



- CHARLES DEAN LTD -  
CHARTERED FINANCIAL PLANNERS



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# CORE FACT FIND

To be used in every instance.

Client Reference

Client 1

Client 2

In order for us to advise you regarding your financial planning requirements, it is essential that we obtain current and relevant information.

Date of Completion

Update 1

Update 2

Date of Issue      Client Agreement & Data Protection

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T: 01623 287 984 | E: admin@charlesdeanuk.com | W: www.charlesdeanuk.com

Registered in England & Wales. Registered Number 07880489  
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FCA Number 781330



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**Core Details:**

**Client 1**

**Client 2**

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Forename(s)		
Surname		
Full Postal Address		
Postcode		
Email Address		
Home/Mobile Telephone	H: M:	H: M:
Date of Birth		
Sex		
Marital Status		
Are you in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Do you smoke?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
If no have you smoked within the last 12 months? <i>(if yes please provide details in the notes section)</i>	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
UK domiciled & UK tax resident	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Employment Status	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Job Seeker <input type="checkbox"/> Other* <input type="checkbox"/>	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Job Seeker <input type="checkbox"/> Other* <input type="checkbox"/>
Occupation		
NI Number		
Employer		
Intended Retirement Age		

**\* Please provide details in the notes section including items like medication, residence status, etc.**

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Do you have any dependants?  Yes  No

Dependant's Name	D.O.B.	Dependent On...	Anticipated Age of Independence	Relationship & Reason for Dependency

### Income

	Client 1	Client 2
Gross income employment and self-employment (p.a)	£	£
Gross pension income (p.a)	£	£
Any additional income received including bonuses*	£	£
Total monthly income (gross)	£	£
<b>Total monthly income (net)</b>	<b>£</b>	<b>£</b>
Current tax position	Nil Rate <input type="checkbox"/> Basic Rate <input type="checkbox"/> Higher Rate <input type="checkbox"/> Additional Rate <input type="checkbox"/>	Nil Rate <input type="checkbox"/> Basic Rate <input type="checkbox"/> Higher Rate <input type="checkbox"/> Additional Rate <input type="checkbox"/>
Are you aware of any likely changes to your income or employment status?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Salary review date		

\* Please provide details in the notes section.



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## Monthly Expenditure Details

Please provide a full breakdown of expenditure.

Do you want to provide a full breakdown of your expenditure?  Yes  No\*

	Client 1	Client 2	Joint
<b>Fixed Household Costs</b>	£	£	£
Mortgage/Rent	£	£	£
Council Tax	£	£	£
Utilities	£	£	£
Food shopping	£	£	£
TV/Satellite/Cable	£	£	£
<b>Transportation Costs</b>	£	£	£
<b>Financials</b>	£	£	£
Loans/Credit/Store Card repayments	£	£	£
Savings	£	£	£
Insurance	£	£	£
Pension contributions	£	£	£
<b>Miscellaneous</b>	£	£	£
<b>Total Outgoings</b>	£	£	£
<b>Surplus Income</b> - net monthly income less total outgoings	£	£	£
<b>Confirm Budget</b>	£	£	£

\* Please provide reason in the notes section and complete Total Outgoings, Surplus Income, and Budget Total.

**Notes:**



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## Summary of Assets

Further details need to be provided in the policy schedule.

	Client 1	Client 2	Joint
Home	£	£	£
Other property	£	£	£
Overseas property/assets	£	£	£
Cash	£	£	£
Investment Bonds	£	£	£
Pension funds	£	£	£
ISA/PEP's	£	£	£
Unit/Investment Trusts OEICs	£	£	£
Shares	£	£	£
Business Assets	£	£	£
All Other Assets*	£	£	£
<b>Total Assets</b>	<b>£</b>	<b>£</b>	<b>£</b>

## Pre-existing Pension

Do you have any pension plans currently in force?  Yes, Details Below  No

Provider	Plan Number	Current Value (If known)	Current Contributions (If Applicable)
		£	£
		£	£
		£	£
		£	£

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## Pre-existing Insurance Cover

Do you have any insurance plans currently in force?  Yes, Details Below  No

Type of Policy	Provider	Sum Assured	Initial Term	Policy Expiry
		£		/ /
		£		/ /
		£		/ /

## Pre-existing Investments

Do you have any investment plans currently in force?  Yes, Details Below  No

Type of Policy	Provider	Plan Number	Current Value
			£
			£
			£

\* If you have more policies, please provide details in the notes section.

## Summary of Liabilities

	Client 1	Client 2	Joint
Mortgage (main residence)	£	£	£
Credit cards	£	£	£
Overdraft	£	£	£
Loans/HP	£	£	£
Mortgage (other property)	£	£	£
Any Other Lending*	£	£	£
<b>Total Debt</b>	<b>£</b>	<b>£</b>	<b>£</b>

\* Please provide details in the notes section.

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## Breakdown of Liabilities

Mortgage/Loan Owner	Lender	Amount O/S	Repayment Type	Repayment Date
		£		
		£		

### Notes:

## Will

	Client 1	Client 2
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Is it up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*

\* Please explain why this has not been considered in the notes section.

Please confirm the main provisions in the notes section.

Below are some example questions relating to wills:

- Do they reflect your on-going requirements?
- Are your children's guardianship catered for in the will?
- Do you own a foreign property? (UK will may not be valid for foreign realty)
- Have you remarried since last updating your will?

### Notes:



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## Financial Priorities and Objectives

Please indicate the relative importance of the following needs/objectives on a scale of 1 to 5. Insert 1 to indicate very important and 5 to indicate that you attach little importance to that item.

If any of these are not applicable, please write "n/a" in the relevant field and explain in the notes section.

	Client 1	Client 2	Adviser Notes
<b>Personal protection</b> (death, ill health, medical costs, etc.)			
<b>Pension Planning</b>			
<b>Retirement Options</b>			
<b>Full Investment Process</b> - Investment planning (either regular, lump sum or both)			
<b>ISA or General Investments</b>			
<b>Inheritance Tax Planning</b>			
<b>Long Term Care</b>			

**Further details regarding your needs including client/ adviser challenges:**





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## Declarations

### Client Declaration

Please read carefully and then sign and date below.

I confirm that the information I have provided is, to the best of my knowledge correct. I have provided this information understanding that it is used to form the basis of any advice and recommendations made to me and that I am not under any obligation to take up any recommendation made.

I understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I understand that I must be sure of the ability to meet that commitment having given consideration to all other expenditure, and the provision for any emergencies, which may require access to funds.

I confirm that I have received a Business card and a Client Agreement.

ADDITIONAL CLIENT DECLARATION (Please tick this box if the following is applicable)

I further declare that I did not want to disclose certain personal/financial information and I am aware that this may prevent an Adviser from being able to identify areas where it might have been appropriate to make recommendations, or which could have an effect on the recommendations that have been made.

NB: Please understand that we reserve the right to decline to give advice if full information is not provided.

I am happy to receive non-marketing text messages from Charles Dean Ltd.  Yes  No

I am happy to receive my valuation report via email.  Yes  No

I would like all documentation sent to me via email to be password protected.  Yes  No

Yes – password to be used: \_\_\_\_\_

Name	Signature	Date
[Client 1]		
[Client 2]		
[Adviser]		

### **Document Checklist:**

Disclosure pack given:	
Core Fact Find Completed:	
Attitude to Risk Completed:	
COR - Client copy given:	
Fee Agreement – client copy given:	
Copy of passport and driving licence obtained:	

V52022

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