

Please note: Arbuthnot Latham & Co., Limited is committed to having proper regard to the interests of its clients and treat them fairly. As part of this commitment to you we will do our utmost to ensure that the advice we give you is the most suitable for your needs. To do this we will need to be aware of your personal and financial circumstances and so will ask you to provide answers to a number of questions on the form below. If, for any reason, you decline to answer any or all of the questions or fail to provide true and accurate information to the best of your knowledge, we may not be able to give you best advice. In some cases we may have to decline to provide any advice.

1. CONFIDENTIAL FINANCIAL REVIEW - About You

A – Personal Details

1st Person

2nd Person

Title

Full Name(s)

Address

Contact Details:

Telephone / Mobile phone / E-mail

(Please indicate your preferred method)

Date of Birth & Gender

Are you in good health: Y / N

Smoker/Non Smoker

Nationality / Domicile

UK Resident for tax purposes: Y / N

National Insurance Number

B - Your Dependents

Name

Relationship

Age

C – Objectives

Q. What are your financial objectives and the timescale?

(e.g. Capital growth, increased income, family protection etc.)

Q. Do you have any future financial plans?

(e.g. Property purchase, retirement, start a business, school fees, live abroad etc.)

Q. Are you concerned about Inheritance Tax?

(If so please provide details of any arrangements made in section L)

Yes / No

Q. Are you looking to purchase another property with a loan or mortgage?

(Are you are interested in talking to Arbuthnot about mortgages?)

Yes / No

Other Interests:

D – Employment1st Person2nd Person**Occupation / employments***(Employed / Self-employed / Contract)***Other Business Interests**

E – Income Details*1st Person2nd Person**Employment Income / Drawings***(Taxable benefits, Share Options etc.)***Pensions in payment****State Pensions / Benefits****Savings***(Interest)***Investment income***(e.g. dividends, bond withdrawals)***Other income***(Rents etc.)*

*If you have a complex income structure, please ask for an Income Guide or continue on a separate sheet.

F – Assets, Liabilities & Debts**Property***(e.g. home/investment, location, value)*

Owner

Other Assets*(e.g. personal effects, contents, business assets)*

Owner

Mortgages & Loans*(Amount outstanding, redemption dates etc.)*

Owner

G – Commitment*1st Person2nd Person**Q. How much do you wish to invest?***(State per month or lump sum)***Q. How long do you intend to invest for?****Q. Where are these funds coming from?**

*If you are unsure about the amount you can invest, you will benefit by completing an Expenditure Detail Analysis. Please ask your consultant for details.

H – Advisers

Q. Who would you like to be involved in your financial strategy e.g. Solicitor, Accountant, Fund Manager etc.?

Name	Address	Contact Details
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Other

(e.g. Trustee, Power of Attorney)

Have you made a Will?

If so, when was it dated?

I - Attitude to Risk

If you have not completed a 'Risk Tolerance Questionnaire', please consult our definitive guide and then state your attitude to risk.

1st Person

2nd Person

Investments

Pensions (if different)

RTQ Score (if completed)

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 have also received the * **About our services and costs** and * **Client Agreement for the Provision of Financial Advice**

*Delete as applicable

Signed

Signed

Dated

Dated

The information you provide may be retained on computer for reference purposes and to provide you with reports for financial reviews. It is confidential and will be held in accordance with the Data Protection Act 1998. However, we may also use it to provide you with details of products suitable for your requirements. If you do not wish to receive this information, please tick this box.

2. CONFIDENTIAL FINANCIAL REVIEW FORM - Your Investments & Pensions

Please provide a list or use this form to give details of all your investments, pensions and other policies. It should include cash deposits (e.g. bank and building society accounts), savings (cash ISAs, National Savings, savings plans), lump sum and regular commitment investments, life assurances and pensions.

PLEASE NOTE: You may give your permission to Arbuthnot to obtain full details from your provider / scheme on your behalf. Please ask your consultant for further details.

Client Names:

Review Date:

J – Investments

Cash Deposits

(Bank, Building Society, National Savings, Cash ISAs etc.)

Owner (1 / 2 / Jt.)	Description (provider and a/c type)	Term (if any)	Current Value (£)	Interest (%)
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Collective Investments

(ISAs, Unit Trusts, Investment Bonds etc.)

Owner (1 / 2 / Jt.)	Description (provider and a/c type)	Lump sum /Regular Premium	Initial (£)	Current Value (£)	Date Acquired
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Notes

Shares / Equities

Owner (1 / 2 / Jt)	Description (company, class etc.)	Nominal Cost (£)	Current Value (£)	Div (£)	Date Acquired
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Gilts / Loan Stock

Owner (1 / 2 / Jt)	Description (provider, issue date, coupon)	Cost (£)	Current Value (£)	Date Acquired
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Other Investments

(e.g. VCTs, EIS, Hedge Funds etc.)

Owner (1 / 2 / Jt)	Description (provider and a/c type)	Cost (£)	Current Value (£)	Date Acquired
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Other Regular Savings

(SAYE schemes, family bonds, endowments etc.)

Owner (1 / 2 / Jt)	Description (provider, issue date, coupon)	Term	Premium (£)	Estimated Value (£)	Start Date (Date)	Maturity (Date)
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K - Pensions

	1 st Person	2 nd Person	Notes
Q. What age do you wish to retire?			
Q. Have you applied for Primary or Enhanced protection? <i>If 'Yes' please give factor.</i>	Yes / No %	Yes / No %	
Q. Have you obtained a pension forecast from the DWP?	Yes / No	Yes /No	
Q. Are you entitled to benefits from or your fund subject to a Pensions Sharing Order?	Yes / No	Yes /No	

Employer Pensions

Member (1 / 2)	Scheme Name	Type	Spouse Benefit (%)	Started (Date)	Ceased (Date)	Estimate Pension (£)	Contributions (£)	Transfer Value (£)
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Private Pensions

Member (1 / 2)	Provider Name	Type	Started (Date)	Ceased (Date)	Estimate Pension (£)	Contributions (£)	Transfer Value (£)
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Other Pensions*(Unapproved employer schemes, Overseas etc.)*

Member (1 / 2)	Type	Started (Date)	Ceased (Date)	Estimate Pension (£)	Contributions (£)	Transfer Value (£)
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L - Protection

Investment Linked Assurance

(Whole of Life, Endowments etc.)

Owner (1 / 2 / Jt)	Description (Provider, type etc.)	Estimated Value (£)	Cover	Term	Premium	Start Date
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Non-Investment Assurance

(Term, Family Income Benefit, Critical Illness etc.)

Owner (1 / 2 / Jt)	Provider	Type	Cover	Term	Premium	Start Date
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Income Protection Insurances

(PHI, ASU, PPI)

Owner (1 / 2 / Jt)	Provider	Type	Cover	Term	Premium	Start Date
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Inheritance Tax Plans

Details