

Confidential Client Questionnaire – Single Product Transaction

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

Tel: 0141 272 0000
Fax: 0141 272 0011
Email: mail@maco.co.uk
Website: www.martinaitkenfs ltd.co.uk

**MARTIN
AITKEN**

FINANCIAL
SERVICES
LIMITED

To enable us to provide suitable advice, information is required concerning your circumstances, attitudes and objectives. Whilst not all of the following information is essential, we may be unable to give suitable advice if insufficient information is provided.

We strongly recommend a full financial review be carried out to ensure your individual circumstances and needs are taken into account. Detailed completion of this form allows us, as Independent Financial Advisers, to assess and prioritise your financial planning needs.

In this instance you wish our advice to be restricted to a specific single product transaction.

We will only be responsible for the advice provided in this specific area and even in respect of this we will not be liable should any withheld information affect the advice we provide.

1. Personal Details

Self		Partner	
Mr/Mrs/Miss/Title		Mr/Mrs/Miss/Title	
Surname		Surname	
Previous Surname			
1 st Name		1 st Name	
Salutation			
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Address & Postcode		Address & Postcode	
Time at this addressYears.....Months	Time at this addressYears.....Months
Residential Status	Renting/ Owner/ With Parents	Residential Status	Renting/ Owner/ With Parents
Contact Telephone – Home		Contact Telephone – Home	
Contact Telephone – Work		Contact Telephone – Work	
Contact Telephone – Mob		Contact Telephone – Mob	
Email Address		Email Address	
Marital Status / Relationship		Marital Status / Relationship	
Dependents (including children)	Yes/No	Dependents (including children)	Yes/No
Names and Dates of Birth		Names and Dates of Birth	
Financially Dependent?		Financially Dependent?	
How is Your Health?	Poor/average/excellent	How is Your Health?	Poor/average/excellent
Do you smoke?	Yes/No	Do you smoke?	Yes/No

2 Occupation Details

Occupation		Occupation	
National Insurance No		National Insurance No	

Self

Partner

Earned Income	£	£
Investment Income	£	£
Pension Income	£	£
Tax Free Income	£	£
Total Annual Income	£	£

3 Monthly Income & Expenditure

Net Monthly Income	Self	Partner
Employment Income after Tax/NI	£	£
Investment Income	£	£
Other Income	£	£
TOTAL NET INCOME	£	£

Monthly Outgoings	Self	Partner
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	£	£

ESTIMATED SURPLUS	£	£
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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		

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						

Funds Available for Life, Pensions and Investment Recommendations

Lump Sum	
Regular Premium	
Do you require access to these funds?	Yes / No
When are the funds available? (e.g. is there notice required)	
How long do you wish to invest for?	
Anticipated Retirement Age	
Are there any further funds anticipated/available for investment?	Yes / No
If yes, how much?	
Do you have any investment restrictions?	Yes / No
If yes, what are they?	

Investment Objectives

To maximise income?	
To achieve capital growth?	
To obtain a balance between income & growth?	

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

Amended: 22 November 2010