	£		pm
Mobile (s)	£		pm				
Internet/Digital TV	£		pm				
TV Licence	£		pm				
Protection Premiums (See Protection Schedule)	£		pm	Total Commitments	£		pm

Notes: Please detail if any of the above have a fixed end date such as loans as well as any expected increases. Where not specified it is assumed that the detailed expenses will continue to retirement. Please also detail how much income you feel that you could contribute to meeting your overall objectives.

5. Savings/Investments

Value

Owner

Funds invested and %

Bank Account

(Current Accounts/ Savings/Fixed Rate Bonds)

£

Client/Partner/Jt

Building Society

(Savings Accounts/Fixed Rate Bonds)

£

Client/Partner/Jt

National Savings

(Certificates/Premium Bonds)

£

Client/Partner/Jt

Cash ISAs

£

Client/Partner/Jt

Investment ISAs

£

Client/Partner/Jt

OEICs/Unit Trusts/Other
(Please Specify)

£

Client/Partner/Jt

Investment Bonds

£

Client/Partner/Jt

TOTAL

Client £

Partner £

Joint £

Investment/Savings Notes:

6. Home and Mortgages

Payment Method Repayment/Interest Only/Both

Current Property Value

£

Amount Borrowed

£

Lender

Rate/Type

%

Outstanding

£

Remaining Term

Years

Buying a New Home

Please complete this section if you are planning a house purchase in the next 12 months

Price you are considering

£

Deposit Available

£

Maximum Mortgage

Required

£

Repayment Term

Yrs

Notes: Please insert details of any additional mortgages and property that you hold as well as details of any lump sum or overpayments that you have made.

Mortgage Considerations

(Only complete if advice is required on Mortgages or Remortgages)

a. Would you prefer to fix your mortgage payments at a set amount for a set number of years or have your payment varying with changes in the mortgage rate?

b. Would you prefer to have lower payments initially, even if it means future payments will be higher they otherwise would be and that you will have paid more overall?

Yes

No

c. Are you looking for a Cashback mortgage?

Yes

No

d. Mortgages often include certain fees. Please indicate your order of preference for the following Possibilities, with a number from 1 to 3, with 1 being the most important and 3 the least.

A lower mortgage arrangement fee

A lower early redemption penalty

A lower Mortgage Rate

We will refer you to a suitably qualified independent Mortgage Adviser who will research the marketplace, should you require.

7. Protection Plans

Policy Details – Existing Life Assurance Existing Plans

1	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Policy Details – Existing Critical Illness & Permanent Health and Critical Illness Plans

1	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Life Assured/Policy Beneficiary	Policy Type	Insurance Company	Policy No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sum Assured/Benefits	Premium/Frequency	Start Date	Maturity Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes: Please include any additional details here. If you have Death in Service benefits as part of your pension or staff package please include these here details type, term, mortgage protection and any exclusions; also include any risk assessment for protection here if necessary

Protection Calculator

Lump Sum Needs How big a lump sum would your clients or their family need?

If your clients were to die, their family may wish to pay off debts such as mortgage or car loans. There will be funeral expenses to pay for or they may wish to leave some rainy-day money for their family. Their lifestyle may also need to alter and they may need to consider paying off debts. What might some of this cost?

Reason for Lump sum	Client 1	Client 2	Joint
Pay off mortgage	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Pay off other loans	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Funeral expenses	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
House move	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other (please enter)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total (A)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Income Needs – What income would your client or their family need?

Your clients may have other commitments, for example school or university fees, child care or maintenance payments. Remember that if they have planned to pay off their debts then they will not have to make interest payments.

Income Needs	Client 1	Client 2	Joint
Replace lost annual income	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Lump sum to generate income (B)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Income calculator – assuming 5% interest (example):

Required annual income £18,000 pa

Lump sum to provide $\frac{£18,000}{5\%} = £360,000$ Sum Assured

Existing Arrangements – What other lump sums could your clients get?

Your clients may have existing insurance policies, particularly covering their mortgage. Their employers may provide them with a death-in-service or other benefits. They may want to use up existing investments to reduce the amount of protection they need.

	Client 1	Client 2	Joint
Existing Arrangements	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Mortgage Policies	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Insurance	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Employer Benefits	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Available Investments	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total (C)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Total Sum Assured Required

For lump sum and income generation
(A) + (B) – (C)

Client 1	Client 2	Joint
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

8. Pension Schemes

Self

Partner

At what age would you like retire?

Does your Company operate an Occupational Pension Scheme?

Yes No

Yes No

Are you now or will you become eligible for membership?

Yes No

Yes No

If yes, when?

Have you joined or do you intend to join?

Yes No

Yes No

Occupational Pension Schemes

Retirement Date

Pensionable service start date

Contracted out of S2P

Yes No

Yes No

Your Gross Contribution

£ %

£ %

Death In Service

£

£

Widow(er)'s Pensions

%

%

Final Salary Schemes (Only to be completed if you are a member of such a scheme)

Pension Basis (e.g. 60ths,80ths,other)

ths

ths

Lump Sum in addition/by commutation

£

£

Benefit escalation rate in retirement

%

%

Money Purchase Schemes (Only to be completed if you are a member of such a scheme)

Current Funds and Value

£

£

Employers Contribution

£ %

£ %

Additional Contributions

Total contribution to Co AVC

£ %

£ %

Total contribution to FSAVC

£ %

£ %

Personal Pension Plans (Including Group Personal Pension Plans)

Policyholder	Insurance Company	Premium/Frequency	Fund and value	Retirement Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What Income will you require in Retirement?

Client:

Partner:

What is your expected State Pension?

Client:

Partner:

Retirement Notes:

Notes: Please include any details of deferred pension schemes, both occupational and personal as well as details of any expected additional contributions to be made? Please also provide details of any restrictions on your current pensions such as fund choice, max/min contributions, and restrictions on the policy.

9. Estate Planning & Inheritance

If clients show any doubt or concern about any of the issues below they should be encouraged to review their Will. Wills should be reviewed every 5-6 years and re-made if necessary to reflect changed personal circumstances.

General	Consideration	Self	Partner
ALL Clients Have you made a Will?	All clients should have one – the consequences of having no Will or an out of date Will can be disastrous.	Y/N	Y/N
Have you made EPA/LPA ?	Loss of Physical or Mental Capacity could be an issue	Y/N	Y/N
Homeowners (If applicable) Do you own the house as joint tenants or tenants-in-common?	A joint tenancy creates a major area of exposure. Clients should seek professional advice.	JT/TIC	JT/TIC
Inheritance Tax (IHT - If applicable)		N/A	N/A
Has your IHT position changed?	Clients' IHT exposure can/may have changed and a Will may need changing.	Y/N	Y/N
Have you received/do you expect to receive an inheritance?	Wills with a Nil Rate Band Disc Trust may no longer be what the client wants/needs.	Y/N	Y/N
Do you know what your parents' Wills say?	They could make clients' position worse? Parents should be asked to consider re-making Wills.	Y/N	Y/N
Have you made any gifts in the last 7 years and/or do you intend to make any gifts In the next 12 months?		Y/N	Y/N
Business Owners with controlling interest (If applicable)		N/A	N/A
Did you start/acquire it since you made your Will?	Advice must be received to ensure the most efficient succession of business.	Y/N	Y/N
Do you want it to be closed, sold or to continue if you should die?		Y/N	Y/N
Is there a Shareholder/Partnership Agreement?		Y/N	Y/N
Notes (Inc any assessment for IHT)			

10. General Financial Objectives

Please specify your financial objectives by assigning a priority from High to No priority :

(High Priority = "1", Possible/Medium Priority = "2", No Priority = "X")

- Family Security (e.g., life, critical illness, income protection)
- Saving short-term (e.g., building up an emergency fund)
- Saving medium to long term (e.g., providing a lump sum for child's future education)
- Investment planning (e.g., using a lump sum to generate growth/income now or in future)
- Retirement Planning (e.g., boosting pension provision)
- At Retirement Planning (e.g., using pension/other assets to provide suitable income in retirement)
- Long Term Care Planning (e.g., providing an income to help meet Care Costs)
- Mitigating your Estate's potential tax liability (e.g., inheritance tax planning)
- Other (Please specify)

Any Additional Advice Considerations:

11. Attitude to Risk Profiler Questionnaire - 10 Question Version

Please tick one of the five boxes for **EACH** question.

		Self	Partner
1. I would be willing to risk a percentage of my income or capital in order to get a good return on an investment.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
2. To achieve high returns, it is necessary to choose high-risk investments.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
3. When I am faced with a financial decision I am generally more concerned about the possible losses than the probable gains.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
4. I would rather know that I was getting a guaranteed rate of return than be uncertain about my investments.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
5. Compared to the average person, I take lower financial risks.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
6. I would rather put my money in a bank account than invest in shares.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
7. I do not feel comfortable with financial uncertainty.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
8. I would accept potential losses in order to pursue long-term investment growth.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
9. Taking financial risks is important to me.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
10. I would be happy investing a large proportion of my income or capital in a high-risk investment.	Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>

12. Investment/Pensions - Your Capacity for Loss

1. Do you have any specific financial goals for this investment? If you have multiple goals, please choose the main one that applies to you.

- No, my investment is to meet a range of goals
- Yes - to meet essential living costs: Any losses from this investment would reduce my standard of living
- Yes - to meet other important financial goals: If this investment fell in value I'd have enough to live on, but couldn't meet these goals
- Yes - to meet non-essential financial goals: I'd still be able to cover my essential living costs and other important financial goals if this investment fell in value

2. How much of your investments could you afford to lose without reducing your future standard of living?

- I can't afford any loss
- I could afford a small loss
- I could afford a medium loss
- I could afford a large loss

3. When is the earliest you plan to take money from your investments?

- Within the next year
- Between 1 and 5 years from now
- Between 6 and 10 years from now
- More than 10 years from now

4. How do you plan to take money from your investments?

- As a single lump sum
- Leave it invested and withdraw amounts only as needed
- Leave it invested and withdraw amounts regularly (e.g. taking it as regular income)
- Leave it invested and only take money out in an emergency

5. How likely is it that you will need to take money from your investments earlier than planned?

- Very likely: Under certain circumstances I can see a situation where I would need to access my investments early - e.g. in a financial emergency
- Possibly: I may need to access my investments early e.g. in a financial emergency
- Unlikely: I won't need to access my investments early as I have other money for financial emergencies
- I can't access some or all of my investments early (e.g. a pension)

Attitude to Risk/Capacity for Loss Notes

13. Investment/Pensions - Enhanced Suitability Questions

Please tick one of the boxes for **EACH** question.

1. When it comes to investing, how would you describe yourself?	TICK
No understanding / knowledge	
Very little understanding / knowledge	
A fair degree of understanding / knowledge	
A high level of understanding / knowledge	
2. How important is it to you to know that the products that you invest in are covered by the UK Financial Services Compensation Scheme?	
Important	
Neither Important or Not Important	
Not Important	
3. How important is it to you to know that all of your investments are accessible should you require the funds for emergency purposes?	
Important	
Neither Important or Not Important	
Not Important	
4. Some investments borrow money to increase the total amount invested, by doing this it increases the risk to you as an individual especially if the product is unable to repay the amount borrowed. How important therefore is it to you to avoid such risks?	
Very Important	
Neither Important or Not Important	
Not Important	
5. How important is it to you to know that your funds you invest in only trade in socially responsible areas of investment?	
Very Important	
Neither Important or Not Important	
Not Important	
6. How important is it for you to be able to vary the underlying risks associated with your investments in line with changes in your personal circumstances?	
Very Important	
Neither Important or Not Important	
Not Important	

14. Investment/Pensions - Investor Experience Questionnaire

Please tick one of the boxes for **EACH** question.

1. **Other than a current account, have you ever invested in cash-based savings and deposits, such as savings accounts, cash ISAs or savings bonds (e.g., from a Bank or Building Society or NS&I)?**

- Yes, I invested after taking professional financial advice
- Yes, I invested without taking professional financial advice
- No

2. **Have you ever invested in pensions where you could control the selection of funds to invest in (not a final salary scheme)?**

- Yes, I invested after taking professional financial advice
- Yes, I invested without taking professional financial advice
- No

3. **Have you ever had a stocks & shares ISA, or a professionally managed investment fund such as an OEIC, unit trust or investment bond?**

- Yes, I invested after taking professional financial advice
- Yes, I invested without taking professional financial advice
- Yes, both with and without taking professional financial advice
- No

4. **Have you ever bought or sold individual shares on the stock market?**

- Yes, I invested after taking professional financial advice
- Yes, I invested without taking professional financial advice
- Yes, both with and without taking professional financial advice
- No

5. **How often do you review the value of your pensions and investments?**

- I do not have any pensions or investments
- At least every 3 months
- Between 3 months and a year
- Less often than once a year
- Only when I see a major financial event in the news
- I leave this to my financial adviser

6. **If the value of your pensions or investments has ever fallen substantially, how did you respond?**

- I don't recall the value of my investments ever falling substantially
- Immediately contacted my financial adviser
- Waited to discuss it with my financial adviser at our next planned review
- Took some or all of the remaining money out of the investment
- Invested more as I saw the fall in value as an opportunity
- I took no action as I was unsure what to do

7. **How would you describe your level of investment confidence?**

- Not very confident; I'm not very comfortable with investing
 - Somewhat confident; I'm comfortable with some investments but still need things explained to me
 - Confident: I'm comfortable with investing and have a reasonable understanding of the potential risks and rewards
-

8. If you would like to make any other comment about your previous investment experience (e.g. buy to let), background or education which you feel is relevant here, please do so (optional):

General Discussion Notes

15. Declaration

PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.

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

I HAVE ALSO RECEIVED A CLIENT AGREEMENT & INITIAL DISCLOSURE DOCUMENT AND BUSINESS CARD FROM MY ADVISER.

Signature (s)

Date

Adviser Signature

Date