

Confidential Financial Review Form

Name

Completed by

on



Financial Services and Markets Act

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.

Data Protection Act

The information given in this document will be retained on computer for reference purposes and will be held in accordance with the Data Protection Act 1998. The information may also be used by , to provide you with the details of products suitable to your requirements.

Wrightway Financial Consultants Limited is authorised and regulated by the Financial Services Authority

1. Personal Details

Self

Partner

Title Mr/Mrs/Miss/Ms/Other

First Name(s)

Surname

Home Address

Post Code

Address valid from

Residential Status

Telephone No.

Mobile No.

Fax No.

Email Address

Age and Date of Birth

Age	DOB
-----	-----

Age	DOB
-----	-----

Place of Birth

Marital Status

UK Resident for tax purposes

Domicile

National Insurance No.

Sex

Male Female

Male Female

Client Classification

Former Name

Previous Address

Notes For office use only

2. Dependants/Children

Education Funding inc College/University Expenses

Please complete this section if you are considering educational funding.

Name	Relationship	Date Of Birth	Start Year	Years	Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes					
<input type="text"/>					

3. Contacts & Advisers

Type	Owner	Tel	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Contact	
<input type="text"/>		<input type="text"/>	
Address			Email
<input type="text"/>			<input type="text"/>
Does this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

Type	Owner	Tel	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Contact	
<input type="text"/>		<input type="text"/>	
Address			Email
<input type="text"/>			<input type="text"/>
Does this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

Type	Owner	Tel	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		Contact	
<input type="text"/>		<input type="text"/>	
Address			Email
<input type="text"/>			<input type="text"/>
Does this contact have Power of Attorney?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date given	<input type="text"/>
Notes			
<input type="text"/>			

4. Home Details

Purchase Date

Purchase Price

Current Value

Have you got a mortgage?

Mortgage Amount

Repayment Method Repayment Interest Only

Lender

Amount Outstanding Mortgage Ref.

Original Term

Date Mortgage Acquired Owner of Property

Review Date for Mortgage

Buying a New Home

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

Price that you are considering

Deposit Available

Maximum Mortgage required

Repayment Term required

Plans Effectuated to Cover Your Mortgage

Lives Assured	Policy Type	Product Provider	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured	Premium/Frequency	Start Date	Maturity Date
<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Lives Assured	Policy Type	Product Provider	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured	Premium/Frequency	Start Date	Maturity Date
<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Lives Assured	Policy Type	Product Provider	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum Assured	Premium/Frequency	Start Date	Maturity Date
<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Mortgage Details

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

I/we would prefer to have Fixed Payments Variable Payments For the first Years

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

Yes No

Are you looking for a cashback mortgage?

Yes No

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 bear all your preferences in mind as we research the marketplace.

6. Income Details

	Self	Partner
Basic Annual Income	£	£
Regular Overtime	£	£
Bonus/Commission	£	£
Car Allowance	£	£
P11D Benefit <small>Please describe</small>	£	£
Bank/ B.Soc. Interest	£	£
Investment Income	£	£
Trust Income	£	£
Rental Income	£	£
PHI Income	£	£
State Benefits	£	£
Maintenance	£	£
Pension Income	£	£
Tax Free Income	£	£
Other Income <small>Please Describe</small>	£	£
	£	£
	£	£
Total Annual Income	£	£
Tax Rate	%	%
Tax Allowance	£	£

Salary Review Date

Self

Partner

Trading Year End

Self

Partner

P11D Benefit Description

Self

Partner

Do you anticipate any changes to your Income?

7a. Main Employment Details

Self

Partner

Occupation

Job Title

Employment Status

Salary Last Updated

Length of time in Employment

Business Name

Business Address

Post Code

Business Telephone No.

Business Fax No.

Business Email Address

Business Website

Tax District

Tax Reference

How long would you continue to be paid in the event of an accident or sickness?

On Full Pay days
 then reduced pay for days
 at % of full pay.

On Full Pay days
 then reduced pay for days
 at % of full pay.

Do you anticipate any changes to your circumstances or employment?

If yes, please give details

Notes

7b. Additional Employments

Owner

Employee Status

Salary Last Updated

Address

Firm

Phone

Fax

Notes

8a. Business Interests

Owner

Firm

Date Acquired

Address

Share of Firm Owned:

 %

Cost

£

Value

£

Owner

Firm

Date Acquired

Address

Share of Firm Owned:

 %

Cost

£

Value

£

Owner

Firm

Date Acquired

Address

Share of Firm Owned:

 %

Cost

£

Value

£

8b. Share Options

Owner	Employer	Date Granted	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheme		Number Granted	Exercise Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Scheme Type		Number Exercised	Valuation Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Notes			
<input type="text"/>			

Owner	Employer	Date Granted	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheme		Number Granted	Exercise Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Scheme Type		Number Exercised	Valuation Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Notes			
<input type="text"/>			

Owner	Employer	Date Granted	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheme		Number Granted	Exercise Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Scheme Type		Number Exercised	Valuation Price
<input type="text"/>		<input type="text"/>	£ <input type="text"/>
Notes			
<input type="text"/>			

9. Expenditure Details

Property

Self

Partner

Joint

Mortgage / Insurance

£

£

£

Property Costs

£

£

£

Utilities

£

£

£

Property Maintenance

£

£

£

Household

Living Expenses

£

£

£

Travel Expenses

£

£

£

Leisure

£

£

£

Other

£

£

£

All insurance / Pensions

£

£

£

Regular Savings

£

£

£

Loans / Credit / HP

£

£

£

Total

£

£

£

Do you anticipate any changes to your Expenditure?

Self

Partner

Please provide details

Notes

Regular Property Commitments: Specified items

Property Cost

Description	Amount	Frequency	Next Payment
Property Cost			
Council Tax			
Rent / Board			
Ground Rent			
Lease			
Service Charge			
	£0.00		

Utilities

Description	Amount	Frequency	Next Payment
Utilities			
Electricity			
Gas			
Fuel			
Water			
Telephone			
Internet			
TV licence			
	£0.00		

Property Maintenance

Description	Amount	Frequency	Next Payment
Property Maintenance			
Maintenance			
Decorating & DIY			
Cleaning			
Gardening			
Other			
	£0.00		

Regular Household Commitments: Specified items

Living

Description	Client	Partner	Joint	Total
Living				
Groceries				
Clothing				
Footwear				
Cosmetics / Personal Care				
Personal Communication				
Dependants Expenses				
Pets				
Medical				
Other				
	£0.00	£0.00	£0.00	£0.00

Travel

Description	Client	Partner	Joint	Total
Travel				
Vehicle Servicing / MOT				
Vehicle Tax				
Vehicle Insurance				
Parking				
Road Toll / Congestion Charge				
Leasing				
Breakdown / Recovery				
Fuel				
Rail Fares				
Bus Fares				
Taxis				
Flights				
Other				
	£0.00	£0.00	£0.00	£0.00

Leisure

Description	Client	Partner	Joint	Total
Leisure				
Hobbies				
Books / Magazines / Subscriptions				
Cinema / Theatre				
Multimedia (DVD, CD)				
Restaurants				
Electronic Equipment				
Health / Sports Club				
Sports Equipment				
Holidays				
Personal Discretionary				
Other				
TV Subscriptions				

£0.00

£0.00

£0.00

£0.00

Other

Description

Client

Partner

Joint

Total

Other				
Advisers				
Gifts				
Debt				
Insurance				
Savings				
Tax				
Other				
	£0.00	£0.00	£0.00	£0.00

Regular Commitments: Specified Items

Capital Expenditure:

Owner	<input type="text"/>					
Description	<input type="text"/>					
Expenditure Type	<input type="text"/>					
Purchase Date	<input type="text"/>	Repurchase every	<input type="text"/>	Months	Purchase Cost	<input type="text"/>
Depreciation	<input type="text"/>	% pa				
Keep Until	<input type="text"/>	Or Client Aged	<input type="text"/>	Years		
Notes	<input type="text"/>					

10. Affordability

Self

Partner

What amount can you reasonably afford to invest?

£

per month

£

per month

£

lump sum

£

lump sum

For how long can you make this investment?

years

years

Please explain the source of these funds

11. Assets

	Self	Partner	Joint
Main Residence	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Property	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Personal Effects/Contents	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Business Interests	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Owned Cars/Boats etc.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Assets <small>Please describe</small>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total Assets	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Description of Assets	<input type="text"/>		

12. Liabilities

Owner	<input type="text"/>	Type	<input type="text"/>		
Lender	<input type="text"/>	Balance	£ <input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>				

Owner	<input type="text"/>	Type	<input type="text"/>		
Lender	<input type="text"/>	Balance	£ <input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>				

Owner	<input type="text"/>	Type	<input type="text"/>		
Lender	<input type="text"/>	Balance	£ <input type="text"/>	End Date	<input type="text"/>
Notes	<input type="text"/>				

13. Investments

	Self	Partner	Joint
Bank Account	£	£	£
Building Society	£	£	£
National Savings	£	£	£
Shares/Equities	£	£	£
Loan Stocks & Gilts	£	£	£
TESSAs	£	£	£
ISAs	£	£	£
PEPs	£	£	£
Unit Trusts	£	£	£
Investment Trusts	£	£	£
Bonds	£	£	£
Other Investments	£	£	£
Total	£	£	£

Owner	Description	Premium / Freq	Cost	Value	Date Acquired

14. Pension Schemes

Self

Partner

At what age do you wish to retire?

Does your company operate a pension scheme?

Are you now, or will you become eligible to join?

Have you joined or do you intend to join?

From what date will you be eligible to join?

Has the information in the previous four questions been verified with your employer?

Were you once a member but have now left the scheme?

Why have you decided not to join or leave the scheme?

Does your company intend to operate a pension scheme in the near future?

Employer Sponsored Pensions

Only to be completed if you are a member of such a scheme

Employers Name

Managers Name

Retirement Date

Pensionable Service start date

Date Joined Scheme

Contracted out

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 Fund Value

£

£

Employer's Contribution

£ %

£ %

Additional Voluntary Contributions

AVC Contribution

£ %

£ %

15. Insurance Details

e.g. Life Assurance, Permanent Health Insurance, Critical Illness, Long Term Care etc.

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"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
Trust/Beneficiary			Current Value
<input type="text"/>			£ <input type="text"/>
Critical Illness Benefit	Waiver	Escalation	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. General Insurance Details

Life Assured/Policy Beneficiary		Policy Type	Plan Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
Insurance Company		Start Date	Maturity Date
<input type="text"/>		<input type="text"/>	<input type="text"/>
Sum Insured	Premium / Frequency		
<input type="text"/>	<input type="text"/>		

Life Assured/Policy Beneficiary		Policy Type	Plan Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
Insurance Company		Start Date	Maturity Date
<input type="text"/>		<input type="text"/>	<input type="text"/>
Sum Insured	Premium / Frequency		
<input type="text"/>	<input type="text"/>		

17. Additional Notes

18. Health

	Self			Partner								
General state of health	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Disabled	<input type="checkbox"/>
Do you smoke?	<input type="text"/>			per day	<input type="text"/>			per day				
Do you drink alcohol?	Yes	<input type="checkbox"/>	<input type="text"/>	Units/week	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="text"/>	Units/week	No	<input type="checkbox"/>
What is your height?	<input type="text"/>			ft	<input type="text"/>			in				
What is your weight?	<input type="text"/>			st	<input type="text"/>			lb				
Medical Notes	<input type="text"/>						<input type="text"/>					
Are you involved in any hazardous pastimes?	<input type="text"/>						<input type="text"/>					
Notes	<input type="text"/>						<input type="text"/>					

19. General Financial Objectives

Please specify your financial objectives by assigning a priority from 1 to 5 to the following need areas

(1 = High Priority, 5 = No Priority)

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

Notes

19 (Cont'd). Specific Objectives

Date	Amount	Money Basis	Priority
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Description			
<input type="text"/>			
Notes			
<input type="text"/>			

Date	Amount	Money Basis	Priority
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Description			
<input type="text"/>			
Notes			
<input type="text"/>			

Date	Amount	Money Basis	Priority
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Description			
<input type="text"/>			
Notes			
<input type="text"/>			

20. 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 disabled, sick or redundant	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
If your partner were disabled, sick or redundant.	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
When you retire	£ <input type="text"/>	£ <input type="text"/>	
When your partner retires	£ <input type="text"/>	£ <input type="text"/>	

	Client	Partner
How much money do you need as an emergency fund?	£ <input type="text"/>	£ <input type="text"/>
Are you making any provision for your long term care ?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

21. Capital Gains Tax

	Self	Partner
Have you used any part of your current years Capital Gains Tax Allowance?	<input type="text"/>	<input type="text"/>
Have you realised capital gains (exceeding the allowance) or losses within the past three years?	<input type="text"/>	<input type="text"/>
Do you have significant unrealised capital gains or losses?	<input type="text"/>	<input type="text"/>
Do you agree that capital gains may be taken in excess of your annual allowance?	<input type="text"/>	<input type="text"/>
CGT Losses B/Fwd	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	<input type="text"/>

22. Approach to Investment

Self

Partner

How much investment experience do you have?

- Very little knowledge and experience
- Some investment knowledge and understanding
- Experienced private investor with good investment knowledge
- Business Investor
- Professional Investor

(Please tick 1 answer only)

If the stock market declined by 20%, would you -

- Sell immediately to avoid further worry
- Do nothing and wait for investment returns to improve
- Buy to take advantage of lower share prices in anticipation of future gains

(Please tick 1 answer only)

Which of the following features do you require from your investment portfolio?

Please enter a priority for each from 1 to 5 (1 being the most important).

- Growth
- Income
- Tax-efficiency
- Access
- Guarantees

Do you have any strong moral views on where your money should be invested?

Notes

23. Attitude to Investment Risk

Ultra Conservative

You would prefer to have no investment in the stock market whatsoever and are prepared to accept the inflationary risk that this implies.

Very Conservative

You would generally prefer to avoid the volatility of stock market investment, but would accept some stock market investment if essential to provide long term security.

Conservative

You prefer the security of cash and fixed interest investments, but are happy to accept a level of stock market investment necessary to provide long term security.

Cautious

You would prefer to have most of your investments in cash and fixed interest securities but are happy to have some stock market investment in order not to sacrifice too much long term return.

Cautious to Realistic

You would like to benefit from long term investment returns but are wary of stock market volatility and would like to make some compensation by means of low risk investments.

Realistic

You would like to ensure your short term financial security through low risk investment but also wish to benefit from long term investment returns to provide for future security.

Realistic to Aggressive

You would like to take advantage of equity investment with the prospect of good long term returns and can accept the increased short term volatility."

Aggressive

You would like to maximise long term returns and are not concerned by short term volatility, but still wish your short term financial security to be provided by low risk investments.

Speculative

You would like some investment in higher risk investments which carry the risk of potential loss of capital, but not to the detriment of either your long term or short term financial security.

Very Speculative

You would like considerable exposure to individual, high risk investments despite the potential loss of capital, though your short term and long term financial security should still not be jeopardised.

Highly Speculative

You are willing to accept considerable potential loss of capital in order to gain potentially high returns, though still not jeopardising your short term or long term financial security.

Default

Client

Partner

Additional Comments

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24. Data Protection Act 1998

Do you have any objection to your details being stored on computer?

Yes No

Information supplied may be used for marketing and statistical purposes by members of the group of companies. Please indicate that you do not consent to this by ticking this box.

We like to take care to keep clients informed of only those products that may be of interest to them. If you do not wish to receive this information, please tick this box.

25. 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.

* I/We also confirm that the details given in Section 14. Pension Schemes regarding *my/our Company pension scheme are correct, and that *I/We have verified these with *my/our employer.

* Delete as applicable.

I HAVE ALSO RECEIVED THE INITIAL DISCLOSURE DOCUMENT, TERMS OF BUSINESS LETTER, DATA PROTECTION STATEMENT AND BUSINESS CARD FROM MY FINANCIAL ADVISER.

Signature

Signature

Date

Date