

Lyndhurst Financial Management Ltd

Authorised To Carry On Investment Business By The Financial Services Authority

Lyndhurst House, High Street, Harpenden, Herts. AL5 2RT
Tel : 01582 715777, Fax : 01582 462111



CONFIDENTIAL CLIENT INFORMATION FORM

Personal Details and Assets

as required under the Financial Services and Markets Act 2000

Title (Self)		Full Name (Self)	
Title (Partner)		Full Name (Partner)	
Date of Birth (Self)		Date of Birth (Partner)	
Address			
Home Tel. No. (self)		Work Tel. No. (self)	
Home Tel. No. (Partner)		Work Tel. No. (Partner)	
Mobile No. (Self)		Mobile No. (Partner)	
E-mail Address (Self)		E-mail (Partner)	
NI No. (Self)		NI No. (Partner)	
Occupation (Self)		Occupation (Partner)	
Employed / Self employed (self)		Employed / Self employed (Partner)	
Employer Name (Self)		Employer (Partner)	
Are you in good health? (Self)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Partner)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Smoke? (Self)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Partner)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a Will? (Self)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Partner)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any gifts to commute Inheritance Tax Liabilities? - please give details			
What are the main Provisions of the Wills of yourself and your partner?			
Children (Full Names)	Date of Birth	Marital Status	Do the children live with you? If not where?
Other Dependants	Date of Birth	Marital Status	What relationship are they to you?

Income Details

	Total	Self	Partner
Basic Annual	£	£	£
Regular Overtime	£	£	£
Bonus / Commission	£	£	£
Any Other Annual Income	£	£	£
Investment Income (Details)	£	£	£
Total	£	£	£
Maximum Rate Of Tax			
Net Monthly Income	£	£	£
Net Monthly Outgoings	£	£	£
Net Disposable Income	£		

Pension and Life Assurance Arrangements

Pensions									
Self									
Policy Number	Type Of Scheme	Company	Start Date	NRD	Estimated Benefits	Death Benefits	Beneficiary	Person / Co Confs	
					£	£			
					£	£			
					£	£			
Partner									
Policy Number	Type Of Scheme	Company	Start Date	NRD	Estimated Benefits	Death Benefits	Beneficiary	Person / Co Confs	
					£	£			
					£	£			
					£	£			
Life Assurance									
Self									
Policy Number	Type Of Policy	Company	Start Date	Expiry Date	Sum Assured	Premium Payable	Beneficiary	In Trust	
					£	£			
					£	£			
					£	£			
Partner									
Policy Number	Type Of Policy	Company	Start Date	Expiry Date	Sum Assured	Premium Payable	Beneficiary	In Trust	
					£	£			
					£	£			
					£	£			
Please give details of other insurance cover (eg. Permanent Health Insurance/ Sickness / Accident / Medical Cover / Critical Illness Cover)									
Self									
Policy Number	Type Of Policy	Company	Start Date	Expiry Date	Benefit Payable	Premium Payable	Beneficiary		
					£	£			
					£	£			
					£	£			
Partner									
Policy Number	Type Of Policy	Company	Start Date	Expiry Date	Benefit Payable	Premium Payable	Beneficiary		
					£	£			
					£	£			
					£	£			

Personal Liabilities

		Joint	Self	Partner
Mortgage(s) and amounts outstanding	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£	£
What type(s) of mortgage(s) do you have?				
How much of the mortgage is repaid in event of death of self or partner?		£	£	£
When did your mortgage commence?				
Who is the mortgage lender?				
What rate of interest are you paying?				
What is the repayment date(s)?				
Are there any early redemption penalties?				
Is the mortgage held on a joint basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
What are the monthly payments?		£	£	£
Bank overdraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£	£
Personal Bank Loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£	£
Hire Purchase Liabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£	£
Credit Card Balance	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£	£
Any Other Liabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£	£
Total		£	£	£
Agreed Capital Emergency Fund (For planned purchases, eg new car, building work, tax bill etc.)		£		

Attitude To Investment

Your attitude towards risk is possibly the most important thing for us to consider when deciding where best to invest your money. Rather than saying whether you are low medium or high risk it will help us more if you can work with us to identify how we should spread your investments across the spectrum of risk and asset classes. Higher risk investments will tend to fluctuate far more on a day to day basis than lower risk investments, and offer the potential for potentially greater returns at the expense of less security to the absolute value of your money. The completion of the following risk assessment questionnaire will help to identify your investment risk.

Risk Profiler

Complete this questionnaire for client and partner

FOR CLIENT

Step 1: ask the questions of the client and record the answers, circling the answer square:

How do you feel about investment risk?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I would feel comfortable if my investments could easily rise and fall by a quarter (25%) or more in a year	7	5	2	1
If my investments fell significantly in value I might see this as an opportunity to buy more at cheaper prices.	7	5	2	1
I would not feel comfortable if my investments could fall in value at all.	1	1	4	7
I prefer the security of bank accounts to stock market related investments.	1	1	4	7
I can sleep at night knowing that my investments might rise and fall quite rapidly in the short term	7	4	2	1

Step 2: Now add up the numbers: _____

Step 3: circle the client's risk level:

From	To	Risk level is ...
0	5	1
6	9	2
10	11	3
12	14	4
15	16	5
17	19	6
20	21	7
22	24	8
25	30	9
31	99	10

FOR PARTNER

Step 1: ask the questions of the partner and record the answers, circling the answer square:

How do you feel about investment risk?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I would feel comfortable if my investments could easily rise and fall by a quarter (25%) or more in a year	7	5	2	1
If my investments fell significantly in value I might see this as an opportunity to buy more at cheaper prices.	7	5	2	1
I would not feel comfortable if my investments could fall in value at all.	1	1	4	7
I prefer the security of bank accounts to stock market related investments.	1	1	4	7
I can sleep at night knowing that my investments might rise and fall quite rapidly in the short term	7	4	2	1

Step 2: Now add up the numbers: _____

Step 3: circle the partner's risk level:

From	To	Risk level is ...
0	5	1
6	9	2
10	11	3
12	14	4
15	16	5
17	19	6
20	21	7
22	24	8
25	30	9
31	99	10

Financial Objectives

How important is it to ensure that you are adequately provided for in the following areas?		
Area Of Need	Priority	Comments
Repaying your mortgage on Death	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Repaying your mortgage on Critical Illness	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Life Insurance to protect the family	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Critical Illness cover	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Long term Income Protection	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Reviewing the cost of existing protection plans	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Retirement Planning	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Saving monthly for the future	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Investing Capital for Growth/Income	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Reviewing your Investment Portfolio	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
School Fees Planning	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Mitigating Inheritance Tax	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
Raising capital/remortgaging	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	

Declaration

This information has been provided on the understanding that it will be used in strict confidence and that it places us under no obligation to take up any suggested recommendation.

I confirm receipt of Lyndhurst Financial Management Ltd's, Key Facts about our services and costs, and Terms of Business and Client Agreement

Signature of Self:

Signature of Partner:

Date

Date

Ref:01/10/2007

