

**45 The Parade
Cardiff
CF24 3AB**

**THE ST JAMES PARTNERSHIP
INDEPENDENT FINANCIAL
ADVISERS**

Telephone: 029 2030 1014
Facsimile: 029 2030 1003
E-mail: ifa@stjp.biz
Web: www.stjp.biz

Client 1: _____

Client 2: _____

Adviser: _____

Date Issued: _____

Meeting Dates: _____

Confidential

Client Questionnaire

Partners: **D.J. BARRY** Cert PFS, **C. J. HANNAN** APFS, **G. SHELLARD** Cert PFS, **J.C. GAYDON** BA(Hons)Law, Cert PFS,
K.R. GREGORY-DAVIES Cert PFS, **M. CARBERRY** Cert PFS, **K. WYATT** Cert PFS, **C. PALFREY** CFP, **E.A. ARMSTRONG** APFS

Authorised and Regulated by the Financial Services Authority



The St James Partnership offers a professional independent advisory service. To ensure that any recommendations made to you are the most suitable, it is important that you provide us with an understanding of your current circumstances and any future plans you may have.

I would therefore be grateful if you would assist me in the completion of this confidential document as fully as possible. Please read the notes for completion below to ensure that you complete the correct sections. The information you provide will be treated as private and confidential, and is covered by the provision of the Data Protection Act.

Completion Notes

Section A - Summary of Objectives

Mandatory for all clients. This section must be fully completed

Section B - Personal Details, Family and Dependants

Mandatory for all clients. This section must be fully completed.

Section C - Occupation and Earnings, Expenditure, Assets and Liabilities

Totals are Mandatory, you may find it helpful to complete the breakdown if you are unsure about the totals and your adviser may be able to provide you with advice about individual items if these are listed.

Section D - House/Land and Mortgage, Protection, Retirement and Estate Planning

Mandatory for all clients. If none, please strike through relevant section and write 'None'.

Section E - Client Information

If you have any life assurance contracts, pension plans or investments of any kind, please complete the details in this section. It is helpful if you include bank/ building society accounts, employee benefits such as sick pay details, and any private medical arrangements you have made.

Section F - Attitude to risk & Capacity for Loss

Mandatory for all clients. You must disclose your attitude to risk for each product type. If you do not require advice in a particular area, please strike through this box and write 'N/A'.

Section G - Assessing Suitability

If you wish to make an investment, whether this is a lump sum or regular contribution into any type of investment or pension plan, this section must be fully completed.

Section H - Declaration

Mandatory for all clients Please sign and date the declaration to confirm you have provided accurate details and to confirm that you have received the correct, accompanying documentation from your adviser.

If you require assistance to complete this information, please contact your adviser who will be happy to assist you.

SECTION A

Summary of Objectives

(1 – most important, 5 - least important, please circle)

		Client 1					Client 2					Notes & Available budget
1	Reviewing existing arrangements	1	2	3	4	5	1	2	3	4	5	
2	Providing for dependants in the event of your death	1	2	3	4	5	1	2	3	4	5	
3	Providing a cash sum in the event of serious illness	1	2	3	4	5	1	2	3	4	5	
4	Replacing your income in the event of ill health	1	2	3	4	5	1	2	3	4	5	
5	Saving for the future	1	2	3	4	5	1	2	3	4	5	
6	Receiving investment advice	1	2	3	4	5	1	2	3	4	5	
7	Arranging /Reviewing Mortgages & loans	1	2	3	4	5	1	2	3	4	5	
8	Providing cover for mortgages and loans in the event of death/illness/unemployment:	1	2	3	4	5	1	2	3	4	5	
9	Retirement planning	1	2	3	4	5	1	2	3	4	5	
10	Long term care provision (CF8 Qualified advisers only)	1	2	3	4	5	1	2	3	4	5	
11	Capital raising	1	2	3	4	5	1	2	3	4	5	
12	Providing medical insurance	1	2	3	4	5	1	2	3	4	5	
13	Estate planning	1	2	3	4	5	1	2	3	4	5	
14	School/University fees	1	2	3	4	5	1	2	3	4	5	
15	Other:	1	2	3	4	5	1	2	3	4	5	

SECTION B

Personal Details

Client 1

Client 2

Title:	_____	_____
First Name(s):	_____	_____
Surname:	_____	_____
Sex:	Male/Female	Male/Female
Date of Birth:	_____	_____
Marital Status:	_____ Smoker? _____	_____ Smoker? _____
Address:	_____ _____ _____	
Postcode:	_____/_____	
Telephone number(s):	_____	
Email address:	_____	

Family and Dependants

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES:

SECTION C

Occupation and Earnings

Client 1

Client 2

Main Occupation (Job title):

Relevant former occupations

Name of employer and

Business Address:

Details of second occupation:

(if applicable)

Start date of main occupation:

National insurance number:

Tax district/reference:

Gross Annual Income:

£ _____

£ _____

Net Monthly Income:

£ _____

£ _____

State benefits:

£ _____

£ _____

(Please specify)

Benefits in kind:

£ _____

£ _____

(Please specify)

Income from other sources:

£ _____

£ _____

(Please specify)

Pension Income:

State Pension:

£ _____

£ _____

Occupational Pension:

£ _____

£ _____

Private pension:

£ _____

£ _____

Total Gross Income pa

£ _____

£ _____

Total Net Income pm

£ _____

£ _____

Are there any anticipated changes to your personal circumstances:

Yes/No

(Please specify)

SECTION C

Expenditure

Monthly Expenditure

Details	Client 1	Client2	Joint
Mortgage/rent:	_____	_____	_____
Council tax:	_____	_____	_____
Water rates:	_____	_____	_____
Electricity:	_____	_____	_____
Gas:	_____	_____	_____
Telephone:	_____	_____	_____
TV licence:	_____	_____	_____
Motor insurance:	_____	_____	_____
House insurance:	_____	_____	_____
Life policies:	_____	_____	_____
Pension polices:	_____	_____	_____
Regular Savings:	_____	_____	_____
Hire purchase/Loan:	_____	_____	_____
Credit cards:	_____	_____	_____
Food & entertainment:	_____	_____	_____
Other:	_____	_____	_____
Totals:	£ _____	£ _____	£ _____
Income & Expenditure Surplus/Deficit:	£ _____	£ _____	£ _____

Totals, Income /Expenditure and Surplus/Deficit are mandatory fields to be completed.

SECTION C

Assets & Liabilities

Highlight all assets written under a trust

	<u>Client 1</u>	<u>Client 2</u>	<u>Joint</u>
<u>Assets</u>			
Main residence:	£ _____	£ _____	£ _____
Main residence contents:	£ _____	£ _____	£ _____
Other properties:	£ _____	£ _____	£ _____
Other properties contents:	£ _____	£ _____	£ _____
Bank balance(s):	£ _____	£ _____	£ _____
Cash deposits (eg ISAs):	£ _____	£ _____	£ _____
National Savings:	£ _____	£ _____	£ _____
Stocks & Shares ISAs:	£ _____	£ _____	£ _____
Investment Bonds:	£ _____	£ _____	£ _____
Collectives:	£ _____	£ _____	£ _____
Other assets (please specify):	£ _____	£ _____	£ _____
TOTAL:	(1) £ _____	(1) £ _____	(1) £ _____

Liabilities

Mortgage – Main residence:	£ _____	£ _____	£ _____
Mortgage – Other properties:	£ _____	£ _____	£ _____
Loans & Hire Purchase:	£ _____	£ _____	£ _____
Bank overdraft:	£ _____	£ _____	£ _____
Credit card balance(s):	£ _____	£ _____	£ _____
Other liabilities:	£ _____	£ _____	£ _____
Guarantees (specify):	£ _____	£ _____	£ _____
Tax Liability:	£ _____	£ _____	£ _____
TOTAL:	(2) £ _____	(2) £ _____	(2) £ _____
Net Assets/Liabilities:	£ _____	£ _____	£ _____

Assets: Total (1)	£ _____
Minus	
Liabilities: Total (2)	£ _____
Net Assets	£ _____

Net Assets:	£ _____
Minus	
NRB Allowance	£ _____
IHT Liability	£ _____

SECTION D

House/Land and Mortgage

Approximate value of Property £

Current Outstanding Mortgage £

Lender _____

Type of Mortgage _____

Start Date _____

Finish Date _____

Do you own any other Property?

Protection Planning

Do you have life or critical illness cover on your mortgage and/or other loans? **YES / NO**
(Please provide details)

Do you have life or critical illness cover for family/personal protection? **YES / NO**
(Please provide details)

Do you have Death in Service provided by your employer? **YES / NO**
(Please provide details)

For how long would your employer continue to pay your salary in the event of illness?

Client 1

Client 2

How much would you require in the event of long term sickness?

Do you have any policies in place?

Notes:

Retirement Planning

Are you eligible to join a company pension scheme? **YES / NO**

Have you joined? **YES / NO**

Date Joined: _____

Scheme Retirement Age: _____

Type of Scheme: _____

At what age would you like to retire? _____

How much income do you require in retirement? _____

Are any pensions already in payment?

Do you have any personal pension arrangements? **YES / NO**

(Please provide details of all pension policies in Section E.)

Notes: _____

Estate Planning

Have you written a will? **YES / NO**

Please provide brief details.

Have you arranged any gifts and trusts in the last seven years: **YES / NO**

Have you made any exempt or potentially exempt transfers: **YES / NO**

Has any of the nil rate band already been utilised: **YES / NO**

Are any existing investments or life policies, regular premium and lump sum, under a trust: **YES / NO**

Notes: _____

SECTION F

Attitude to Risk & Capacity for Loss

It is vital that we are able to accurately record and assess your **attitude to risk**, in all aspects of your financial planning. In most cases you will have completed our Risk Profile Questionnaire, and discussed the results of this Questionnaire with us during our meetings. The results of the electronic questionnaire are shown below (on a scale of 1 to 10):

INVESTMENT QUESTIONNAIRE **RETIREMENT QUESTIONNAIRE** **OR GENERAL ATTITUDE TO RISK (NO QUESTIONNAIRE COMPLETED)**

As well as your attitude to risk, we also discussed your '**capacity for loss**' which can be described as your ability to absorb losses in your portfolio. As well as your age, timescale and relative value of investment, we also considered your lifestyle, the specific purpose of the investment, and your potential requirement for access. Following our discussion, in relation to the results of the electronic risk questionnaire shown above, you feel that your 'capacity for loss' is:

Lower than the result shown above

Higher than the result shown above

Consistent with the result shown above

As professional advisers, your attitude to risk and capacity for loss is the basis of any recommendation we make to you, and we emphasise that each area should be considered individually. For example, you may be very cautious when you consider your mortgage arrangements but want to take more of a speculative approach to investing £10,000 you inherited from a family member.

Bearing in mind BOTH your attitude to risk AND your capacity for loss, please indicate in each box the number that best describes your overall attitude to risk for each particular area of financial planning.

Low Risk/ Cautious 1 – 2	Moderate/Low Cautious-Balanced 3 – 4	Moderate/ Balanced 5 – 6	Moderate/High Balanced-Adventurous 7 - 8	High/ Adventurous 9 – 10
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	Client 1	Client 2
Mortgage	<input type="text"/>	<input type="text"/>
Investment Single Premium	<input type="text"/>	<input type="text"/>
Investment Regular Premium	<input type="text"/>	<input type="text"/>
Retirement Planning Single Premium:	<input type="text"/>	<input type="text"/>
Retirement Planning Regular Premium:	<input type="text"/>	<input type="text"/>
Protection	<input type="text"/>	<input type="text"/>

NOTES: Please add any comments in respect of your attitude to risk here.

SECTION G

Assessing Suitability

When making a personal recommendation to you, our Firm must obtain the necessary information regarding your knowledge and experience in the investment field in order that the recommendation is suitable and to ensure you understand the risks involved in any transaction we may arrange for you or in the management of your portfolio. Please complete the following assessment accurately.

1. Investment Experience, Volume and Frequency

What type of investment planning have you received advice on, or types of products have you purchased in the past?

No.	Types of Product	Product Purchased	Advice Received	Client 1, Client 2 or Both? Volume and Frequency?
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	

2. What type of service are you familiar with?

	Client 1,2 or both?	
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

3. Knowledge Statement

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?

Client 1: YES/NO

Client 2 : YES/NO

(If Yes, please provide detail)

4. Which of the following descriptions best describes your knowledge and experience? (Please tick the boxes most relevant to you).

	Client 1	Client 2
I have no knowledge of investments whatsoever, and this transaction will be my first. I have been made 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 have a reasonable knowledge of investments, having previously purchased Investment/Pension contracts. If the products purchased fluctuated in value, have you been comfortable with this? YES / NO If No, please provide further details.		
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. If the products purchased fluctuated in value, have you been comfortable with this? Yes/No; If No, please provide further details below.		

SECTION H

Declaration

This information has been requested to ensure that the financial advice offered is appropriate to your personal circumstances. The information may be held on our database and may help form the basis of future advice. All information provided is treated as strictly confidential. If you do not wish to provide us with this information your adviser will be unable to offer you a personal recommendation.

***(delete as appropriate)**

I/We acknowledge receipt of your Business Card and Retail Client Terms of Business Letter and the Combined Initial Disclosure Document.

We may also from time to time telephone you with a view to bringing certain services or products to your attention which we feel you may benefit from. If you do not want to utilise this service please tick this box.

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Client 1

Name: _____

Signature: _____

Date: _____

Client 2

Name: _____

Signature: _____

Date: _____

Adviser

Name: _____

Signature: _____

Date: _____

