



Personal Fact Find

Information collection started:

Information current as at:

Servicing Adviser:

R J Litten & Partners
17A-19 Eaton Street
Eaton
Norwich
NR4 7A

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1. PERSONAL DETAILS

	Client 1	Client 2
Title		
First Name		
Last Name		
Sex		
Date of birth		
Marital Status		
Married On		
Smoker		
Health?		
Address		
Town or City		
County		
Postcode		
Residency		
Domicile		
Contact Numbers		

Notes

2. Address Details

	Client 1	Client 2
Address		
Town or City		
County		
Postcode		
Residency		
Domicile		
Contact Numbers		

Notes

3. FAMILY AND DEPENDANTS

Including dates of birth and likely age that children will become independent

Notes

4. OCCUPATION

	Client 1	Client 2
Occupation		
Employers Name & Address		
Telephone Number		
NI Number & tax reference		

Type	Employed	Controlling Director	Keyman	Self Employed	Sole trader	Partner	Retired	Homemaker	Unemployed
Client 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

5. INCOME

Further details in Section A Yes No

		Increasing	Reducing	Stable	Secure	Insecure
Client 1	Income Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client 2	Income Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Client 1	Client 2	Joint
Total earned income			
Total investment income			
Total income			
Less tax and NIC			
Less other expenditure			
Surplus income/expenditure			

Further details in Section B Yes No

Notes

6. PROPERTY & DEBT

Further details in Section C Yes No

	Property Owner	If No, status (eg renting, living with parents, etc)	Value of Possessions
Client 1	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Client 2	Yes <input type="checkbox"/> No <input type="checkbox"/>		

					Mortgage			
	Owner	Tenancy	Value	Purchase date	Size	Type	Start	End
Property								
Property								
Property								
Property								
Property								
Property								
Property								

Debt Profile

	Client 1	Client 2	Joint
Size of short term debt (including credit cards) (less than 5 years)			
Is the debt protected against:			
Death	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sickness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unemployment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Size of long term debt (greater than 5 years) (excluding mortgage)			
Is the debt protected against:			
Death	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sickness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unemployment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arrears	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Judgements	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes

7. INVESTMENTS & SAVINGS

Further details in Section D Yes No

Deposit Based For ISAs, include year of purchase

Investment				
Provider				
Type				
Owner				
Current value				
Income Taken				

Equity based (Unit trust, insurance bond, ISA, investment trust, PEP, shares, other) For ISAs, include year of purchase

Investment				
Provider				
Type				
Owner				
Current value				
Income Taken				

8. RETIREMENT

Further details in Section E Yes No

	Does Employer have an Occupational Scheme?		Are you in it? If No , why not?		AVC / Added years		FSAVC		Personal Arrangements		Out of S2P		Previous Scheme	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Client 1 Approx income payable at NRD in todays terms			Why not:											
Client 2 Approx income payable at NRD in todays terms			Why not:											

Retirement Profile

Preferred retirement age	
Actual retirement age	
I desire a higher real income in retirement	
At retirement I am prepared to take a drop in real income of	0% 10% 20% 30%
	40% 50% 60%
	70% 80% 90%
I do not intend to retire	

C1	C2

Notes

9. PROTECTION

Further details in Section F Yes No

Including employee benefits

	Client 1 only		Client 2 only		Joint	
	Amount	Approx. term (range)	Amount	Approx. term (range)	Amount	Approx. term (range)
Life Cover						
Critical Illness and Permanent Disability Income Replacement						
Accident, Sickness, and Unemployment						
Private Medical Insurance						
Long Term Care						

Protection Profile

Client 1	Client 2	Joint
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In the event of premature death, the financial risk should be borne by:

State benefits
My/our savings/ assets/investments
Insurance

In the event of critical illness or permanent disability, the financial risk should be borne by:

State benefits
My/our savings/ assets/investments
Insurance

In the event of long term loss of earnings, the financial risk should be borne by:

State benefits
My/our savings/ assets/investments
Insurance

In the event of sickness, accident or redundancy, the financial risk should be borne by:

State benefits
My/our savings/ assets/investments
Insurance

In the event of hospitalisation the financial cost should be borne by:

State benefits
My/our savings/ assets/investments
Insurance

In the event of infirmity in old age the financial risk should be borne by:

State benefits
My/our savings/assets/ investments
Insurance

Notes

10. INVESTMENT PROFILE

		Client 1		Client 2		
Are ethical considerations more important than potential returns?		Yes	No	Yes	No	
		Risk and Reward	Place to Invest	Risk	% of capital	
					C1	C2
Short term (0-5 years)	Cash for emergencies	Deposits	Low			
	Cash for speculation	Direct equity, other	High			
Medium term (5-15 years)	High degree of security, potential loss of interest on early withdrawal.	Cash.	Low			
	Some exposure to the stock markets so some movement in value down as well as up possible. Potentially better returns than deposits.	Gilts, fixed interest, distribution, cautious managed funds	Medium /low			
	Prepared to accept some loss in the short to medium term. Some awareness of the stock market needed as more than half the money will be invested in shares.	General managed, UK equity funds, with profits	Medium			
	Prepared to accept a greater loss in the short to medium term. Potentially strong returns but also harder to decide when to take profits. Market awareness needed.	Overseas funds	Medium/high			
	Prepared to accept very large movements in value, which may not recover. Very high degree of market awareness required to make best use of this type of investment.	Specialist funds, direct equity	High			
Long term (over 15 years)	High degree of security, potential loss of interest on early withdrawal.	Cash.	Low			
	Some exposure to the stock markets so some movement in value down as well as up possible. Potentially better returns than deposits.	Gilts, fixed interest, with profits, distribution, cautious managed funds	Medium /low			
	Prepared to accept some loss in the short to medium term. Some awareness of the stock market needed as more than half the money will be invested in shares.	General managed, UK equity funds	Medium			
	Prepared to accept a greater loss in the short to medium term. Potentially strong returns but also harder to decide when to take profits. Market awareness needed.	Overseas funds	Medium/high			
	Prepared to accept very large movements in value, which may not recover. Very high degree of market awareness required to make best use of this type of investment.	Specialist funds, direct equity	High			

Notes

11. ESTATE PLANNING

Further details in Section G Yes No

	Client 1	Client 2	Joint
Have you made a Will?	Yes No	Yes No	
Have you received or do you expect to receive any gifts?	Yes No	Yes No	
Have you given or do you expect to give any gifts?	Yes No	Yes No	
Is your net estate value greater than the Nil Rate Band?	Yes No	Yes No	Yes No

IHT Profile

The liability is my beneficiaries problem	Yes No	Yes No
I would consider IHT solutions	Yes No	Yes No
IHT solutions are a high priority	Yes No	Yes No

Notes

12. OBJECTIVES SUMMARY

1 = wish to receive advice now

2 = may wish to receive advice in due course

3 = discussed, but not interested

	Client 1 1, 2, or 3	Client 2 1, 2, or 3	Notes
Mortgage or re-financing			
Short Term Investments			
Medium term Investments			
Long Term Investments			
Protection in the event of death			Enter TARGET income required and TARGET lump sum for loan purposes required
Protection in the event of sickness/disability			Enter TARGET income required and TARGET lump sum for loan purposes required
Protection in the event of critical illness			Enter TARGET income required and TARGET lump sum for loan purposes required
Protection in the event of infirmity in old age			
Retirement Planning			
Estate Planning			
Private Medical cover other			

Notes

14. Knowledge & Experience

Before making a recommendation it is incumbent that we determine that you have the necessary level of experience and knowledge in order to understand the risks involved in any transaction we may arrange for you or in the management of your portfolio.

Therefore, please complete the following assessment accurately.

Investment Experience and Service

1. What type of investment planning have you received advice on, or types of products you have purchased within the last 10 years? *(Please circle, where appropriate, and outline the nature, volume and frequency in the free text box).*

No.	Types of Product	Advice Received	Product Purchased
1	Building Society deposit/savings accounts	Y / N	Y / N
2	Regular savings vehicles including endowments, friendly society bonds	Y / N	Y / N
3	Lump sum investment bonds	Y / N	Y / N
4	Unit trust/OEIC/ISA	Y / N	Y / N
5	Regular and/or single premium personal pension contracts	Y / N	Y / N
6	More complex pension arrangements such as SIPP's and Unsecured Pension/Income withdrawal	Y / N	Y / N
7	Shares	Y / N	Y / N
8	Warrants, derivatives, commodities, spread betting	Y / N	Y / N
9	Tax planning	Y / N	Y / N
10	IHT planning	Y / N	Y / N

Notes – Nature, volume and frequency

2. What type of service are you familiar with?

In any past dealings, would you normally receive advice?	Yes / No / N/a
Do you have any experience of requesting transactions on an Execution Only basis?	Yes / No

Knowledge Statement

3. Are there any particular issues which we should be aware of in terms of your level of education, profession or former profession which are relevant to your investment knowledge or experience?
YES/NO

(If Yes, please provide detail)

4. Which of the following descriptions best describes your knowledge and experience? (Please Tick).

<p>I have no knowledge of investments whatsoever, and this would be my first investment.</p> <p><i>I am aware of market fluctuations, and how these might generate growth/income within my investments but also the fact that I may lose all or part of an investment made</i></p>	
<p>I have a reasonable knowledge of investments, having previously purchased Investment/Pension contracts.</p> <p><i>If the products purchased fluctuated in value, have you been comfortable with this? Yes/No; If No, please provide further detail below</i></p>	
<p>I have a strong knowledge of investments, having previously purchased a range of Investment/Pension contracts. I take an active interest in following investment markets and reviewing my financial plans.</p> <p><i>If the products purchased fluctuated in value, have you been comfortable with this? Yes/No; If No, please provide further detail below</i></p>	

Source of Wealth	Information to be Provided by the Applicant
<input type="checkbox"/> Loan	<ul style="list-style-type: none"> • Amount of loan and date • Why required • Name and address of loan provider
<input type="checkbox"/> Gift	<ul style="list-style-type: none"> • Amount of gift and date • Details of benefactor • Reasons for gift • Relationship to benefactor
<input type="checkbox"/> Lottery/Betting Win	<ul style="list-style-type: none"> • Amount of win and date • Where and how won • Details of organisation paying prize
<input type="checkbox"/> Compensation Payment	<ul style="list-style-type: none"> • Total amount and date received • Who made payment • Reason for payment
<input type="checkbox"/> Savings from Employment Income	<ul style="list-style-type: none"> • Annual income and bonuses this year and last • Nature of employers business • Employers name/address
<input type="checkbox"/> Other Income	<ul style="list-style-type: none"> • Nature of income and date • Amount • Received from whom
<input type="checkbox"/> Property Sale	<ul style="list-style-type: none"> • Total sale amount • Details/address of property • Dates of purchase and sale
<input type="checkbox"/> Company Sale (or sale of a interest)	<ul style="list-style-type: none"> • Name & address of company • Total sale price and date • Applicants share • Nature of business
<input type="checkbox"/> Inheritance	<ul style="list-style-type: none"> • Total amount received and date • Name of benefactor • Relationship to benefactor
<input type="checkbox"/> Sales of shares, unit trusts etc	<ul style="list-style-type: none"> • Sale proceeds and date • Description of shares/funds • How sold (i.e stockbroker) and name and address
<input type="checkbox"/> Maturing investments or policy claim	<ul style="list-style-type: none"> • Amount received and date • From which company • How long held
<input type="checkbox"/> Business profits	<ul style="list-style-type: none"> • Profit – this financial year and last • Company name & address

Source of Wealth**Source of Funds**

Tick the appropriate box above and provide the required information below:	Name & Type of Institution	Account Number	Account Holders Name

DATA PROTECTION

RJ Litten & Partners 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.

DECLARATION

I/We confirm that the information 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 Adviser may not be able to offer me/us the most appropriate advice for your circumstances. The advice given will be based on the information provided.

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

Client 1 signature	Date	
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Client 2 signature	Date	
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Adviser name and signature	Date	
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