

Walsh & Co

Financial Planning

*Getting you from **A** to **B***

PRIVATE & CONFIDENTIAL

FINANCIAL PLANNING ANALYSIS

Client Name	
Client Reference	
Date	
Consultant	



Your co-operation in providing us with the fullest information is needed in order that we can provide the recommendations best suited to your personal financial circumstances. All information will be treated in the strictest of confidence.

All questions should be answered. N/A should denote information not applicable. D should denote disclosure of information declined.

Personal Details

	Self	Spouse/Partner
Name and Title	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	<input type="text"/>
How long at this address	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Home	Home
	Work	Work
	Mobile/Car Phone	Mobile/Car Phone
Email Address	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status / Date	<input type="text"/>	<input type="text"/>
	Date of Birth <input type="text"/> Age Next <input type="text"/>	Date of Birth <input type="text"/> Age Next <input type="text"/>

Occupation/Business Details

	Self	Spouse/Partner
Occupation/Business	<input type="text"/>	<input type="text"/>
Employers/Business Address	<input type="text"/>	<input type="text"/>
Future Prospects	<input type="text"/>	<input type="text"/>

Employed

	Self	Spouse/Partner
Length of Service	<input type="text"/> Yrs	<input type="text"/> Yrs
<i>Income</i> Basic	<input type="text"/>	<input type="text"/>
	<input type="text"/> Date of next review	<input type="text"/> Date of next review
Bonuses/Commission	<input type="text"/>	<input type="text"/>
Profit Share	<input type="text"/>	<input type="text"/>
Other Income (Inc Dividends)	<input type="text"/>	<input type="text"/>
	<input type="text"/> When are these to be received?	<input type="text"/> When are these to be received?
INCOME	<input type="text"/>	<input type="text"/>
	<input type="text"/> Main Source	<input type="text"/> Main Source
	<input type="text"/> Net Monthly	<input type="text"/> Net Monthly
Benefit in Kind	<input type="text"/>	<input type="text"/>
Tax Office / Code	<input type="text"/>	<input type="text"/>
	<input type="text"/> Tax Rate	<input type="text"/> Tax Rate
National Ins. Number	<input type="text"/>	<input type="text"/>

Self Employed/Company Director

	Self	Spouse/Partner		
Year End	<input type="text"/>	<input type="text"/>		
How long have you been established?	<input type="text"/>	<input type="text"/>		
	Tax Year	Turnover	Gross Profit	Net Profit
3 Years Accounts	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
Estimate of Drawings £	<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"/>	Source <input type="text"/>	£ <input type="text"/>	Source <input type="text"/>

Dependants

Name	Relationship	Marital Status	Child Benefit/ Allowance	Date of Birth		
				Day	Month	Year
<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 provisions have you made for your children's future/ Education?

Your Advisers

	Self	Spouse/Partner				
Have you made a will?	Yes No	Last updated	<input type="text"/>	Yes No	Last updated	<input type="text"/>
Basic Provisions	<input type="text"/>			<input type="text"/>		
Solicitor Name Address Telephone Number	<input type="text"/>			<input type="text"/>		
Executor of the Will	<input type="text"/>			<input type="text"/>		
Discretionary Will Trust / POA	Yes	No		Yes	No	
Accountant Name Address Telephone Number	<input type="text"/>			<input type="text"/>		
Financial Advisor	<input type="text"/>			<input type="text"/>		

Family Interests, Hobbies, Pastimes & Sports

How many hours each week do you currently work?

Assets

Residence

Status (Please circle) Home-Owner Living with Parents Rented

How long at this address?

If Home-Owner: (See liabilities section) Value of house £ Mortgage Outstanding £

How held? (Please circle) Single (name) _____ Joint Tenants Tenants in Common

Details of any second property (e.g. Holiday Home etc)

Savings

	Self/Partner/Joint	Name of Branch	Type of Account	Approx. Balance	Purpose
BANK Current					
Deposit					
Building society					
National savings					
Children's savings etc					
Other					
TESSA/Cash ISA's					
Income saved on a regular basis	%	£			

Investments

	Self/Partner/Joint	Name/Type	Holding	Approx. Value	Purpose
Equities					
Unit trust/ Investment Trust					
Gilts					
Property					
PEPS/ISAS/ Other					

Are these actively managed? Yes No

Amount of taxable income £ £

Life Assurance & Savings

Company & Policy No.	Type of Policy	Premium	Start Date	Maturity/End Date	Life Assured	Amount payable on death	Basic sum assured	Purpose	Tick if in trust

Are you a smoker/non smoker

Self

Spouse

Health – Good/Average/Poor

Retirement Planning

Preferred retirement Age

Self

Spouse

Retirement income required if you were retiring today

Self

Spouse

Company & Policy No.	Type of Scheme	Date Started	Retirement Date	Level/Type of Contribution	Whose name (Self/Partner)	Death Benefits

Have you opted out of SERPS/S2P?

Self

Yes

No

Partner

Yes

No

Liabilities

Mortgage Details

	Lending Source 1	Lending Source 2
Name of lending source	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Original Loan	£ <input type="text"/>	£ <input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Amount outstanding	£ <input type="text"/>	£ <input type="text"/>
Term outstanding	<input type="text"/>	<input type="text"/>
Further advance	£ <input type="text"/>	£ <input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Monthly repayment	£ <input type="text"/>	£ <input type="text"/>
Interest rate	<input type="text"/> %	<input type="text"/> %
Type of mortgage	<input type="text"/>	<input type="text"/>

Are the mortgages protected in the events of:

	Lending Source 1		Lending Source 2	
Death of self or Partner?	Yes	No	Yes	No
Permanent disability of self or partner?	Yes	No	Yes	No
Illness/Accident of self or partner?	Yes	No	Yes	No
Critical Illness of self or partner?	Yes	No	Yes	No

Other Credit

	Lender	Type	Purpose	Amount Borrowed	Whose name self/ partner/ joint	Date of loan	Interest rate	Regular monthly cost	Amount outstanding	Last payment date
Bank Overdraft										
Credit Cards										
Bank Loans										
HP Agreement										
Other										

Income Replacement

If you were unable to work due to illness would you be able to maintain your monthly commitments?

LONG TERM

How much of your income would you want replaced to maintain your standard of living if you were unable to work through illness or disability?

Self

Spouse

£

£

Deduct: Existing provision

(a) from current employer

(£)

(£)

(b) from personal arrangements

(£)

(£)

Shortfall

£

£

Changing Circumstances

Self

Spouse

Do you anticipate any major change in your circumstances in the near future?
e.g. inheritance, job change, major financial commitment?

Employee Benefits

Does your employer run a company pension scheme? Y/N

Are you a member Y/N If no, when do you become eligible to join? _____ If yes, date of joining _____

Please give details of the scheme, including details of contributions payable and normal scheme retirement age.

Do you have any pension scheme benefits in the scheme of a previous employer? Y/N
If yes, please give details.

What entitlement to sick pay do you have?

What death in service benefits do you have?

Please provide details of any other benefits provided to you by your Employer.

Attitude to Risk

Please refer to attached sheet

Financial Objectives

Are we correct in assuming that you wish to ensure the following:-

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. To be financially well organised? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To determine your future desired lifestyle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Minimise your income and other tax liabilities? | <input type="checkbox"/> | <input type="checkbox"/> |

What would you class as your one major overriding financial objective?

Anything else not covered? (e.g. long term care)

Personal Objectives

Please indicate the relative importance of the following needs/objectives on a scale of 1 to 5. Insert 1 to indicate very important and 5 to indicate that you attach little importance to that item.

PROTECTION	Client	Partner	Adviser	Remarks
Providing for your family in the event of death				
Providing for your family in the event of your spouse's death				
Replacement of earnings (self and/or spouse) in the event of illness or disability				
Providing for yourself or your family in the event of a critical illness				
Reducing and providing for inheritance tax				

Savings & Investment

Build up of capital				
Providing for children's education				
Saving for children's future				
House purchase				
Lump sum investment for growth				
Lump sum investment for income				

Retirement Planning

Planning to be totally financially independent by age ()				
Planning for retirement for self				
Planning for retirement for spouse				

Investment available - Client Monthly Annually Lump Sum

Investment available - Spouse Monthly Annually Lump Sum

I/We confirm that the information provided is accurate to the best of my/our knowledge and that I/we have received a business card and terms of business letter.

Client's signature	Self	Spouse/Partner	Adviser	Date
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IMPORTANT NOTE: No binding commitment is made by signing this form

We recognise six basic risk/reward profiles for Clients:

1 = No Risk

You are not prepared to see any reduction whatsoever in the value of your investments. Even if there is a very fair chance that their value will recover from any fall before the money is likely to be needed, you are only prepared to put money into investments, such as cash or short-term fixed interest securities where the capital return is guaranteed. You fully understand and accept that the future purchasing power of the capital is likely to be lower over the long term, than if investments are based on shares and property. You also accept that the income from cash deposits can vary.

2 = Cautious Risk

You are a cautious investor and want a proportion of your invested funds to be in cash or other guaranteed investments. However, some investments could be in funds where there may be a limited degree of fluctuation of values in return for prospects of modest long-term growth.

3 = Cautious / Medium Risk

You are prepared to accept occasional falls in value in order to gain potentially higher returns although you would like to minimise potential losses.

4 = Medium

You are prepared to see investments fluctuate in return for a higher level of prospective growth in both income and capital. A reasonable proportion of your investments should be in asset-backed investments such as shares and property. You are prepared to put a very small portion of investments in higher risk funds.

5 = Medium / High Risk

A reasonable proportion of your investments should be in largely asset-backed investments such as shares and property and you may be prepared to allocate a small part of your investments to higher risk funds. You are happy to accept fluctuations in order to gain potentially higher returns.

6 = High Risk

You are prepared to invest in asset based investments. You are comfortable with investments in high risk funds such as individual shares and even unquoted investments. It is likely that a significant proportion of total funds would be in shares. You are happy to accept considerable volatility in return for the possibility of attractive returns.

Please indicate how you wish your investments to be allocated overall in percentage / monetary terms:

CLIENT 1: Pensions						Regular Savings						Investments					
1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6

CLIENT 2: Pensions						Regular Savings						Investments					
1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6

