

Intelligent Financial Advice

With



NTM | Financial Services Ltd

CLIENT QUESTIONNAIRE

Client Name:

Adviser Name:

Introducer Name:

Date Completed:

NTM Financial Services Limited

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Authorised & Regulated by the
Financial Conduct Authority



Personal Finance Society
Standards Professionalism Trust



Office Use

Compliance Documents

Document	Date Signed/Received
Client Agreement (CAD)	
CAD version	
Client Status (e.g. full advice Ex only)	
Level of Service Agreed	
Fee Agreed	
Risk Profile Questionnaire	
Letters of Authority	
Verification of Identity	
Suitability Report	
Client Review	

Client Documents Received

Document	Date Received	Date Scanned/Filed
Payslip		
Bank Statement		
P60		
Business Accounts		
HMRC Documents		

Notes

Objectives

Unless requested below a full review will be carried out. If you wish to restrict advice to specific areas then there may be additional needs that will not be addressed or the advice may be different than if a full review had been conducted.

Restricted review/Limited advice Yes* No

*Please complete the areas you wish to have reviewed below:

Personal Protection Area to be reviewed <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, see Appendix A, If No, please state why,
Savings & Investments Area to be reviewed <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, see Appendix B, If No, please state why,
Retirement Planning Area to be reviewed <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, see Appendix C, If No, please state why,
Property Purchase Area to be reviewed <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, see Appendix D, If No, please state why,
Estate Planning Area to be reviewed <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, see Appendix E, If No, please state why,
Cash Flow Planning
Other

Personal Details

	Client A	Client B
Forename		
Surname		
Previous Name		
DOB		
Sex	Male/female	Male/female
Marital Status		
Address		
Postcode		
Home number		
Mobile number		
Email		
Smoker	Yes/No	Yes/No
Health	Good/Not Good	Good/Not Good
Dangerous Pursuits		

Family & Dependents

Name	DOB	Relationship	Dependent
			Yes/No
			Yes/No
			Yes/No
			Yes/No
Notes			

Occupation

Employed	Client A	Client B
Occupation		
Employer		
Business Address		
Start Date		
2nd Occupation		
Employer		
Business Address		
Start Date		
Self Employed/ Partnership	Client A	Client B
Business type		
Business Address		
Start Date		
Accounting Year		
Notes		

Income	Client A	Client B
Gross Salary		
Second Gross Salary		
Self Employed Income		
P11D Benefits		
State Pension		
Occupational Pension		
Personal Pension		
Dividend Income		
Savings Income		
State Benefits		
Income from Trusts		
Other Income		
Total Gross Income (per annum)		
Net Income (per month)		
Notes		
<i>Outline any anticipated income changes</i>		

Tax Details

	Client A	Client B
NI Number		
UTR		
Tax Rate Paid	0%, 20%, 40%, 45%	0%, 20%, 40%, 45%
Self-Assessment Done	Yes/No	Yes/No
Residency		
Nationality		
Place of Birth		

Expenditure

	Client A	Client B	Joint
Mortgage/Rent			
Council Tax			
Water			
Utilities			
TV/Broadband			
Mobile			
Telephone			
Home Ins			
Food			
Travel/Holidays			
Clothes			
Entertainment			
Loans			
Credit Cards			
Motor			
Car Ins			
Childcare/ Educational			
Hobbies			
Reg Savings			
Reg Pension			
Life & CIC			
Health & Medical Ins			
Other Expenditure			
Total Expenditure			

	Client A	Client B	Joint
Total Income			
Total Expenditure			
Surplus/Deficit			
Notes			

Assets

Asset	Client 1	Client 2	Joint
Main residence			
Second property			
Other Properties			
Personal possessions			
Cash – current account			
Cash – deposit account			
Cash – fixed rate bond			
Cash – ISA			
Cash – regular saver			
Building Society			
Other Cash Holding			
Equity ISA			
Stocks & Shares			
Collective Investments			
Investment Bonds			
Endowments			
Friendly Society			
Other Investments			
Other Assets			
Other Asset			
Total Assets			

Notes

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Liabilities – outstanding balance

Liability	Client 1	Client 2	Joint
Domestic mortgage			
Second mortgage			
Buy to let mortgage			
Loan 1			
Loan 2			
Hire purchase			
Credit card 1			
Credit card 2			
Bank overdraft			
Tax owed			
Other liabilities			
Guarantees			
Total Liabilities			

Net Worth

	Client 1	Client 2	Joint
Assets			
Liabilities			
Net Worth			
Notes			

Knowledge & Experience

Before making a recommendation it is incumbent on our Firm to determine that you have the necessary level of experience and knowledge in order to understand the risks involved in any transaction we may arrange for you or in the management of your portfolio.

Therefore, please complete the following assessment accurately.

Investment Experience and Service

1. What type of investment planning have you received advice on, or types of products you have purchased within the last 10 years? *(Please circle, where appropriate, and outline the nature, volume and frequency in the free text box).*

No.	Types of Product	Advice Received	Product Purchased
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

No.	Nature, Volume and Frequency

What type of service are you familiar with?

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

Knowledge Statement

2. 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? YES/NO

(If Yes, please provide detail)

3. Which of the following descriptions best describes your knowledge and experience? (Please Tick).

<p>I have no knowledge of investments whatsoever, and this would be my first investment.</p> <p><i>I am 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></p>	
<p>I have a reasonable knowledge of investments, having previously purchased Investment/Pension contracts.</p> <p><i>If the products purchased fluctuated in value, have you been comfortable with this? Yes/No; If No, please provide further detail below</i></p>	
<p>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.</p> <p><i>If the products purchased fluctuated in value, have you been comfortable with this? Yes/No; If No, please provide further detail below</i></p>	

Free text to describe your personal knowledge and experience:

Attitude to Risk

Which statement reflects your attitude to risk	Tick
No investment risk. Willing to accept inflation risk.	
Investors in the Very Low risk group are prepared to take only a small degree of risk with their financial decisions. When faced with a major financial decision they are usually, if not always, more concerned about the possible losses than the possible gains. It is somewhat more important that the value of their investments do not fall than retaining its purchasing power. For most, any fall in the total value of their investments would make them feel uncomfortable but for some it would take a fall up to 10%.	
Investors in the Low risk group are prepared to take a small degree of risk with their financial decisions. When faced with a major financial decision they are usually more concerned about the possible losses than the possible gains. For most it is somewhat more important that the value of their investments retain its purchasing power rather than the investments not falling. For some, any fall in the total value of their investments would make them feel uncomfortable but for most it would take a fall of up to 20%.	
Investors in the Average risk group are prepared to take a small to medium degree of risk with their financial decisions, more likely medium. When faced with a major financial decision some are usually more concerned about the possible losses while others are usually more concerned about the possible gains. For some it is somewhat more important that the value of their investments do not fall than that it retains its purchasing power but for most retaining purchasing power is the more important of the two. For some, a fall of 10% in the total value of their investments would make them feel uncomfortable but for most it would take a fall of 20% or 33%, most likely 20%.	
Investors in the High risk group are only prepared to take a medium degree of risk with their financial decisions. When faced with a major financial decision they are usually more concerned about the possible gains than the possible losses. It is somewhat more important that the value of their investments retains its purchasing power than it does not fall. For some, a fall of 20% in the total value of their investments would make them feel uncomfortable but for most it would take a fall of 33%.	
Investors in the Very High risk group are prepared to take a medium to large degree of risk with their financial decisions, more likely large. When faced with a major financial decision they are usually, if not always, more concerned about the possible gains than the possible losses. It is somewhat much more important that the value of their investments retains its purchasing power than that it does not fall. For some, a fall of 20% in the total value of their investments would make them feel uncomfortable but for most it would take a fall of between 33% and 50%.	

Declaration

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

The information that you have been asked to disclose is to ensure that any financial advice offered is suitable to your personal circumstances and designed to meet your needs.

I confirm that I have answered your questions as far as I am willing and able. I have received a copy of your Business Card, Client Agreement Document, and Menu of Charges and understand that I am under no obligation to act upon your recommendations. I take full responsibility for any decision not to proceed following any recommendations you should make.

Data Protection Act 1998

The information recorded in this document may be retained on computer for reference purposes and will be held in accordance with the above Act. Some services are provided to NTM Financial Services Limited by third parties such as processing business or obtaining compliance or regulatory advice, which warrant the disclosure of more than just your basic contact details. You agree that personal information held by NTM Financial Services Limited may be disclosed on a confidential basis, and in accordance with the Data Protection Act 1998, to any such third parties. You also agree that this information may be transferred electronically, e.g. email and you agree that ourselves, or any such third party, may contact you in future by any means of communication which we consider appropriate at the time.

We may from time to time telephone or email you to bring certain services and products to your attention that we feel you may benefit from. If you do not want us to contact you please tick the box

Client 1		Client 2	
Date		Date	
Name		Name	
Signature		Signature	

Appendix A - Protection

1. Do you have life and or critical illness cover to repay your debts:

Comments

2. Do you have life and or critical illness cover to provide for your family

Comments

3. What protection does your employer provide

Comments

4. How long will you continue to receive you income if unable to work due to an accident or illness

Comments

5. What is the minimum level of income you need to provide for yourself (and your family)

Comments

Family and Personal Protection (WOL/FIB)			
1. Life Assured	Sum Assured	Premium	Type of Plan
Company	Term of Plan	Start Date	Reason for Plan
2. Life Assured	Sum Assured	Premium	Type of Plan
Company	Term of Plan	Start Date	Reason for Plan
3. Life Assured	Sum Assured	Premium	Type of Plan
Company	Term of Plan	Start Date	Reason for Plan

Appendix B - Savings and Investments

1. Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date
2. Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date
3. Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date
4. Owner	Type of Investment	Provider/Institute	Purpose of investment
Investment Amount	Current Value	Date Commenced	Maturity Date

Cash Assets			
1. Owner	Bank/BS	Type of Account	Withdrawal Notice
Current Balance	Interest Rate	Interest Paid Gross	Main Purpose
2. Owner	Bank/BS	Type of Account	Withdrawal Notice
Current Balance	Interest Rate	Interest Paid Gross	Main Purpose
3. Owner	Bank/BS	Type of Account	Withdrawal Notice
Current Balance	Interest Rate	Interest Paid Gross	Main Purpose

Appendix C - Retirement Planning – See client Portfolio

	Client 1	Client 2	
Are you a member of a company scheme			
Do you have access to a company scheme either now or at some known time in the future			
Do you have a current personal pension			
At what age do you wish to retire			
If you were retiring today, what level of income do you feel you would require			
Do you own more than 25% of the company shares			
Are you a Controlling Director			
Current and Other Scheme details (EPP/GPP/OPS/Stakeholder)			
Owner	Type of Plan	Provider	Retirement Date
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving

Owner	Type of Plan	Provider	Retirement Date
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving

Owner	Type of Plan	Provider	Retirement Date
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving

Owner	Type of Plan	Provider	Retirement Date
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving

Notes

Appendix D - Property Purchase

Main Mortgage Details			
Self/Partner/Joint		Value of Property	
Amount Borrowed		Term of Mortgage	
Term Remaining		Lender	
Type of Mortgage		Interest Type	
Rate of Interest		Amount Outstanding	
Early Redemption Penalty		Term to end of penalty Period	

Existing Repayment or Protection Plan connected to Mortgage

Life Assured	Sum Assured	Premium	Type of Plan
Company	Term of Plan	Start Date	Guaranteed Insurability
2. Life Assured	Sum Assured	Premium	Type of Plan
Company	Term of Plan	Start Date	Guaranteed Insurability
3. Life Assured	Sum Assured	Premium	Type of Plan
Company	Term of Plan	Start Date	Guaranteed Insurability

Proposed Mortgage Details			
Self/Partner/Joint		Maximum Price	
Maximum Mortgage		Preferred Term	
Amount of Deposit		Source of Deposit	

Do you have any CCJs		Do you have any arrears	
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Key Information about the type of mortgage applicable to you

In order to give you a high standard of service, we need to understand your requirements, attitude to risk and objectives to help us to provide you with a mortgage fitting your needs and relevant to your circumstances. State a reason where you answer 'Yes'.

1. Might your income or expenditure change significantly within the foreseeable future?

Income	No / Yes
Approximate timescale / Amount / Reason	
Expenditure	No / Yes
Approximate timescale / Amount / Reason	

2. Do you have any plans to pay off some or the entire mortgage in the foreseeable future?

No/Yes	Approximate Amount £
Approximate timescale / Reason	

3. Are you likely to move home within the mortgage term (other than this transaction)?

No / Yes	Larger / Smaller
Approximate timescale / Reason	

4. Please indicate the features most important to you.

An upper limit on your mortgage costs for a specific period	No / Yes
Reason	
To fix your mortgage costs for a certain period	No / Yes
Reason	
Access to an initial cash sum (known as a Cashback)	No / Yes
Reason	
A discount on your mortgage repayments in the early years.	No / Yes
Reason	
No early settlement interest on full or part repayment	No / Yes
Reason	
No tie-in after a fixed, discounted or capped interest period	No / Yes
Reason	

No high percentage lending fee No / Yes

Reason

Speed of mortgage completion No / Yes

Reason

Ability to add fees to the loan No / Yes

Reason

Ability to vary the repayment amount or take repayment holidays No / Yes

Reason

5. Please indicate whether:-

You are concerned about the possibility of future interest rate movements No / Yes

Reason

You want the certainty of your mortgage being repaid at the end of the term No / Yes

You are comfortable if all or part of your mortgage is repaid from the proceeds of an investment product, i.e. an endowment, ISA or Pension? No / Yes / All / Part

Key Information about the type of mortgage applicable to you

1. Changes in personal circumstances, such as loss of income, can lead to you being unable to repay all or part of your mortgage commitments.

Do you require payment protection insurance? No / Yes

If "Yes":-

How much repayment cover do you require? Full / Part

Do you want the benefit payment to be in excess of the mortgage repayment? No / Yes

Is the cover to be for joint applicants or a single applicant? Joint / Single

Do you require a quotation for buildings and contents insurance? No / Yes

Notes

Appendix E - Estate Planning

Other Information	Client 1	Client 2
Are you expecting any Inheritance or Gifts		
Do you have any planned outgoing such as Wedding or New Car		
Have you made any gifts or arranged any trusts within the last 7 years		
Have any of your protection or investment plans been written into trust		
Have you used any nil rate band		
Have you made a Will		
Who is main beneficiary		
Have you drawn up any powers of attorney		
Notes		