

Your Information

Private & Confidential

Client One:

Client Two:

Adviser:

Date Completed:

Martin Aitken Financial Services Limited

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Disclosure and Key Facts

Type of Document	Date Issued

Advice Areas

Date of first interview	
Type of Interview	
Anybody else present at the interview?	
If Yes, please provide details	
Protection	
Mortgage	
Retirement Planning	
Savings & Investments	
Estate Planning	

Personal Details

	Client One	Client Two
Title		
First Name		
Middle Name		
Surname		
Preferred Name		
Maiden/Previous name		
Date of Birth		
Age		
Gender		
Marital Status		
Nationality		
National Insurance No.		
Country of Domicile		
Country of Residence		
Expatriate?		
Do you have a valid will?		
Power of Attorney Granted?		
Are you a smoker?		
Are you currently in good health? If no, please provide details		
Any medical conditions (including date diagnosed)?		
Are there any particular social, ethical, environmental and/or religious considerations that should be taken into account?		

Address Details

Owner			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
City / Town			
County			
Country			
Postcode			
Postcode			
Address Type			
Residency Status			
Date From			
Default			
Address Status			
Registered on Electoral Roll			
Time at Address (Months)			

Contact Details

Name	Contact Type	Value	Note	Preferred Contact

Professional Contacts

Contact Type	Contact Name	Company Name	Address Line 1	Post Code	Telephone Number	Facsimile Number	Mobile Number	Email Address

Family And Dependants

Full Name	Date of Birth	Age	Relationship	Related To	Financially Dependant?	Period	Dependant Living with Client(s)

Profile Notes

Current Employment Details

	Client One	Client Two
Total annual self-employed Net Profit/employed gross basic, guaranteed and regular overtime and bonus incomes (£)		
Highest rate of income tax paid (%)		
Owner		
Employment Status		
Occupation		
Employer		
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
City / Town		
County		
Country		
Post Code		
Intended Retirement Age		
Most Recent Annual Net Profit Amount		
Year End		
Year 2 Annual Net Profit Amount		
Year 2 End		
Year 3 Annual Net Profit Amount		
Year 3 End		
Start Date		
End Date		
Gross Basic Annual Income (£)		
Net Basic Monthly Income (£)		
Do you receive Overtime Income?		
Gross Guaranteed Annual Overtime (£)		
Net Guaranteed Monthly Overtime (£)		
Gross Regular Annual Overtime (£)		
Net Regular Monthly Overtime (£)		
Do you receive Bonus Income?		
Gross Guaranteed Annual Bonus (£)		
Net Guaranteed Annual Bonus (£)		
Gross Regular Annual Bonus (£)		
Net Regular Annual Bonus (£)		
Other Gross Income		
Total Gross Annual Earnings		
Continuous Employment (Months)		

In Probation		
Probation Period		
Projections for Current Year		
Statement of Accounts		
Tax Returns		
Number of Years Accounts Available		

Employment History

Owner	Employer	Start Date	End Date	Annual Salary

Employment Notes

Assets

Do you have any assets?	
Client does not wish to disclose	

Owner	Asset Category	Description	% Ownership	Original Value	Related to Address	Purchased On	Asset Value	Asset Value Date

Total _____
 Total _____
 Joint Total _____

Liabilities

It is desirable that a greater priority be given to the repayment / reduction of the levels of your debt prior to making an investment or committing to a regular premium.

Do you have any liabilities?	
Do you wish to consider repayment or reduction of any liabilities? (provide details in notes section)	
Why do you not want to consider this?	
Client does not wish to disclose?	

Owner			
Liability Account Number			
Liability Category			
Description			
Original Loan Amount			
Repayment or Interest Only?			
Amount Outstanding			
Credit Limit			
Interest Rate (%)			
Payment Amount (Monthly)			
Lender			
Loan Term (years)			
End Date			
Protected			
Early Redemption Charge			
Consolidate			
Whether liability is to be repaid?			
How will liability be repaid			

Income

	Client One	Client Two
Total annual self-employed Net Profit/employed gross basic, guaranteed and regular overtime and bonus incomes (£)		
Total Gross Annual Earnings or Net Relevant Earnings		

Owner	Category	Description	Frequency	Gross Income Amount	Net Income Amount

Total _____
 Total _____

Income Changes

Do you expect any changes in your monthly income in the foreseeable future?	
Do you expect Income to rise or fall?	
By how much (Net amount per month)	
What will cause the change in income?	

Expenditure

Do you wish to carry out a detailed expenditure analysis? If 'no' then please enter a value into the Total Monthly Expenditure field	
Total Net Monthly Expenditure	

Category	Description	Net Monthly Amount	Consolidate
Monthly Basic Essential Expenditure			
Rent			
Council Tax			
Gas			
Electricity			
Water			
Telephone			
Food			
Car/Travelling Expenses			
Housekeeping			
Ground Rent/Service charge			
Building Insurance			
Other			
Basic Quality of Living			
Clothing			
Furniture/Appliances/Repairs			
Toiletries			
TV/Satellite/Internet/Basic Recreation			
School Fee/Childcare			
Transport			
Other			
Monthly Non-Essential Outgoings			
Gym			
Holidays			
Entertainment			
Life/General Assurance Premium			
Other (Non-Essential)			
Monthly Liability Expenditure			
Personal Loans			
Credit Cards			
Mortgage			
Maintenance/Alimony			
Other			

Expenditure Details

Calculated Total Monthly Household Expenditure	
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Existing Mortgage Details

Do you have an existing mortgage?			
Owner			
Lender			
Product Name			
Policy Number			
Address Line 1			
Rate Type			
Rate period from completion(mths)			
Mortgage Type			
Are you a First Time Buyer?			
Property Type			
Repayment Method			
Details			
Capital Repayment Amount			
Capital Repayment Term			
Capital Repayment Term(Months)			
Interest Only Amount			
Interest Only Term			
Interest Only Term(Months)			
Interest Only Repayment Vehicle			
Value of Property			
Monthly Repayment Amount			
Original Loan Amount			
Lender Fees			
Interest Rate (%)			
Base Rate			
Loading (%)			
Feature Expires			
Original Mortgage Term			
Original Mortgage Term(Months)			
Start Date			
End Date			
Remaining Term			
Remaining Term(Months)			
Current Balance			
Account Number			
Is Guarantor Mortgage?			
Is the loan subject to Redemption Penalty?			
Redemption Terms			

Existing Protection Provision

Do you have any existing Protection policies (including death-in-service benefits)?	
Client does not wish to disclose	
Owner	
Provider	
Policy Number	
Type Of Contract	
Plan Purpose	
Product Name	
Start Date	
Expiry Date	
Premium	
Premium Frequency	
Sum Assured	
Benefit	
Benefit Frequency	
Life Cover Sum Assured	
Critical Illness Sum Assured	
Life Assured	
Payment Basis	
Benefit Period (if applicable)	
Specify	
Deferred Period (if applicable)	
Deferred Period Interval	
Assigned / In Trust	
Status	

Protection for your mortgage, debts and standard of living in the event of death or critical illness

Would your mortgage(s) and debt(s) be cleared if you were to die or suffer from a critical illness?	
Would you and your dependants be able to maintain your standard of living if you were to contract a critical illness?	
Would your dependants be able to maintain their standard of living in the event of your death?	
Would you want the certainty of knowing that the cost of protection would not change?	
What would be the impact on you?	
What would be the impact on your dependants?	
How do you want to address this?	
If not reviewing now, what is the reason?	

Goals (Retirement)

Owner	Goal Type	Goal Cat.	Goal Desc.	Target Amount	Start Date	Target Date	Ret. Age	Lump Sum At Ret. Type	Lump Sum At Ret.	Details

Goals / Needs

Future Income Requirement

	Client One	Client Two
What is your required annual net income in retirement (in today's money)?		

Existing Pension Provision

	Client One	Client Two
Does your employer currently operate a pension scheme?		
Are you a member?		
Are you or will you become eligible to join?		
When will you become eligible to join?		
If there is an employer's pension scheme for you to join but you have not done so, why is this?		
Are you contracted out of the Second State Pension?		

Final Salary Pension Schemes

Do you have any existing final salary schemes?	
Client does not wish to disclose	

Owner			
Product Name			
Employer			
Normal Ret. Age			
Accrual Rate(x'ths)			
Date Scheme Joined			
Expected Years of Service			
Pensionable Salary			
Indexed?			
Preserved?			
Status			

Money Purchase Pension Schemes

Do you have any existing money purchase schemes?	
Client does not wish to disclose	

Owner			
Provider			
Contract Type			
Linked To (Policy Number)			
Linked To (PlanType/Provider)			
Product Name			
Policy No			
Employer			
Date Scheme Joined			
Ret. Age			
Your Cont. (reg)			
Emp. Cont. (reg)			
Freq.			
Lump Sum Cont.			
Value			
Valuation Date			
Indexed?			
Preserved?			
Status			
WRAP			

Personal Pensions

Do you have any existing Personal Pension arrangements?	
Client does not wish to disclose	

Owner			
Contract Type			
Product Name			
Provider			
Linked To (Policy Number)			
Linked To (PlanType/Provider)			
Policy No			
Policy Start Date			
Ret. Age			
Your Cont. (reg)			
Emp. Cont. (reg)			
Freq.			
Transfer Cont.			
Lump Sum Cont.			
Value			
Valuation Date			
PCLS			
PCLS Paid By			
GAD / Maximum Income Limit (p.a.)			
Guaranteed / Minimum Income (p.a.)			
GAD Calculation Date			
Next Review Date			
Capital / Value Protected?			
Capital / Value Protected Amount			
Indexed?			
Preserved?			
Lump Sum Death Benefit			
In Trust?			
Status			
WRAP			

Annuities

Do you have any existing Annuity plans?	
Client does not wish to disclose	

Owner			
Type			
Product Name			
Provider			
Policy No			
Policy Start Date			
Total Purchase Amount			
Premium Start Date			
Capital Element (p.a.)			
Assumed Growth Rate %			
Income Amount			
Income Frequency			
Income Effective Date			
Annuity Payment Type			
PCLS			
PCLS Paid By			
Spouses / Dependants Benefits			
Spouses / Dependants %			
Overlap			
Guarantee (Yrs)			
With Proportion			
Capital / Value Protected?			
Capital / Value Protected Amount			
Status			
WRAP			

Next Steps

Owner	Goal Type	Goal Cat.	Goal Desc.	Target Amount	Start Date	Target Date	Ret. Age	Lump Sum At Ret. Type	Lump Sum At Ret.	Details	Reason For Change	Risk Profile

Next Step Notes

Goals (Investment)

Owner	Goal Type	Goal Category	Goal Description	Target Amount	Start Date	Target Date	Frequency	Details

Goals / Needs

Existing Bank Accounts / Cash Deposits (excluding ISAs)

Do you have any Cash Deposits / Savings Accounts (excluding ISAs)?	
Client does not wish to disclose	

Owner	Provider	Account Type	Plan Purpose	Policy No	Product Name	Current Balance	Start Date	End Date (if applicable)	Interest Rate (if known)	Status	WRAP

Total _____
Total _____
Joint Total _____

Other Investments

Do you have any other investments?			
Client does not wish to disclose			
Owner			
Provider			
Policy No			
Contract Type			
Linked To (Policy Number)			
Linked To (PlanType/Provider)			
Product Name			
Plan Purpose			
Cont. this tax year?			
Your Cont. (reg)			
Regular Cont. Freq.			
Lump Sum Cont.			
Current Value			
Valuation Date			
Start Date			
Maturity Date			
Low Maturity Value			
Medium Maturity Value			
High Maturity Value			
Maturity Value Projection Details			
Monthly Income, if applicable			
In Trust			
To Whom			
Product has a guarantee / protection to protect original investment?			
Status			
WRAP			

Additional Notes

Client One

Client Two

Priorities

Area of Planning	Client's Priority		Adviser's Priority		Agreed Priority	
	Client	Partner	Client	Partner	Client	Partner
Mortgage						
Life assurance						
Critical Illness Cover						
Permanent Health Insurance						
Private Medical Insurance						
Pension Planning						
Lump sum investments						
IHT planning						
Long Term Care						
Regular Savings						

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 HAVE ALSO RECEIVED THE FOLLOWING - KEY FACTS ABOUT OUR SERVICES DOCUMENT, CLIENT AGREEMENT, KEY FACTS ABOUT THE COST OF OUR SERVICES AND A BUSINESS CARD FROM MY FINANCIAL SERVICES MANAGER. IN ADDITION, I ALSO CONFIRM THE ANSWERS GIVEN IN RESPECT OF THE RISK QUESTIONNAIRE HAVE BEEN RECORDED ACCURATELY. I UNDERSTAND THESE ANSWERS WILL BE USED TO INDEPENDENTLY ASSESS MY OVERALL ATTITUDE TO RISK AND WILL BE REFLECTED IN ANY RECOMMENDATIONS.

NAME		NAME	
SIGNATURE		SIGNATURE	
DATE		DATE	

ADVISER'S SIGNATURE		DATE	
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