

3. OCCUPATION AND INCOME DETAILS

	CLIENT 1	CLIENT 2
Occupation		
Nature of Occupation <small>(manual, administrative, driving, office based etc)</small>		
Employer's Name		
Address/trading address		
Postcode		
Telephone		
Status	Controlling Director <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/>	Controlling Director <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/>
(i) Are you employed? <small>(If yes complete i, if not complete ii or iii)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of Service		
Date of Joining		
Gross Basic		
Month of Review		
Guaranteed Overtime (reg)		
When received		
Bonuses/Commission/Other		
When received?		
Are the Bonus/Commission Guaranteed?		
Benefits in kind <small>eg, Car, Petrol, Healthcare, Mortgage Subsidy</small>		
(ii) Are you self employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Established since		
Year End		
Estimated NRE		
Drawings		
Net Relevant Earnings	Tax Year	Tax Year
Net Relevant Earnings	Tax Year	Tax Year
Net Relevant Earnings	Tax Year	Tax Year
(iii) Are you retired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension Income? <small>eg. Increases pa? Spouses pension, State Pension Income</small>		
Other Income	p.a.	p.a.
<small>Savings, Child Benefit, Investment Income, Maintenance, Rent</small>	p.a.	p.a.
Total Gross Income	p.a.	p.a.
Net Monthly Income		
Tax Office and Reference No		
Tax Rate	Basic <input type="checkbox"/> Higher <input type="checkbox"/> Non <input type="checkbox"/>	Basic <input type="checkbox"/> Higher <input type="checkbox"/> Non <input type="checkbox"/>

NOTES

Additional details of occupation, ie. hazardous occupation, working height etc?

Future prospects / Job Security

Details of Previous employer(s)

Details of Previous periods of self employment

4. ASSETS

GENERAL

	Name/Description/ Policy No.	Purchase Date	Approx Current Value	Owner (Self/Partner/Joint)	Joint Tenants or Tenants in Common?
Residence(s)					
Second Residence					
Valuables					
Contents					

DEPOSIT SAVINGS

					Regular Savings Frequency & £
Cash/Current Account					
Cash/Deposit Account					
National Savings					
TESSA					
TESSA					
Cash ISA and tax year					
Cash ISA and tax year					
Building Society					
Building Society					
Other					

UNIT TRUSTS/PEPs/ISAs/Investment Trusts/Bonds

(if substantial portfolio, attach details)

	Type of Contract and Fund(s) Invested In	Purchase Date	Approx Current Value	Is income being taken? If yes, confirm amount and frequency and whether gross or net?	
				Owner (Self/Partner/Joint)	Income Details

SHARES (if substantial portfolio, attach details)

Total Assets

Client 1			
Client 2			
Joint			
TOTAL			

NOTES

Goals?

How much capital do you need and when do you want it?

Any regular withdrawals being taken?

Owner/settlor of bonds?

Share Option Schemes?

Are the investments in appropriate assets/funds?

Are the units income or accumulation?

5. LIABILITIES and MONTHLY OUTGOINGS

CLIENT 1

CLIENT 2

Do you have any Loans or Mortgages?

Yes

No

Yes

No

Loan or Mortgage

CLIENT 1

CLIENT 2

JOINT

	Lender		
	Original Loan Amount	£	£
	Purpose of the Loan		
	Date Started		
	Remaining Term		
	Outstanding Balance		
	Type of Loan		
	<small>(interest only/capital & interest/both and include split)</small>		
	Monthly Payments		
	Current Interest Rate		
	Details of Fixed/Discounted Rate and Term		
	Is this loan protected in the event of death?		
	If yes, which policies are being used?		

CLIENT 1

CLIENT 2

JOINT

Loan or Mortgage

	Lender		
	Loan Amount	£	£
	Purpose of the Loan		
	Date Started		
	Remaining Term		
	Outstanding Balance		
	Type of Loan		
	<small>(interest only/capital & interest/both and include split)</small>		
	Monthly Payments		
	Current Interest Rate		
	Details of Fixed/Discounted Rate and Term		
	Is this loan protected in the event of death?		
	If yes, which policies are being used?		

NOTES Does the mortgage term match the selected retirement age?

Details of how mortgage(s) will be repaid.

Requirements to repay mortgage early?

How is mortgage repaid on death, permanent disability, critical illness?

Any corporate debt liabilities/responsibilities or guarantees?

	Total Mortgage Liabilities		
	Rent	£	£
	Maintenance		
	Loan 1		
	Loan 2		
	Credit Cards		
	Total Domestic Bills		
	Total Regular Premiums		
	Living Expenses		
	Holidays		
	Education/Nursing Home Fees		
	Other		
	TOTAL MONTHLY OUTGOINGS		
	NET MONTHLY INCOME (from Page 4)		
	NET AVAILABLE FOR EXPENDITURE		

7. INCOME PROTECTION PLANS

		CLIENT 1	CLIENT 2
Is your income protected in the case of Long term illness or disability?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much income would you and your family need to maintain a reasonable standard of living in the event of either long term illness or disability?		£	£
Are you prepared to use your savings to replace your income?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how long do you think they would last?			
Will your employer pay you if you are off sick?			
How long at full pay?			
How long at reduced pay?			
What does it reduce to?			
When will your employer's cover stop?			
Does your employer offer any early retirement benefits in the event of ill-health?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
PHI Insurance	Do you have a PHI Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Company		
	Deferred Period		
	Benefit	£	£
	Escalation of Benefit?		
	Reviewable Contract?		
	Own or Any Occupation		
	When do benefits cease?		
	Premium	£	£
Sickness & Accident	Do you have an ASU Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Company		
	Benefits	£	£
	Premium	£	£
Private Medical Insurance	Do you have a PMI Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Company		
	Benefits	£	£
	Premium	£	£
Redundancy Protection	Do you have a Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Company		
	Benefits	£	£
	Premium	£	£
Long Term Care Insurance	Do you have a LTC Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Company		
	Benefits	£	£
	Premium	£	£
	Fund		

NOTES

Any employer discretionary benefits in the event of indisposition?

Are deferred periods appropriate?

8. RETIREMENT PLANNING

Objectives

At what age do you wish to retire?
 In today's terms what retirement income would you require?
 Would you want your pension to increase in retirement?
 If yes, at what rate per annum?

CLIENT 1

CLIENT 2

Earnings History

Earnings History to be provided for at least past five years to determine relevant basis year, if appropriate

£	/
£	/
£	/
£	/
£	/

£	/
£	/
£	/
£	/
£	/

Your Employer

PLEASE ENSURE YOU ANSWER BOTH QUESTION 1 and 2 IN THIS SECTION

1. Does your employer offer a Stakeholder pension arrangement?
 Are you a member of this arrangement?
 If yes, please record on the next page

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Does your employer offer an occupational pension scheme?
 Are you a member of your employer's scheme?
 If no, can you join now or in the future?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

IF APPROPRIATE, PLEASE PROVIDE DETAILS OF YOUR EMPLOYER'S OCCUPATIONAL PENSION SCHEME BELOW

Employer's Occupational Pension Scheme

Final Salary or Money Purchase?
 If Final Salary, what is the Accrual rate?
 Starting Age
 Retirement Age
 Lump Sum Death in Service
 Spouse and/or Dependant's Pension
 Incapacity or Early Retirement Benefits
 Contributions, yours and the Company's
 Retirement Benefits
 Scheme Book Available

Contracting Out of SERPS

Are you Contracted Out?
 By the Company or by a Personal Pension?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company <input type="checkbox"/>	Personal <input type="checkbox"/>

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company <input type="checkbox"/>	Personal <input type="checkbox"/>

Additional Voluntary Contributions

Company Contribution, frequency and start date
 Will employer match contributions?
 Additional Pension Income and Retirement Age
 Fund Value and any additional Life Cover
 Retirement Age
 Added Years

Freestanding Additional Voluntary Contributions

Company Contribution, frequency and start date
 Will employer match contributions?
 Additional Pension Income and Retirement Age
 Fund Value and any additional Life Cover
 Retirement Age

8. RETIREMENT PLANNING CONTINUED

PENSION PLANS

CLIENT 1

CLIENT 2

Company and Plan Number		
Type of Plan <small>Stakeholder, PPP, S226, APP, EPP or S32</small>		
Contributions and Frequency	£ gross/net (pm/pa/pq/sgl)	£ gross/net (pm/pa/pq/sgl)
Start Date		
Retirement Date		
Current Fund Value		
Funds Invested In		
Amount of Life cover Included?	None <input type="checkbox"/> or £	None <input type="checkbox"/> or £
Is Waiver or Premium Protection Included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company and Plan Number		
Type of Plan <small>Stakeholder, PPP, S226, APP, EPP or S32</small>		
Contributions and Frequency	£ gross/net (pm/pa/pq/sgl)	£ gross/net (pm/pa/pq/sgl)
Start Date		
Retirement Date		
Current Fund Value		
Funds Invested In		
Amount of Life cover Included?	None <input type="checkbox"/> or £	None <input type="checkbox"/> or £
Is Waiver or Premium Protection Included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company and Plan Number		
Type of Plan <small>Stakeholder, PPP, S226, APP, EPP or S32</small>		
Contributions and Frequency	£ gross/net (pm/pa/pq/sgl)	£ gross/net (pm/pa/pq/sgl)
Start Date		
Retirement Date		
Current Fund Value		
Funds Invested In		
Amount of Life cover Included?	None <input type="checkbox"/> or £	None <input type="checkbox"/> or £
Is Waiver or Premium Protection Included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Deferred Benefits from a Previous Employment

Name of Company or Scheme		
Scheme Type		
Retirement Age		
Projected Retirement Benefits		
Death Benefits		
Revaluation Rate		
Current Statement of Deferred Benefits Available		
Scheme Book		

NOTES

Have any benefits been transferred into the above plans?
Does your employer contribute to any of the above plans?
Have you been contacted as part of the Pensions Review?
Are any of the above plans subject to the Pensions Review?
Are the funds appropriate? Are any of the plans paid-up or are contributions suspended?
Has a State Pensions Forecast been carried out?

9. HOUSE PURCHASE DETAILS and MORTGAGE REQUIREMENTS

CLIENT 1

CLIENT 2

Do you require advice on house purchase or mortgages?

Yes

No

Yes

No

Please tick to confirm which category best describes your current situation

First Time Buyer

Remortgage

Home Mover

Further Advance

Buying a Second Property

Address of Property to be Mortgaged

Purchase Price £
 Deposit Available £
 Mortgage Required £

Valuation
 Over what term?

NOTES

How will the new mortgage be repaid?

How will it be repaid on death, permanent disability or critical illness?

Any previous credit problems?

Is the existing mortgage portable?

Any penalties on transfer or repayment of existing mortgage?

Buildings and Contents Insurance?

Accident, Sickness and Unemployment Cover?

10. ESTATE PLANNING

A valid and up to date Will helps to ensure that your assets are distributed in accordance with your wishes. If you do not make a Will, then the rules of intestacy will dictate how your assets are distributed and this may not be in accordance with your wishes. It is important to draw up a Will with a professional adviser and ensure it is reviewed regularly.

CLIENT 1

CLIENT 2

Have you made a Will?

Yes No

When was it last revised?

Yes No

Have circumstances changed significantly?

Yes No

Yes No

Any significant gifts in the last 7 years?

Given Received

Given Received

Any expectation of receiving gifts or inheritance in the future?

Are annual allowances being used?

Yes No

Yes No

Estimate of Current IHT bill (net assets less nil rate band at current rate of IHT)

NOTES

Include calculations here to confirm estimate of current IHT liability.

Wills - Guardians for children?

Who are the Trustees?

Who are the Executors and Beneficiaries?

Any Enduring Power of Attorney?

Preferred route to solve IHT problem: Gifts/Insurance/Savings/Trusts?

12. PRACTITIONER SUMMARY OF CLIENT NEEDS

This section is completed by your Practitioner and identifies those areas of financial planning which he considers need to be addressed based on the information provided.

PROTECTION	Has a need been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe the need(s) in respect of Death, Critical Illness, PHI etc.			
Does the client agree with the need(s)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

PENSIONS	Has a need been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe the need(s)			
Does the client agree with the need(s)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

MORTGAGES	Has a need been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe the need(s)			
Does the client agree with the need(s)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

INVESTMENT & SAVINGS	Has a need been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe the need(s)			
Does the client agree with the need(s)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER	Has a need been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe the need(s), Inheritance Tax Planning, Long Term Care, Wills, Emergency Fund etc.			
Does the client agree with the need(s)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

13. CLIENT FINANCIAL OBJECTIVES

You should complete this section to help you identify those areas of financial planning which you consider to be a priority.

- KEY: 1 – High Priority You would like advice to be offered now
 2 – Important Soon You would like advice at a later and specified date
 3 – Not a Priority You do not want advice on this issue

	CLIENT 1	CLIENT 2	NOTES/DATE AGREED TO ADDRESS
PROTECTION			
1 Provide funds in the event of death			
2 Provide funds in event of permanent disability			
3 Provide funds in event of critical illness			
4 Replace income in event of illness or accident			
RETIREMENT			
5 Provide an income in retirement			
6 Provide for early retirement			
HOUSE PURCHASE			
7 Immediate House Purchase			
8 Early repayment of mortgage			
9 Remortgage			
SAVINGS & INVESTMENTS			
10 Build up capital for the future			
11 Educational expenses			
12 Lump sum investment for growth			
13 Lump sum investment for income			
OTHER			
14 Reducing and providing for inheritance tax			
15 Protecting Assets in the event of death			
16 Other			

Do you agree with the following assumptions?

Details	Do you agree?	If no, state your preferred rate
1. Inflation Rate We currently use a 3% per annum rate of inflation. This is used to project growth in your survivor income needs, income needs during retirement, and the cost of any special cash need.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Earnings Growth A rate of 3% per annum is used to calculate the growth of any annual savings, earnings from employment, and your retirement income goal between now and the year in which you retire.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Gross Investment Returns For deposit based investments, we use a rate of 4% per annum. In addition, we consider a pre-tax growth rate of 7% per annum to project growth on tax advantaged investments such as ISAs and Pensions and 6% for non tax advantaged products.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

NOTES

From savings for income is an increasing income or maximum income required?

DATA PROTECTION

Axxis Financial Planning will be storing information from this document on computer and may wish to write to you informing you of other products or services. However if you do not wish to benefit from this service please tick the box.

Affordable Expenditure I/We confirm the following is affordable for the foreseeable future to meet my/our financial objectives

CLIENT 1	Regular	£	Single	£
CLIENT 2	Regular	£	Single	£
JOINT	Regular	£	Single	£

DECLARATION

I/We confirm that the information recorded is accurate to the best of my/our knowledge. I/We understand that in the event of my/our being unable or unwilling to provide certain details the practitioner may not be able to offer me/us best advice. The advice given will be based on the information provided.

I/We confirm that I/we have received the Practitioner's business card and Terms of Business

Client 1 Signature	Date
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Client 2 Signature	Date
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Financial Practitioner

I confirm that I conducted the Review and have checked it for completeness and appropriate advice

Name of Financial Practitioner	Number
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Signature of Financial Practitioner	Date
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Attendees

At Review

•
•
•
•

At Recommendation meeting

•
•
•
•

Was this a recorded meeting for training purposes?

Yes No

Name of Observer

Signature of Observer	Date
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