



Your Current Financial Status

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The information that you provide will act as a starting point for the creation of your Investment Plan.

PERSONAL DETAILS

Client 1

Full Name _____
 Address _____
 Telephone _____
 Email _____
 Date of birth _____

Client 2

Full Name _____
 Address _____
 Telephone _____
 Email _____
 Date of birth _____

ASSETS

At this initial stage the figures you provide do not have to be exact, your best estimates will suffice. If assets are owned jointly please include the percentage value (e.g. 50%).

		Asset Value £	Client 1 %	Client 2 %
Family home	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Other land and/or buildings	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Furniture, house contents, personal effects, motor vehicle, etc	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Business /sole trader	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Partnership interest	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Private company shares	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Quoted stocks and shares	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
PEPs and ISA	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Cash in bank/building society	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Life policies payable to you/your estate (please include estimated maturity values if known)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Property held overseas	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
Miscellaneous _____		_____	_____	_____
		Total _____		

Do you currently have any life policies payable to :
 your spouse (civil) partner/children/a Trust for family members ?
 If YES, what are the estimated maturity values?

Client 1
 YES NO

Client 2
 YES NO

Client 1 _____
Client 2 _____



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ANNUAL INCOME	Client 1 (£ per annum)	Client 2 (£ per annum)
Earned income (gross) e.g. salary, pension	_____	_____
Income from investments (gross)	_____	_____

PENSIONS	Client 1	Client 2
1. (a) Is your pension occupational or personal?	<input type="checkbox"/> OCCUPATIONAL <input type="checkbox"/> PERSONAL	<input type="checkbox"/> OCCUPATIONAL <input type="checkbox"/> PERSONAL
(b) Is there a widow/er's benefit attached? (if so, what %)	<input type="checkbox"/> WIDOWER BENEFIT % _____	<input type="checkbox"/> WIDOWER BENEFIT % _____
2. If your pension is being drawn at present what is the gross sum received per annum?	_____	_____
3. If your pension is not being drawn at present:		
(a) at what age does it become payable?	_____	_____
(b) what is the value of the death in service benefit?	_____	_____
(c) have you completed a nomination form or trust documentation directing the pension trustees to pay any death in service benefit to your dependents?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIABILITIES	Client 1 (£)	Client 2 (£)
Mortgage	_____	_____
Bank overdraft	_____	_____
Other _____	_____	_____

ADDITIONAL INFORMATION	Client 1	Client 2
1. Have you made any gifts during the previous 7 years which exceeded £3,000 in any year ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please detail the gifts :		
Client 1 _____		
Client 2 _____		
2. Have you inherited any assets within the previous 2 years ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give details :		
Client 1 _____		
Client 2 _____		



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ADDITIONAL INFORMATION continued	Client 1	Client 2
3. Are you a beneficiary of any trust?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you currently (or have you been at any time in the past) a Lloyd's Underwriter?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you anticipate receipt of any valuable assets which would materially increase the value of your estate ? (e.g. inheritance from parents). If YES, please provide estimated value :	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Client 1 _____		
Client 2 _____		

PROFESSIONAL ADVISERS	
Please give the names and addresses of your other advisers.	
Client 1 Accountant _____ Address _____ _____ Stockbroker _____ Address _____ _____ Solicitor _____ Address _____ _____	Client 2 Accountant _____ Address _____ _____ Stockbroker _____ Address _____ _____ Solicitor _____ Address _____ _____

IMPORTANT DOCUMENTS	
Please indicate the current whereabouts of the following documents.	
Client 1 Title deeds of your properties _____ Your stocks and shares _____ Your life policies _____	Client 2 Title deeds of your properties _____ Your stocks and shares _____ Your life policies _____



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FAMILY TREE

Please set out a brief family tree detailing the full names and dates of birth of immediate family members.

Thank you for the information you have provided.

Client 1

Signature : _____

Date : _____

Client 2

Signature : _____

Date : _____

Wealthflow provide objective, independent advice with uncompromising integrity and complete confidentiality. Please return your completed form to : Duncan R Glassey, Wealthflow LLP, Abbey House, 83 Princes Street, Edinburgh EH2 2ER