

Confidential Client Questionnaire

CLIENT NAME		MACO CODE (EXISTING CLIENT)	
ADVISER		DATE	
BASIS OF ADVICE	FULL	LIMITED	RESTRICTED

Martin Aitken Financial Services Limited
Caledonia House
89 Seaward Street
Glasgow
G41 1HJ

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Website: www.martinaitkenfs ltd.co.uk

**MARTIN
AITKEN**

FINANCIAL
SERVICES
LIMITED

Personal Details

Self

Partner

Title & Surname		
Previous Name		
First Names		
Salutation		
Gender	MALE FEMALE	MALE FEMALE
Date of Birth	/ / Age	/ / Age
Place of Birth		

Current Address		
	Postcode	Postcode
Time at this address	Years Months	Years Months
Residential Status	Renting/ Owner/ Living with parents	Renting/ Owner/ Living with parents

Contact details: Daytime		
Home		
Mobile		
Fax		
E-mail		

Marital Status/Relationship		
Dependants (including children)	YES NO	YES NO
Names and Date of Birth		
Financially Dependent?		

How is your health?	POOR / AVERAGE / EXCELLENT	POOR / AVERAGE / EXCELLENT
Do you smoke?	YES NO	YES NO
If Yes, how much?		

Occupation Details

Self

Partner

Are you: (Delete as applicable)	Employed/Self-Employed/Retired/ Unemployed	Employed/Self-Employed/Retired/ Unemployed
If a Company director	% shareholding	% shareholding

Occupation		
Employer's Name		
Time with Current Employer	Years Months	Years Months
Employer's Address		

Previous Employer if less than 12 months with Current Employer		
Time with Employer	Years Months	Years Months

National Insurance No.		
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Tax Reference Number		
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Earned Income	£	£
Investment Income	£	£
Pension Income	£	£
Tax Free Income	£	£
Total Annual Income	£	£

How much and for how long would your employer pay you if you were unable to work due to sickness or disability?

Amount	£	£
How long would benefit be payable?		

Monthly Income & Expenditure

Net Monthly Income	Self	Partner	Joint
Employment Income after Tax/NI	£	£	£
Investment Income	£	£	£
Other Income	£	£	£
TOTAL NET INCOME	£	£	£
Do you anticipate any significant change in income?			YES NO
<i>If yes, please give details</i>			

Monthly Outgoings	Self	Partner	Joint
Mortgage/Rent	£	£	£
Other Financial Commitments	£	£	£
Pension contributions	£	£	£
Regular savings	£	£	£
Personal insurances	£	£	£
Other insurances	£	£	£
Utilities and household bills	£	£	£
Living costs	£	£	£
Transport and travel	£	£	£
Leisure			
Other (please detail)			
TOTAL MONTHLY EXPENDITURE	£	£	£
Do you anticipate any significant change in expenditure?			YES NO
<i>If yes, please give details</i>			

	Self	Partner	Joint
ESTIMATED SURPLUS	£	£	£

Assets & Liabilities

ASSETS	Self	Partner	Joint
Main Residence	£	£	£
Contents & Personal Effects	£	£	£
Other Properties	£	£	£
Bank/Building Society Deposits	£	£	£
Regular Savings & Investments	£	£	£
PEPS/ISAs	£	£	£
National Savings Certificates	£	£	£
Unit Trusts	£	£	£
Stocks & Shares	£	£	£
Investment Bonds	£	£	£
Other Capital	£	£	£
TOTAL	£	£	£

LIABILITIES	Self	Partner	Joint
Mortgage on Private Residence	£	£	£
Mortgage on Other Property	£	£	£
Bank / Building Society Loans	£	£	£
Credit Cards / Store Cards	£	£	£
Overdraft			
Hire Purchase			
TOTAL	£	£	£

	Self	Partner	Joint
TOTAL NET ASSETS	£	£	£

MORTGAGES	Primary Residence	Second home
Mortgage Lender		
Mortgage Type		
Mortgage Borrowings		
Mortgage End Date		

Existing Pension Arrangements

	Self	Partner
Are you in a Pension Arrangement?		
If yes, is it Personal/Company/AVC/FSAVC/other		
If Company, what kind: Final Salary/Money Purchase/Group Personal		
If in Employers arrangement, what benefits are provided?		
Death in Service		
Widows Pension		
Permanent Health Insurance		
Private Medical Insurance		
Employer Contribution or %	£ %	£ %
Employee Contribution or %	£ %	£ %
What is your Normal Retirement Age?		
At what age would you like to retire?		
In today's terms, how much income would you require?		
Do you have a Preserved Pension from any Previous Employment?*	YES NO	YES NO
<i>*If 'YES' please provide full details on supplementary questionnaire.</i>		

Wills

	Self	Partner
Do you have a Will	YES NO	YES NO
If yes, what are the main terms of the Will	<i>Insert Details</i>	<i>Insert Details</i>
Have you made or intend to make any gifts for Inheritance Tax purposes?	YES NO	YES NO
<i>If yes, please give details</i>	<i>Insert Details</i>	<i>Insert Details</i>
Do you expect to receive any gifts or inheritance?	YES NO	YES NO
<i>If yes, please provide details</i>	<i>Insert Details</i>	<i>Insert Details</i>
From the information recorded does there appear to be a potential Inheritance Tax liability?	YES NO	YES NO
<i>If yes, please provide details</i>	<i>Insert Details</i>	<i>Insert Details</i>

Existing Pension Policy Details

Type of policy/ policy number	Product Provider	Benefit on Death	Start Date	Maturity or Expiry Date	Premium P.A./P.M./ Single	Investment Fund/s	Current Value
Self							
Partner							

Existing Life Assurance policies

Type of policy/ policy number	Product Provider	Sum Assured	Start Date	Maturity or Expiry Date	Premium P.A./P.M./ Single	Investment Fund/s	Current Value
Self							
Partner							

Income Protection

In the event of being unable to work due to ill health or incapacity, how much would you currently need to maintain your standard of living? If you are unable to quantify the amount, please use the notes box to clarify your situation.

Self		Partner		Both	
£	P/M or P/A	£	P/M or P/A	£	P/M or P/A

How many weeks could you manage before receiving income?

Self	No of weeks	Partner	No of weeks	Both	No of weeks
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Do you or your partner have any cover in the event of being unable to work due to ill-health of incapacity?

Self	YES	NO	Partner	YES	NO	Both	YES	NO
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If yes, please give details

Other Protection

Do you have any other types of cover e.g. Private Medical Insurance/Redundancy/Long Term Care?

Self	YES	NO	Partner	YES	NO	Both	YES	NO
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If yes, please give details

Owner S/P/J	Provider (Including Death in Service)	Type	Policy No.	Status Live or Paid Up	Start Date	End Date	Benefit Provided	Premium Amount	Premium Frequency	Deferred Period
								£		£
								£		£
								£		£
								£		£

Notes

Attitude to Investment Risk

Risk Profile Descriptions

Low

You tend to prefer investments with a low risk of decline in value. You are more interested in preserving the value of your investment than receiving a return on your capital.

Low to Medium

You tend to prefer investments with lower risks of decline in value. However, you do recognise that in order to achieve higher returns, some risks must be incurred and you are prepared to tolerate some fluctuation and volatility in your investment.

Medium

You are willing to place reasonable emphasis on growth investments and are aware that these are liable to fluctuate in value. You can tolerate some fluctuations and volatility, but you tend to stay away from the possibility of dramatic or frequent changes.

Medium to High

You have an above-average tolerance to risk and are willing to accept a greater chance of decline in value for potentially higher returns.

High

You are willing, and unusually eager, to accept a greater chance of a decline in initial value in return for potentially higher returns

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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Additional Notes

Compliance

FSA Client Type	
Date of initial contact	
Date Money Laundering information updated	
SCDD/CIDD date sent	
Menu Date Sent	
Acknowledgement & understanding signed	
Date of fact find	
Client Agreement issued (if applicable)	
Fact find addressee	
Override the addressee	

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Authorised and regulated by the Financial Services Authority