



CITRUS
FINANCIAL

GETTING TO KNOW YOU

| | |
|-------------------------------|--|
| Name | |
| Date | |
| How can we help? (briefly) | |
| How did you hear about us? | |

Advice you can trust

*OFFICE USE ONLY

| | | |
|----------------------|-------------|-------------------|
| Advisers name | | |
| Clients name | | |
| SCDD given | Date | Version No |
| Clients present? | | |
| Anyone else present? | | |

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SECTION A: PERSONAL DETAILS

| CLIENT DETAILS | Self | Partner |
|---|--|--|
| Title (Mr/Mrs/Miss/Ms) | | |
| Surname (As per passport) | | |
| First / middle names (As per passport) | | |
| Date of Birth | | |
| Address | Postcode | Postcode |
| National Insurance Number | | |
| Have you smoked any form of tobacco in the past 12 months | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you in good health | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financially Dependant Children, name(s): | Date of birth | |
| | | |
| | | |
| | | |

| NATIONALITY/DOMICILE | Self | Partner |
|---|------|---------|
| If you are not a UK National, what date did you enter the UK, and what is your nationality? | | |
| Do you have permanent rights to remain in the UK? | | |
| IF NOT, please provide expiry date of current visa | | |

| CONTACT DETAILS | Self | Partner |
|-----------------------------|------|---------|
| Work Telephone | | |
| Mobile | | |
| Home | | |
| E-mail address | | |
| Preferred method of contact | | |

SECTION B: **CURRENT RESIDENTIAL PROPERTY DETAILS**

| | |
|---|--|
| Property value | |
| Mortgage amount | |
| Mortgage type (Fixed rate, Repayment etc.) | |
| Term of mortgage | |
| Monthly repayments | |

Notes

SECTION C: INCOME/MAIN EMPLOYMENT DETAILS

| | Self | | Partner | |
|--------------------|-----------------------------------|--|-----------------------------------|--|
| Status | <input type="checkbox"/> Employed | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Employed | <input type="checkbox"/> Self-employed |
| Name of company | | | | |
| Job title | | | | |
| Nature of business | | | | |
| Employers Address | | | | |
| | Postcode | | Postcode | |
| Start date | | | | |

EMPLOYED CLIENTS ONLY INCOME (EMPLOYED)

| | Self | Partner |
|---|-------------|----------------|
| Annual gross basic salary | £ | £ |
| Other / secondary income | £ | £ |
| Total gross annual | £ | £ |
| HR Contact and number for reference | | |
| If less than 3 years please provide previous employment details | | |
| Previous job title | | |
| Name of company | | |
| Employers Address | | |
| | Postcode | Postcode |
| Date joined | | |
| Net monthly income: | £ | £ |

CURRENT PENSION POSITION

| | Self | | Partner | |
|------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Are you in a Pension Scheme? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contribution details | | | | |
| Anticipated retirement age | | | | |

SECTION C: INCOME/MAIN EMPLOYMENT DETAILS continued

SELF EMPLOYED OR COMPANY DIRECTOR

| | | |
|---|--------------------------------------|--|
| Name of company: | | |
| Type of business: | | |
| Date Company started: | | |
| Ltd Company?: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Your position: | <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Partnership <input type="checkbox"/> Director |
| What % of shares do you hold in the company?: | | |
| How many years trading accounts do you have?: | | |
| Company accounts year end date: | | |
| | Net Profit figure | Date of Accounts |
| Latest 3 years total company NET profits from completed and signed accounts/HM Revenue & Customs confirmation of self assessment SA302 (latest year first and dated no older than 18 months from current date): | 1: | |
| | 2: | |
| | 3: | |
| Latest 3 years dividend payments: CLIENT'S SHARE ONLY PLEASE - not total for company | 1: | |
| | 2: | |
| | 3: | |
| Latest 3 years Directors Remuneration: CLIENT'S SHARE ONLY PLEASE - not total for company | 1: | |
| | 2: | |
| | 3: | |
| Accountants full details | | |
| Net monthly income: | £ | |

Notes

SECTION C: INCOME/MAIN EMPLOYMENT DETAILS continued

SELF EMPLOYED OR COMPANY DIRECTOR

| | | |
|---|--------------------------------------|--|
| Name of company: | | |
| Type of business: | | |
| Date Company started: | | |
| Ltd Company?: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Your position: | <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Partnership <input type="checkbox"/> Director |
| What % of shares do you hold in the company?: | | |
| How many years trading accounts do you have?: | | |
| Company accounts year end date: | | |
| | Net Profit figure | Date of Accounts |
| Latest 3 years total company NET profits from completed and signed accounts/HM Revenue & Customs confirmation of self assessment SA302 (latest year first and dated no older than 18 months from current date): | 1: | |
| | 2: | |
| | 3: | |
| Latest 3 years dividend payments: CLIENT'S SHARE ONLY PLEASE - not total for company | 1: | |
| | 2: | |
| | 3: | |
| Latest 3 years Directors Remuneration: CLIENT'S SHARE ONLY PLEASE - not total for company | 1: | |
| | 2: | |
| | 3: | |
| Accountants full details | | |
| Net monthly income: | £ | |

Notes

| |
|--|
| |
|--|

SECTION D: EXPENDITURE

Record in this section all net monthly expenditure (not deducted from salaries at source)

Page 7 = Essential Page 8 = Non-Essential **(only required for mortgage applications)**

Please indicate if new mortgage costs are exact or estimated (only required for mortgage applications)

| PLEASE TELL US ABOUT YOUR EXPENDITURE: | Current | New Mortgage | Exact |
|--|---------|--------------|--|
| Rent (including shared ownership & service charges)* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Main residential mortgage* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Council Tax* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Water* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Gas/Electricity* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Oil/Propane/Solid fuel* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Land line/Broadband* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Mobile phones* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Food/Grocery shop* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Childcare* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Maintenance* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Petrol/Diesel* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Car Insurance/Road tax* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Vehicle maintenance* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Buildings & Contents* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Life covers/PMI/Dental Plans* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Pets* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Regular prescriptions* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Catalogue payments* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Student loans/tuition cost* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Ongoing credit commitments* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Pay Day Loans* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| House maintenance* | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Continued on the next page

SECTION D: EXPENDITURE continued

| PLEASE TELL US ABOUT YOUR EXPENDITURE: | Current | New Mortgage | Exact |
|--|----------|--------------|--|
| Buy to lets | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Sky/TV package/TV licence | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Window cleaning | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Appliance servicing/warranties | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Gas/utility insurance/contracts | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Holidays/Travel | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Deposit accounts | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ISA's/Other savings | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Endowments/Pensions | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Gym memberships/Sports/Hobbies | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Theatre/Cinema | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Eating out, Drinking & Smoking | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Birthdays, anniversaries & Christmas | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Clothes | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Hairdressers, Barbers, Manicures etc. | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Charity donations | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Union fees | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Other | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Monthly emergency fund | £ | £ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| TOTAL ESSENTIAL MONTHLY OUTGOINGS* | £ | £ | |
| TOTAL NON-ESSENTIAL MONTHLY OUTGOINGS | £ | £ | |
| TOTAL OUTGOINGS | £ | £ | |

Notes

SECTION D: EXPENDITURE continued

| DEDUCTIONS FROM PAY SLIPS | Self | Partner |
|---------------------------|------|---------|
| Pension | £ | £ |
| Childcare Vouchers | £ | £ |
| Student Loan | £ | £ |
| Union Fees/Charities | £ | £ |
| Other | £ | £ |

| SOURCE OF DEPOSIT ONLY REQUIRED FOR MORTGAGE APPLICATIONS | Self | Partner |
|--|------|---------|
| Savings | £ | £ |
| Gift | £ | £ |
| Equity | £ | £ |
| Bonus | £ | £ |
| Other | £ | £ |

Notes

SECTION E: ASSETS AND LIABILITIES

| YOUR CURRENT ASSETS: | Self | Partner | Notes |
|---|----------|----------|-------|
| Residential Property value | £ | £ | |
| Other Properties (eg) investment properties | £ | £ | |
| Bank Account | £ | £ | |
| Building Societies | £ | £ | |
| National Savings | £ | £ | |
| TESSA/PEP's/ISA's | £ | £ | |
| Stocks/Shares/Trusts | £ | £ | |
| Assets Abroad | £ | £ | |
| Other (specify) | £ | £ | |
| Home (Contents, Car) | £ | £ | |
| Total Assets | £ | £ | |

| YOUR CURRENT LIABILITIES: | Self | Partner | Notes |
|----------------------------------|----------|----------|-------|
| Outstanding residential mortgage | £ | £ | |
| Outstanding other mortgages | £ | £ | |
| Outstanding Loans/HP | £ | £ | |
| Credit cards | £ | £ | |
| Others (specify) | £ | £ | |
| Total Liabilities | £ | £ | |

| | | | |
|---|----------|----------|--|
| Current Net Worth (Assets - Liabilities) | £ | £ | |
|---|----------|----------|--|

Notes

SECTION E: **ASSETS AND LIABILITIES** continued

| YOUR CURRENT ASSETS: | Self | Partner |
|--|------|---------|
| Any anticipated changes in circumstances, for example in your income, or your expenditure? | | |
| Have you made or received any gifts? | | |
| Have you made a will | | |

Your current bank account details (where you have your salary credited)

| | | |
|-------------------------------------|--|--|
| Name of bank | | |
| Sort code and account number | | |
| How long have you held the account? | | |

Notes

SECTION F: MORTGAGES

| | Self | Partner |
|---|------|---------|
| Any name changes in last 6 years: (previous name and date of change) | | |

Mothers maiden name (for security)

PLEASE ENSURE YOU COVER THE FULL LAST 3 YEARS

| | Self | Partner |
|--------------------------------|------|---------|
| Date moved into property | | |
| Owner/rented/with family/other | | |

PREVIOUS ADDRESS (if less than 3 years)

| | Self | Partner |
|--------------------------------|---------------|---------------|
| Address | | |
| Postcode | | |
| Date moved into this property | | |
| Owner/rented/with family/other | £ pm | £ pm |

PREVIOUS ADDRESS (if less than 3 years)

| | Self | Partner |
|--------------------------------|---------------|---------------|
| Address | | |
| Postcode | | |
| Date moved into this property | | |
| Owner/rented/with family/other | £ pm | £ pm |

CURRENT RESIDENTIAL PROPERTY DETAILS

| | |
|--|--|
| Type of ownership | |
| Lender and Account Number | |
| Date Loan Commenced | |
| Redemption Penalties | |
| Original purchase price and date of purchase: | |
| Do you intend to sell this property, or do you intend to rent this out? If you are looking to let the property what is the expected rental income. | |

SECTION F: MORTGAGES continued

| ADDITIONAL PROPERTY DETAILS | Self | Partner |
|---|--|--|
| Address | | |
| | Postcode | Postcode |
| Lender and Account Number | | |
| Value | | |
| Amount of Mortgage & monthly payments | £ £ pm | £ £ pm |
| Rental Income | £ | £ |
| Redemption Penalties (if so how much/until when) | £ | £ |
| Date property rented out from | | |

Notes

SECTION F: MORTGAGE REQUIREMENTS

| Self | | Partner | |
|--|--|---|--|
| Are you described as a: | | | |
| <input type="checkbox"/> First time buyer | <input type="checkbox"/> Moving home | <input type="checkbox"/> First time buyer | <input type="checkbox"/> Moving home |
| <input type="checkbox"/> Re-mortgage | <input type="checkbox"/> Buy to let | <input type="checkbox"/> Re-mortgage | <input type="checkbox"/> Buy to let |
| Purpose of application | | | |
| Repayment method (Interest Only/Repayment/Part & Part) | | | |
| Address of property to be mortgaged | | | |
| Type of property | | <input type="checkbox"/> House | <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat |
| | | <input type="checkbox"/> Detached | <input type="checkbox"/> Semi detached <input type="checkbox"/> Terraced |
| Year property was built | | Tenure | <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold |
| Number of bedrooms | | Number of living rooms | |
| Number of Bathrooms | | Parking space/garage | |
| Estate Agent details | | Solicitors details | |
| More than 1/2 acre attached to property | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the building standard construction | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IF FLAT OR MAISONNETTE

| | | | |
|----------------------|--|---------------------------------------|--|
| Which floor in block | | No of floors in block | |
| No of units in block | | New build or converted | |
| Lift access | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ex local authority | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tenure | <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold | If leasehold unexpired terms of lease | |
| Ground rent | | Service charge | |

Notes

| |
|--|
| |
|--|

SECTION F: MORTGAGE REQUIREMENTS continued

MORTGAGE LOAN DETAILS

Buying a property

| | |
|---|----------|
| Purchase price | £ |
| Amount of deposit | £ |
| Source of deposit (savings/gift/ inheritance) | |
| Mortgage amount needed | £ |

Remortgage

| | |
|---|----------|
| Value of Property | £ |
| Amount to repay on existing mortgage | £ |
| Amount for: Home Improvements | £ |
| Investment | £ |
| Other | £ |
| Total loan required | £ |

Have either you or your partner ever fallen behind with any mortgage or rental payments, been insolvent or bankrupt, made arrangements with creditors, or been involved in court actions for debt, such as County Court Judgements?

 Yes

 No

Details:

Are you prepared to pay any penalties if you were to transfer or repay your existing mortgage?

 Yes

 No

Do you know the amount of penalty?

£

Notes

SECTION G: PROTECTION

PROTECTING YOUR MORTGAGE AND YOUR FAMILY

Under FCA guidelines of 'best advice and know your client' it is essential we ensure that any shortfalls in mortgage cover and income protection are identified and addressed.

| | Self | Partner |
|--|------|---------|
| How long will your employer pay you for if you are off sick? | | |
| How much do will you get? | | |
| How much 'death in service' do you get from work? | | |
| If you / either of you were made redundant how would it affect your ability to pay your mortgage and bills? | | |
| If you / either of you were unable to work due to illness or accident how would it affect your ability to pay your mortgage and bills? | | |
| If you / either of you were unable to work due to diagnosis of a serious illness your how would it affect your ability to pay your mortgage and bills? | | |
| If you / either of you / both of you were to die prematurely, how would this affect your family's ability to repay the mortgage and outstanding commitments? | | |

Notes

SECTION G: PROTECTION continued

| Life/Critical Illness Protection | Existing arrangements | | | |
|---|--|--|--|--|
| Owner | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint |
| Policy type: | <input type="checkbox"/> Decreasing Term Assurance <input type="checkbox"/> Level <input type="checkbox"/> Family Income Benefit <input type="checkbox"/> Endowment | <input type="checkbox"/> Decreasing Term Assurance <input type="checkbox"/> Level <input type="checkbox"/> Family Income Benefit <input type="checkbox"/> Endowment | <input type="checkbox"/> Decreasing Term Assurance <input type="checkbox"/> Level <input type="checkbox"/> Family Income Benefit <input type="checkbox"/> Endowment | <input type="checkbox"/> Decreasing Term Assurance <input type="checkbox"/> Level <input type="checkbox"/> Family Income Benefit <input type="checkbox"/> Endowment |
| Provider | | | | |
| Life and or Critical Illness | <input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Both | <input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Both | <input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Both | <input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Both |
| Date started | | | | |
| Remaining term | | | | |
| Sum assured | £ | £ | £ | £ |
| Waiver included | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Indexed | | | | |
| Written under trust | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Premium | £ per | £ per | £ per | £ per |
| Purpose of the policy and any other benefits applicable | | | | |
| What prompted you to take this protection out | | | | |
| Consider replacement? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Notes

SECTION H: PENSION ARRANGEMENTS

| Pension | Existing arrangements | | | |
|--|---|---|---|---|
| | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint |
| Owner | | | | |
| Provider | | | | |
| Plan number | | | | |
| Contributory/non contributory | | | | |
| Contribution amount | £ | £ | £ | £ |
| Scheme Type | | | | |
| Date Joined | | | | |
| Current contribution | | | | |
| Waiver included | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Indexed | | | | |
| Written under trust | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Latest fund value | £ | £ | £ | £ |
| Latest transfer value | £ | £ | £ | £ |
| Investment fund | | | | |
| Do you have a guaranteed annuity rate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| % of Tax free cash | | | | |

Notes

SECTION H: PENSION ARRANGEMENTS continued

| Pension | Existing arrangements | | | |
|--|---|---|---|---|
| | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint |
| Owner/Owner | | | | |
| Provider | | | | |
| Plan number | | | | |
| Contributory/non contributory | | | | |
| Contribution amount | £ | £ | £ | £ |
| Scheme Type | | | | |
| Date Joined | | | | |
| Current contribution | | | | |
| Waiver included | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Indexed | | | | |
| Written under trust | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Latest fund value | £ | £ | £ | £ |
| Latest transfer value | £ | £ | £ | £ |
| Investment fund | | | | |
| Do you have a guaranteed annuity rate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| % of Tax free cash | | | | |

Notes

SECTION I: INVESTMENT AND SAVINGS DETAILS

| Investment/Savings | Policy 1 | Policy 2 | Policy 3 | Policy 4 |
|---|---|---|---|---|
| Owner | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint |
| Product type: ISA/OEIC/Bond/Cash /Portfolio/Single Shares | | | | |
| Provider | | | | |
| Monthly payment | £ | £ | £ | £ |
| Interest Rate (if applicable) | | | | |
| Original invested amount | | | | |
| Reason for investment | | | | |
| Current Value | | | | |
| Objective | | | | |
| Is income being taken from any investments | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes how much | £ | £ | £ | £ |
| Will this form part of your estate on death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Notes | | | | |

SECTION I: INVESTMENT AND SAVINGS DETAILS continued

| Investment/Savings | Policy 1 | Policy 2 | Policy 3 | Policy 4 |
|---|---|---|---|---|
| Owner | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Joint |
| Product type: ISA/OEIC/Bond/Cash /Portfolio/Single Shares | | | | |
| Provider | | | | |
| Monthly payment | £ | £ | £ | £ |
| Interest Rate (if applicable) | | | | |
| Original invested amount | | | | |
| Reason for investment | | | | |
| Current Value | | | | |
| Objective | | | | |
| Is income being taken from any investments | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes how much | £ | £ | £ | £ |
| Will this form part of your estate on death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Notes | | | | |

Contact us

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