



HUGO FORBES

BESPOKE INVESTMENT SOLUTIONS

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Client Profile

Our free, comprehensive consultations include the completion of this Client Profile so we can fully understand your needs and inspire discussion to assist in making you aware of areas where financial planning needs to be implemented or potentially improved. Following the consultation, a Financial Wellness Plan (FWP) will be presented, outlining areas requiring solutions or analysing suitability of existing plans. You will be introduced to the relevant experts from our Advisory Panel who'll be tasked with supplying recommendations and advice to achieve the objectives set out within the Financial Wellness Plan (FWP). Hugo Forbes manage the objectives set out in the FWP in a trilateral communication with you and the relevant experts.

Client Name(s)

Consultants Name

Dates of Discussions

Financial Services and Markets Act 2000

Independent Financial Advisers are required to have proper regard for a client's best interests in any advice given. They must therefore do their utmost to ensure that they are aware of your personal and financial circumstances so that their advice is the most suitable for your needs. The questions here have been specifically designed to help your adviser provide advice that meets your needs. If, for any reason, you decline to answer any or all of the questions, or if you fail to provide true and accurate information to the best of your knowledge, the advice given subsequently may not be best advice, as it can only be based on the information provided.

Data Protection Act 1998 – Disclosure of Information

The information given in this document will be retained on computer for reference purposes and will be held in accordance with the Data Protection Act 1998. The details may be passed to the regulatory authorities and auditors for the purpose of compliance.

This information may be used in assisting completing future paperwork required in applications for investments or investigating routes for pension advice. Hugo Forbes does not provide advice, but this information may be passed onto a regulated advisor and IFA to assess suitability.

Disclaimer

Hugo Forbes is not licensed or regulated by the Financial Conduct Authority and does not provide financial advice. All advice and recommendations will be supplied by the relevant expert on our Advisory Panel. Subject to the remit of advice they will be regulated and approved by the authorised body. We will ensure you receive appropriate professional advice before entering into any contract.

The Money Laundering Regulations 2007

To comply with our internal Anti-Money Laundering procedures, controls and monitoring systems and follow the recommendations and guidelines set out by HM Revenue and Customs we require a copy of our clients' passport and a utility bill, dated within the past 60 days. As we do not handle any of our money this is a minimum requirement and establishes client due diligence steps to identify our clients and check they are who they say they are.

Personal Details

	Self	Partner
Title		
Forename(s)		
Surname		
Date of Birth		
Marital Status		
Main Address		
Home Telephone Number		
Mobile Telephone Number		
E-mail Address		
Describe your state of health (Including any medical conditions)		
Smoker		
Nationality		
UK Domicile		
National Insurance Number		

Dependent Children

Name	Relationship	Date of Birth	Name of Child Trust Fund Provider *If born since 01/09/2002	Latest Approximate Value
				£
				£
				£
				£

Additional Notes

Employment

	Self	Partner
Employment		
Occupation		
Employers Name And Full Address		
Date of Starting Business / Job		

Income and Expenditure

Gross Annual Income	Source	£	Source	£
Net Monthly Income	£		£	
Monthly Outgoings	£		£	

Value of Assets

	Self	Joint	Partner
Main Residence	£	£	£
Other Property	£	£	£
	£	£	£
	£	£	£
	£	£	£
	£	£	£
Investments			
Current Accounts	£	£	£
Savings Account.	£	£	£

Other (Antiques, High Value)	£	£	£
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Other Assets

£	£	£
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Total Assets

£	£	£
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Details of Other Assets

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Liabilities

	Amount Outstanding	Term Remaining	Notes
Mortgage			Monthly Payments: Interest Rate:
Other Mortgages	£		
Fixed Household (Gas, Electric, Water)			
Council Tax			

	Self	Joint	Partner
Personal Expenditure			
Other			
Loan	£		
Loan	£		
Credit Card	£		
Other (Please provide details in notes)	£		
Other (Please provide details in notes)	£		
Total Liabilities	£		

Insurance & Protection			
Life			
SIC			
IP			
Other			

Retirement Planning

	Self	Partner
<u>Current Pension Plan:</u>		
Name of Plan	Final Salary / GMP/ GAR / Occupational/Personal	Final Salary / GMP/ GAR / Occupational/Personal
Start Date		
Frequency and value of Premiums	£	£
Current Value		
<u>Frozen Pension Plan:</u>		
Name of Plan	Final Salary / GMP/ GAR / Occupational/Personal	Final Salary / GMP/ GAR / Occupational/Personal
Start Date		£
AVC	£	£
Current Value	£	
<u>Frozen Pension Plan:</u>		
Name of Plan	Final Salary / GMP/ GAR / Occupational/Personal	Final Salary / GMP/ GAR / Occupational/Personal
Start Date		£
AVC	£	£
Current Value	£	
<u>Frozen Pension Plan:</u>		
Name of Plan	Final Salary / GMP/ GAR / Occupational/Personal	Final Salary / GMP/ GAR / Occupational/Personal
Start Date		
AVC	£	£
Current Value	£	£

Details of Other Pensions

Retirement Planning

	Self	Partner
At what age do you plan to give up work?		
Will you want to start your pension? 1. When you give up work? 2. Before you give up work? At what age? 3. After giving up work. At what age?		
Realistically what level of income per annum (in Today's value) would you want to have when you give up work?		
Will you be solely reliant on your pension in retirement?	YES / NO	YES / NO
Do you have other sources of income to fund your retirement?	YES / NO	YES / NO
If you have answered "YES" to the previous question, please confirm additional sources of income		
If you are 55 or over, do you want to take a cash lump sum immediately from your pension. If you have answered yes, please tick and complete your preferred option below and provide the reasons for the tax-free cash requirement in the adjacent box	YES / NO REASONS	YES / NO REASONS
£ Specific amount		
If not taking a lump sum immediately, will you want to take the cash lump sum earlier than starting your pension?	YES / NO	YES / NO
Will you want to take a cash lump sum at the point of your retirement?	YES / NO	YES / NO
Do you want to be in more control of the investments that are in your pension prior to retirement?	YES / NO	YES / NO
Do you want to have control over your own retirement age from your pension?	YES / NO	YES / NO
At the point of retirement would you prefer a fixed guaranteed pension such as an annuity but NO cash value	YES / NO	YES / NO
OR		
Would you want an investment portfolio that has a cash value?	YES / NO	YES / NO

Would you like the ability to vary the level of your pension payments in retirement and stop and start the payments as your circumstances require?

YES / NO

YES / NO

Most pensions allow for benefits in the form of a Widows pension to be paid to a surviving spouse or civil partner on death of the main beneficiary.

YES / NO

YES / NO

Would you also want to have the ability to leave part of the value of your pension to adult children or other beneficiaries after your death?

YES / NO

YES / NO

Are there any aspects of your existing pensions that are giving you concern?

If yes, please provide further details in the additional notes section.

Are there any other aspects of your retirement plans that you want us to be aware of which will affect any advice that is provided by third parties?

If yes, please provide further details in the section below

YES / NO

YES / NO

Pension Beneficiaries

Self

Partner

Who would you want to be the beneficiaries of your pension in the event of your death?

Beneficiary Name, Relationship, DOB and Address

% of Fund

Beneficiary Name, Relationship, DOB and Address

% of Fund

Objectives for Retirement Planning and Additional Information:

Other Financials Plans

Self

Partner

LIFE INSURANCE

Plan Name
Level of cover provided
Commencement
End date
Monthly Premium

Plan Name
Level of cover provided
Commencement
End date
Monthly Premium

PRIVATE MEDICAL INSURANCE

Plan Name
Level of cover provided
Commencement
End date
Monthly Premium

Plan Name
Level of cover provided
Commencement
End date
Monthly Premium

PERMANENT HEALTH INSURANCE
(INCOME PROTECTION)

Plan Name
Level of cover provided
Commencement
End date
Monthly Premium

Plan Name
Level of cover provided
Commencement
End date
Monthly Premium

CRITICAL ILLNESS COVER

Plan Name
Level of cover provided
Commencement
End date
Monthly Premium

Plan Name
Level of cover provided
Commencement
End date
Monthly Premium

Wills

Have you made a Will?

YES / NO

YES / NO

Do you have a lasting Power of Attorney?

YES / NO

YES / NO

What are the main provisions of your Will?

YES / NO

YES / NO

Are these provisions current?

YES / NO

YES / NO

Are you expecting your circumstances to change?

YES / NO

YES / NO

If you have answered "YES" to any of the above, please provide further information.

Investment Experience

Self Partner

1. When it comes to investing, how would you describe yourself?

No understanding / knowledge

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Very little understanding / knowledge

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A fair degree of understanding / knowledge

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A high level of understanding / knowledge

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2. How important is it to you to know that an investment is accessible should you require the fund for emergency purposes?

Important

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Neither important or not important

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Not important

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3. Investment Timeframe - When do you intend to use the invested money?

Short term (0-5 years)

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Medium term (5-10 years)

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Not important (10+ years)

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No fixed term

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4. Investment Liquidity - If you needed sudden access to a lump sum, how likely is it that you would need to encash this investment?

I have other savings and investments which I can use for most needs

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I may need this investment if I needed access to a significant amount of money

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I would almost certainly need access to this investment

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5. Please tick the statement that best describes you.

I am an experienced investor; I trade regularly and keep myself fully abreast of market intelligence

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I have investments. I take some interest in them and have a moderate understanding of financial markets

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I have investment, but I do not take interest in them or deal in them regularly

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Client Declaration

Please read carefully before signing.

I / we confirm that the information I / we have provided is to the best of my / our knowledge correct. I / we have provided this information on the understanding it is used to form the basis of any advice and recommendations made to me / us and that I / we are not under any obligation to proceed with any recommendations made.

This document does not signify an obligation on your part to proceed with any form of investment or product, but rather the information held herein will be used to help create the Financial Wellness Plan. It will also enable us to pre-populate relevant applications, documents and contracts. This information will be used and maintained in accordance with the various Acts, including FSMA, Data Protection and AML. On specific authorisation, will we share this document with the relevant person, persons or company on the Advisory Panel.

Name_____Signature_____Date_____