



Wealth Management

Personal Financial Summary

Financial Services & Market Act 2000

As Independent Financial Advisers, we are required to have a due regard for the best interests of clients when giving financial advice. We must do our utmost to ensure that we are aware of your personal and financial circumstances so that our advice is suitable for your needs.

The questions in this Personal Financial Summary have been designed to help your adviser provide advice that meets **your** needs.

You of course do not have to answer all of the questions but any non-disclosure of vital information could result in the advice you are given, not being appropriate advice. The advice you are given will only be as good as the information provided.

Data Protection Act 1998

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 information may also be used to provide you with details of products suitable to your requirements. For further information please refer to our Terms of Business/Client Agreement.

Terms of Business/Client Agreement

This is an important document that sets out the terms of which any business will take place between PIA Wealth Management and you as a client.

Client Name(s):	
Adviser's Name:	
Date of Completion:	

Why PIA Wealth Management?

- Our aim is to build a long-term relationship with you, which is mutually advantageous and an integral part of achieving this is our wholehearted commitment to treating our customers fairly.
- Because we are truly independent we can select the most suitable products(s) for your individual needs from the many that are available in the market place.
- When making recommendations we will access the entire universe of financial solutions and present the strategy which we believe is best suited to your objectives and priorities, in the most tax-efficient manner.
- We strongly recommend that a full financial review is carried out, but appreciate that there may be times when advice is required in specific areas only. For example, at certain times of the year you may wish to focus on one particular area of financial planning that needs to take place before the end of the tax year.
- In those circumstances we provide a tailored service known as ‘restricted advice’, where it is specified at the outset that our advice is going to be restricted to one or more areas of financial planning.
- We would stress that our recommendation is that a full review is carried out which will enable us to advise you on the **key areas** of protection and financial investment planning.

PERSONAL DETAILS

BASIC DATA

CLIENT 1

CLIENT 2

Title (Mr / Mrs / Miss / other – please specify)
Forename or initials
Surname
Date of birth
Known as
Tick if Client 2's details are the same (If they are the same, leave Client 2's details Blank)

/ /

/ /

Please describe your marital status (i.e. Single, Married, Divorced, etc.)
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If you are married – are you married <u>to each other</u> ?
(If not, please briefly explain your situation as it may have relevance to your Inheritance Tax position)

Yes / No

Address
Postcode

Please tick the appropriate box to indicate your residential status

Homeowner	Private Tenant	Council Tenant	Lodger	Living with parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long at this address (nearest month)
Home telephone
Work telephone
Mobile telephone
Internet access
Email address

Yes/No
Home:
Work:

Yes/No
Home:
Work:

National Insurance No.

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Who is responsible for arranging your General Insurance Programme?
What is the renewal date of your programme?
Who are your insurance brokers?
Are you happy with the level of service from your current brokers?

Notes

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CHILDREN'S DETAILS

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Full name				
Usually known as				
Date of birth	/ /	/ /	/ /	/ /
Relationship to you				
Is Child still dependant?	Yes/No	Yes/No	Yes/No	Yes/No

Please indicate below the anticipated education expenses for each child and your planning assumption for the rate of future fee increases.

Fees per term (Primary)	£	£	£	£
Start term and year				
End term and year				

Fees per term (Secondary)	£	£	£	£
Start term and year				
End term and year				

Fees per term (University)	£	£	£	£
Start term and year				
End term and year				

Anticipated rate of increase	%	%	%	%
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Please indicate below the anticipated expenses associated with each child.

Childcare fees	£	£	£	£
From age				
Until age				
Pocket money	£	£	£	£
From age				
Until age				
Clothing and footwear	£	£	£	£
From age				
Until age				
Other expenses	£	£	£	£
From age				
Until age				
Wedding expenses	£ At age	£ At age	£ At age	£ At age
Other 'one-off' expenses	£ At age	£ At age	£ At age	£ At age

DETAILS OF EMPLOYMENT

CLIENT 1

CLIENT 2

Employer's name, address & telephone number
Your Occupation (<i>or retired if this applies</i>)

DETAILS OF SELF - EMPLOYMENT

CLIENT 1

CLIENT 2

Business name, address & telephone number
Your Occupation

INCOME/OUTGOINGS

INCOME (Annual)

Salary or self-employed earnings	£	£
Bonuses / Commission	£	£
Pension income (if this applies)		
Dividend income	£	£
Rental income		
Investment income		
Tax Status	Nil Rate/Basic Rate/Higher Rate	Nil Rate/Basic Rate/Higher Rate
Total	£	£
Total joint income	£	

OUTGOINGS (Annual)

Mortgage/Rent	£		
Electricity	£	Garden / Gardener	£
Gas	£	Help in house	£
Water Rates	£	House & Contents Ins.	£
Council Tax	£	Other insurance	£
Telephone	£	TV Licence	£
Repairs & Renewals	£	Satellite / Cable	£
Solid Fuel	£	Swimming Pool	£
Oil	£	Other Expenses	£

OTHER OUTGOINGS (Annual)

	Client 1	Client 2	Joint
Housekeeping, food, etc.	£	£	£
Clothing & footwear	£	£	£
Travel (Fuel, vehicle insurance, etc.)	£	£	£
Internet	£	£	£
Mobile phones	£	£	£
Media (DVDs, CDs, books, etc.)	£	£	£
Sports & hobbies	£	£	£
Social activities (Cinema, eating out, etc.)	£	£	£
Holidays	£	£	£
Christmas & birthday presents	£	£	£
Other personal expenses (Alcohol, cigarettes, etc.)	£	£	£
Other private annual expenses (e.g. caravan, etc.)	£	£	£
Spending money	£	£	£
Maintenance payments	£	£	£
Health insurance	£	£	£
Gifts to charities	£	£	£
Miscellaneous outgoings	£	£	£

Total	£	£	£
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Total joint expenditure

£

PRIVATELY OWNED CARS / OTHER VEHICLES

CLIENT 1

CLIENT 2

Make and model
Engine capacity
Fuel type (e.g. petrol or diesel)
Current value (or purchase cost in today's terms if purchased in the future)
Cost when new
When do you intend to sell/change your car?
Road tax
Petrol & oil
Insurance
Servicing
Car recovery subscription (AA/RAC)

£
£
£
£
£
£
£

£
£
£
£
£
£
£

COMPANY CAR DETAILS

CLIENT 1

CLIENT 2

Car make and model (please specify whether automatic, manual, saloon, estate, etc.)
Engine capacity
Fuel type (diesel or petrol)
Are you taxed on fuel benefit?
Cost of car when new (list price plus options)
Date of registration
When do you intend to sell/change your car?
Road tax (if applicable)
Petrol & oil (if applicable)
Insurance (if applicable)
Servicing (if applicable)
Car recovery subscription (AA/RAC)
Private mileage contribution?

£
/ /
£
£
£
£
£
£

£
/ /
£
£
£
£
£
£

SAVINGS AND INVESTMENTS

DETAILS OF BANK ACCOUNTS / BUILDING SOCIETY ACCOUNTS

Bank / Building Society name		
Account description (E.g. Current, Premier Plus etc.)		
Account holder		
Current balance	£	£
Current interest rate	% p.a.	% p.a.
Current/Future Investment (please include frequency and expected end date)	£	£

Bank / Building Society name		
Account description (E.g. Current, Premier Plus etc.)		
Account holder		
Current balance	£	£
Current interest rate	% p.a.	% p.a.
Current/Future Investment (please include frequency and expected end date)	£	£

Bank / Building Society name		
Account description (E.g. Current, Premier Plus etc.)		
Account holder		
Current balance	£	£
Current interest rate	% p.a.	% p.a.
Current/Future Investment (please include frequency and expected end date)	£	£

DETAILS OF ISAS/NISAS

Provider name
Owner
Current value
Value correct as at
Original amount invested
Regular/future investment (please include frequency and expected end date)
Purpose of the investment/notes

£
/ /
£
£ per month / annum
Increasing by % p.a.

£
/ /
£
£ per month / annum
Increasing by % p.a.

Provider name
Owner
Current value
Value correct as at
Original amount invested
Regular/future investment (please include frequency and expected end date)
Purpose of the investment/notes

£
/ /
£
£ per month / annum
Increasing by % p.a.

£
/ /
£
£ per month / annum
Increasing by % p.a.

Provider name
Owner
Current value
Value correct as at
Original amount invested
Regular/future investment (please include frequency and expected end date)
Purpose of the investment/notes

£
/ /
£
£ per month / annum
Increasing by % p.a.

£
/ /
£
£ per month / annum
Increasing by % p.a.

Provider name
Owner
Current value
Value correct as at
Original amount invested
Regular/future investment (please include frequency and expected end date)
Purpose of the investment/notes

£
/ /
£
£ per month / annum
Increasing by % p.a.

£
/ /
£
£ per month / annum
Increasing by % p.a.

DETAILS OF UNIT TRUSTS / OEICS

Provider Name
Investment type
Owner (write 'Joint' if this applies)
Current value
Value correct as at
Original amount invested
Original investment date
Regular/future investment (please include frequency and expected end date)
Purpose of the investment/notes

£
/ /
£
£ per month / annum
Increasing by % p.a.

£
/ /
£
£ per month / annum
Increasing by % p.a.

Provider Name
Investment type
Owner (write 'Joint' if this applies)
Current value
Value correct as at
Original amount invested
Original investment date
Regular/future investment (please include frequency and expected end date)
Purpose of the investment/notes

£
/ /
£
£ per month / annum
Increasing by % p.a.

£
/ /
£
£ per month / annum
Increasing by % p.a.

Provider Name
Investment type
Owner (write 'Joint' if this applies)
Current value
Value correct as at
Original amount invested
Original investment date
Regular/future investment (please include frequency and expected end date)
Purpose of the investment/notes

£
/ /
£
£ per month / annum
Increasing by % p.a.

£
/ /
£
£ per month / annum
Increasing by % p.a.

Provider Name
Investment type
Owner (write 'Joint' if this applies)
Current value
Value correct as at
Original amount invested
Original investment date
Regular/future investment (please include frequency and expected end date)
Purpose of the investment/notes

£
/ /
£
£ per month / annum
Increasing by % p.a.

£
/ /
£
£ per month / annum
Increasing by % p.a.

DETAILS OF SINGLE PREMIUM INVESTMENT BONDS

Provider Name		
Life Assured (Usually the policy owner - Write 'Joint' if this applies)		
Current death claim value	£ or % of surrender value	£ or % of surrender value
Is it written under trust? If yes, who are the beneficiaries?		
Onshore or Offshore?	Onshore/Offshore	Onshore/Offshore
Current surrender value	£	£
Value correct as at	/ /	/ /
Future Premium / withdrawals (please include amount, frequency and expected end date)	£	£

Provider Name		
Life Assured (Usually the policy owner - Write 'Joint' if this applies)		
Current death claim value	£ or % of surrender value	£ or % of surrender value
Is it written under trust? If yes, who are the beneficiaries?		
Onshore or Offshore	Onshore/Offshore	Onshore/Offshore
Current surrender value	£	£
Value correct as at	/ /	/ /
Future Premium / withdrawals (please include amount, frequency and expected end date)	£	£

Provider Name
Life Assured (Usually the policy owner - Write 'Joint' if this applies)
Current death claim value
Is it written under trust? If yes, who are the beneficiaries?
Onshore or Offshore?
Current surrender value
Value correct as at
Future Premium / withdrawals (please include amount, frequency and expected end date)

£ or % of surrender value
Onshore/Offshore
£
/ /
£

£ or % of surrender value
Onshore/Offshore
£
/ /
£

Provider Name
Life Assured (Usually the policy owner - Write 'Joint' if this applies)
Current death claim value
Is it written under trust? If yes, who are the beneficiaries?
Onshore or Offshore?
Current surrender value
Value correct as at
Future Premium / withdrawals (please include amount, frequency and expected end date)

£ or % of surrender value
Onshore/Offshore
£
/ /
£

£ or % of surrender value
Onshore/Offshore
£
/ /
£

DETAILS OF ENDOWMENTS

Provider name
Life Assured
Beneficiary
Current death claim value
Current surrender value
Estimated maturity value
Maturity date
Premium
Start date

£
% p.a.
£
/ /
£ per month / annum
/ /

£
% p.a.
£
/ /
£ per month / annum
/ /

Provider name
Life Assured
Beneficiary
Current death claim value
Current surrender value
Estimated maturity value
Maturity date
Premium
Start date

£
% p.a.
£
/ /
£ per month / annum
/ /

£
% p.a.
£
/ /
£ per month / annum
/ /

OTHER INVESTMENTS

Please provide full details in the box below e.g. National Savings & Premium Bonds, EIS/VCTs, directly held shares

PROTECTION POLICIES

DETAILS OF TERM ASSURANCE

Provider name		
Type of Term Assurance (Decreasing Term/Level Term)		
Life Assured (Usually the policy owner - Write 'Joint' if this applies)		
What is the sum assured?	£	£
Beneficiary		
Is Critical Illness included in the policy? If so, what is Critical Illness sum assured/amount?	Yes/No £	Yes/No £
Expiry date	/ /	/ /
Premium	£ per month / annum	£ per month / annum
Start date	/ /	/ /

Provider name		
Type of Term Assurance (Decreasing Term/Level Term)		
Life Assured (Usually the policy owner - Write 'Joint' if this applies)		
What is the sum assured?	£	£
Beneficiary		
Is Critical Illness included in the policy? If so, what is Critical Illness sum assured/amount?	Yes/No £	Yes/No £
Expiry date	/ /	/ /
Premium	£ per month / annum	£ per month / annum
Start date	/ /	/ /

Provider name
Type of Term Assurance (Decreasing Term/Level Term)
Life Assured (Usually the policy owner - Write 'Joint' if this applies)
What is the sum assured?
Beneficiary
Is Critical Illness included in the policy? If so, what is Critical Illness sum assured/amount?
Expiry date
Premium
Start date

£
Yes/No
£
/ /
£ per month / annum
/ /

£
Yes/No
£
/ /
£ per month / annum
/ /

DETAILS OF WHOLE OF LIFE POLICIES

Provider name		
Life Assured (Usually the policy owner - Write 'Joint' if this applies)		
What is the sum assured?	£	£
Beneficiary		
Is Critical Illness included in the policy? If so, what is Critical Illness sum assured/amount?	Yes/No £	Yes/No £
Premium	£ per month / annum	£ per month / annum
Start date	/ /	/ /
Is the policy written in trust?	Yes/No If yes, please complete box on next page	Yes/No If yes, please complete box on next page

Provider name		
Life Assured (Usually the policy owner - Write 'Joint' if this applies)		
What is the sum assured?	£	£
Beneficiary		
Is Critical Illness included in the policy? If so, what is Critical Illness sum assured/amount?	Yes/No £	Yes/No £
Premium	£ per month / annum	£ per month / annum
Start date	/ /	/ /
Is the policy written in trust?	Yes/No If yes, box on please complete page 26	Yes/No If yes, box on please complete page 26

Please provide full details of the trust(s) i.e. Trustees details/Beneficiaries details

DETAILS OF PERMANENT HEALTH INSURANCE/INCOME PROTECTION/PRIVATE HEALTH POLICIES (Complete boxes where appropriate)

Provider name		
Policy Owner		
How much cover is provided? (How much of your income is covered?)	£ £	£ £
Benefit payment frequency (Weekly, monthly, quarterly)		
Does the benefit amount increase by a specified percentage? If yes, how much?	Yes/No %	Yes/No %
Age at which benefit ceases		
Deferred period (in weeks) (How long do you have to be off work before cover kicks in?)		
Premium	£ per month / annum	£ per month / annum
Start date	/ /	/ /
Premium paid personally or by employer?		

Provider name		
Policy Owner		
How much cover is provided? (How much of your income is covered?)	£	£
Benefit payment frequency (Weekly, monthly, quarterly)		
Does the benefit amount increase by a specified percentage? If yes, how much?	Yes/No %	Yes/No %
Age at which benefit ceases		
Deferred period (in weeks) (How long do you have to be off work before cover kicks in?)		
Premium	£ per month / annum	£ per month / annum
Start date	/ /	/ /
Premium paid personally or by employer?		

Please provide full details of the trust(s) i.e. Trustees details/Beneficiaries details

PENSION SECTION

STATE PENSION

At what age/date will you be entitled to your State Pension?
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Age	Date
	/ /

Age	Date
	/ /

State pension age/benefit changes:

Affecting People Born After	When Rise Starts	State Pension Age
*1953	2019	66
*1960	2026	67
1967	2033	68
1974	2040	69
1981	2047	70
1988	2054	71
1995	2060	72
2002	2067	73

*These dates are confirmed by legislation and not subject to change.

To find out your exact pension date, you can do so by visiting www.gov.uk/calculate-state-pension

PIA Wealth Management will need to establish your State Pension entitlement at the above date and this information is available on request from the Department for Work & Pensions (DWP) via one of the following routes:

- a) By writing to the DWP at:
**Newcastle Pension Centre
Futures Group
The Pension Service 9
Mail Handling Site A
Wolverhampton
WV98 1LU
United Kingdom**
- b) By telephoning **08453 000 168** (Monday – Friday, 8am – 8pm)
- c) Going online at www.gov.uk/government/br19

Once this information has been made available to you please contact your adviser

A new single tier pension will come into effect from 6th April 2016. If you reach State Pension age before this date you will receive your State Pension in line with existing rules.

It is important to know how your existing National Insurance Contributions record is converted into a single tier foundation amount. You may be able to apply to pay additional National Insurance Contributions in order to qualify for a State Pension or an Increased State Pension. This will be determined and discussed with you once we have all the information available to us.

PERSONAL PENSIONS / STAKEHOLDER PENSIONS / RETIREMENT ANNUITIES

Type of plan (i.e. Stakeholder / PPP / Retirement Annuity)
Provider
Pensioner
Current fund value (if known)
Normal Retirement Age
Proposed tax free cash (% of fund)
Policy start date
Gross contribution
Contribution paid personally or by employer?
If the contribution increases automatically, please state at what rate.

£
£
per month / quarter / annum
% p.a.

£
£
per month / quarter / annum
% p.a.

Type of plan (i.e. Stakeholder / PPP / Retirement Annuity)
Provider
Pensioner
Current fund value (if known)
Normal Retirement Age
Proposed tax free cash (% of fund)
Policy start date
Gross contribution
Contribution paid personally or by employer?
If the contribution increases automatically, please state at what rate.

£
£
per month / quarter / annum
% p.a.

£
£
per month / quarter / annum
% p.a.

Type of plan (i.e. Stakeholder / PPP / Retirement Annuity)
Provider
Pensioner
Current fund value (if known)
Normal Retirement Age
Proposed tax free cash (% of fund)
Policy start date
Gross contribution
Contribution paid personally or by employer?
If the contribution increases automatically, please state at what rate.

£
/ /
£
per month / quarter / annum
% p.a.

£
/ /
£
per month / quarter / annum
% p.a.

MONEY PURCHASE OCCUPATIONAL PENSIONS

Type of plan (i.e. Stakeholder / PPP / Retirement Annuity)
Provider
Pensioner
Current fund value (if known)
Assumed future fund growth
Normal Retirement Age
Proposed tax free cash (% of fund)
Policy start date
Premium
Premium paid personally or by employer?
If the premium increases automatically, please state at what rate.

£
/ /
£
per month / quarter / annum
% p.a.

£
/ /
£
per month / quarter / annum
% p.a.

DETAILS OF MAIN RESIDENCE

Owner (if jointly owned please state if Tenancy In Common and percentage owned)
Current value

£

DETAILS OF OTHER PROPERTY

Property description (Type of property)
Address
Owner (if jointly owned please state if Tenancy In Common and percentage owned)
Current value

£

Property description (Type of property)
Address
Owner (if jointly owned please state if Tenancy In Common and percentage owned)
Current value

£

Property description (Type of property)
Address
Owner (if jointly owned please state if Tenancy In Common and percentage owned)
Current value

£

MORTGAGES AND LOANS

Mortgage/Loan Provider
Description (Mortgage on main residence, personal loan, etc.)
Borrowers
Type of loan (capital repayment / interest only)
Current amount outstanding
Current interest rate
Start date
Original loan amount
Redemption date

£
% p.a.
/ /
£
/ /

Mortgage/Loan Provider
Description (Mortgage on main residence, personal loan, etc.)
Borrowers
Type of loan (capital repayment / interest only)
Current amount outstanding
Current interest rate
Start date
Original loan amount
Redemption date

£
% p.a.
/ /
£
/ /

Details of any other mortgages

CREDIT CARD DETAILS

Provider
Cardholder
Current amount outstanding
Interest rate

£
% p.a.

£
% p.a.

Provider
Cardholder
Current amount outstanding
Interest rate

£
% p.a.

£
% p.a.

Provider
Cardholder
Current amount outstanding
Interest rate

£
% p.a.

£
% p.a.

Provider
Cardholder
Current amount outstanding
Interest rate

£
% p.a.

£
% p.a.

MISCELLANEOUS ASSETS

Please give below details of assets owned by yourself or Client 2 which are not detailed elsewhere in this questionnaire, e.g. Jewellery and other valuables, horses and tack, caravan or boat, house contents and personal effects.

Description	Owner(s)	Current value £	Assumed increase in value (% p.a.)

MISCELLANEOUS LIABILITIES

Description	Owner(s)	Current value £

BUSINESS INTERESTS

PARTNERSHIP INTERESTS

Date on which this information is correct	/ /	/ /
Partnership trading name		
Estimated value of business	£	£
Date of estimate	/ /	/ /
Owner		
Share of partnership	%	%
Value of share	£	£
Value of capital account	£	£

PRIVATE COMPANY INTERESTS

Date on which this information is correct	/ /	/ /
Partnership trading name		
Estimated value of business	£	£
Date of estimate	/ /	/ /
Owner		
Share of holding	%	%
Value of share	£	£
Value of capital account	£	£

SOLETRADERSHIPS

Trading name		
Owner		
Estimated value of business	£	£
Date of estimate	/ /	/ /

PROFESSIONAL ADVISERS

Name of adviser
Name of practice
Profession
Annual fees (paid personally)
Frequency of payments
Paid by

£

Name of adviser
Name of practice
Profession
Annual fees (paid personally)
Frequency of payments
Paid by

£

Retirement Options

(Including impaired/enhanced rates)

Only to be completed where the client(s) are at, or are planning imminent, retirement.

Personal Details

	Client 1	Client 2
Forename		
Surname		
Date of Birth	/ /	/ /

Pension commencement lump sum required:	Yes/No – (If Yes, please specify purpose)
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Type of income required:	Guaranteed/ Flexible/ Escalating
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Type of death benefits required:	(i.e. spouses pension, guarantees)
----------------------------------	------------------------------------

Risk and Reward	I am happy to accept a greater degree of risk in exchange for the possibility of a higher pension in the future. (Yes/No)
	I do not mind a reasonable degree of risk in the hope that my benefits might be higher, or increase, in retirement. (Yes/No)
	I do not want to expose myself to anything other than a minimal amount of risk in the hope of increasing my pension benefits. (Yes/No)
	I require no risk and maximum guarantees. (Yes/No)

Possible options	Drawdown	
	Phased Drawdown	
	Traditional Annuity	
	Value Protected Annuity/ Unsecured Pension	
	Impaired Life Annuity	
	Short Term Annuity/ Annuity Growth Account	
	With Profits/ Investment Backed Annuity	

FINANCIAL EXPERIENCE

QUESTION 1 - Have you taken financial advice before?

Client 1		Client 2	
	Yes		Yes
	No		No
If so, how did you find the experience?		If so, how did you find the experience?	

QUESTION 2 - Have you completed any major financial transactions without advice?

Client 1		Client 2	
	Yes		Yes
	No		No
If so, please give details		If so, please give details	

QUESTION 3 - How much investment experience do you have?

Client 1		Client 2	
	a) None/Assistance required to comprehend the risks and implications		a) None/Assistance required to comprehend the risks and implications
	b) Very little knowledge/experience		b) Very little knowledge/experience
	c) Some knowledge/experience		c) Some knowledge/experience
	d) Experienced private investor		d) Experienced private investor
	e) Business Investor		e) Business Investor
	f) Professional Investor		f) Professional Investor

QUESTION 4 - Indicate your investment portfolio priorities

Client 1		Client 2	
	a) Access		a) Access
	b) Income		b) Income
	c) Tax-efficiency		c) Tax-efficiency
	d) Growth		d) Growth
	e) Guarantees		e) Guarantees
	f) Other (Please specify below)		f) Other (Please specify below)

INVESTMENT GOALS

Please tick the boxes below as appropriate based on the level of importance these factors are to you. Once completed your adviser should be able to review and evaluate your responses making recommendations as appropriate matching your individual requirements and circumstances.

	Very important	Fairly important	Of some importance	Not important
Guaranteed income				
Death benefits				
Fund growth				
Maximum income				
Regular reviews				
Inflation linked				
Flexible income				
Control				

ATTITUDE TO RISK

Guidance notes - The level of risk you are prepared to take with your money is an important part of choosing an investment. There is no right or wrong choice of risk with investments; it is just a personal preference. An acceptable level of risk to you may be unacceptable to others. As a rule of thumb, the higher the potential returns the higher the risk. Your attitude to risk may change throughout your life and you should review your investments as this happens.

There are five main types of risk with investments, these are:

- **Market risk** - the risk that market-linked investments lose value when markets fall;
- **Interest rate risk** - the risk that investments will lose value when interest rates change;
- **Inflation risk** - the risk that your investment will not keep pace with the cost of living;
- **Credit risk** - the risk that the provider may not be able to meet their obligations;
- **Currency risk** - the risk that your investment may be affected by changes in exchange rates.

The level of investment risk your money is subject to, increases if: you invest in a fund that only covers a single type of share; you invest in a fund that only covers a limited geographical area; or you invest in a fund that only covers a specific part of the economy.

The questions below will help determine the appropriate risk level for your investment on a scale from 1 to 10 – with 1 being the most risk averse and 10 being the most risk tolerant. A portfolio with a risk profile of 1 is likely to have a modest return and limited fluctuation in value. A portfolio with a risk profile of 10 would be more likely to achieve higher long term returns but potentially with sizeable fluctuations from month to month.

RISK PROFILE QUESTIONNAIRE

The following risk questionnaire has been devised by Distribution Technology, who are a global professional services firm with expertise in the areas of risk and capital management. The questionnaire's results will help us to understand your attitude to investment risk and form the basis of a discussion with you about how to invest your money. You should work closely with your adviser to ensure that any investment decisions you make are suitable for your personal circumstances.

Please answer the following 10 questions which ask about your thoughts, attitudes and experiences when making financial investments and decisions. There are no right or wrong answers. They are used to help assess your attitude to risk in making investments.

- Read each question and choose the answer that you feel best describes you by clearly marking in the box with a tick.
- Don't spend too much time considering any question – your first response is probably best.
- Answer every question even if you feel it doesn't really apply to you.
- If you want to change your answer, cross-out the incorrect mark and make a clear tick in the correct box.

ATTITUDE TO RISK QUESTIONNAIRE (CLIENT 1)

		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1	I would be willing to risk a percentage of my income/capital in order to get a good return on an investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	To achieve high returns, it is necessary to choose high-risk investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	When I'm faced with a financial decision I am generally more concerned about the possible losses than the probable gains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I would rather know that I was getting a guaranteed rate of return than be uncertain about my investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Compared to the average person, I take lower financial risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I would rather put my money in a bank account than invest in shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I do not feel comfortable with financial uncertainty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I would accept potential losses in order to pursue long-term investment growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Taking financial risks is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I would be happy investing a large proportion of my income/capital in a high-risk investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDE TO RISK QUESTIONNAIRE (CLIENT 2)

		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1	I would be willing to risk a percentage of my income/capital in order to get a good return on an investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	To achieve high returns, it is necessary to choose high-risk investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	When I'm faced with a financial decision I am generally more concerned about the possible losses than the probable gains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I would rather know that I was getting a guaranteed rate of return than be uncertain about my investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Compared to the average person, I take lower financial risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I would rather put my money in a bank account than invest in shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I do not feel comfortable with financial uncertainty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I would accept potential losses in order to pursue long-term investment growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Taking financial risks is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I would be happy investing a large proportion of my income/capital in a high-risk investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAPACITY FOR LOSS

(CLIENT 1)

When do you intend to use the invested money?

Short Term 0 – 5 years	Medium Term 5 – 10 years	Long Term 10+ years	No Fixed Term

How much of the investment could you stand to lose without having a significant impact on your future standard of living?

None or very limited losses	Small/Medium losses could be tolerated	Large losses would have a low impact on future lifestyle

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

(Please tick one of the options)

I have other savings and investments, which I can use for most needs	
I may need this investment if I needed access to a significant amount of money quickly	
I would almost certainly need access to this investment	

(CLIENT 2)

When do you intend to use the invested money?

Short Term 0 – 5 years	Medium Term 5 – 10 years	Long Term 10+ years	No Fixed Term

How much of the investment could you stand to lose without having a significant impact on your future standard of living?

None or very limited losses	Small/Medium losses could be tolerated	Large losses would have a low impact on future lifestyle

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

(Please tick one of the options)

I have other savings and investments, which I can use for most needs	
I may need this investment if I needed access to a significant amount of money quickly	
I would almost certainly need access to this investment	

NEEDS & OBJECTIVES

What objective do your Attitude to Risk questionnaire and Capacity for Loss answers relate to? *

*** Examples of objectives when answering this question could include:**

- Maintaining existing standard of living in retirement
- Long term care
- Mortgage repayment
- Short term debt repayment
- Family wedding
- School fees
- Leaving a family legacy
- Holiday of a lifetime

This is not an exhaustive list and is simply intended to focus attention on your ultimate financial goals and help us to discuss investment solutions most appropriate to your personal objectives.

CLIENT DECLARATIONS

<p>1) I have received a business card from my adviser and a copy of the Terms of Business/Client Service Agreement from PIA Wealth Management (PIA). The contents of the document have been explained to me and I confirm that I accept all of its terms and agree to PIA acting for me as independent adviser.</p> <p>2) I confirm that all the information provided in this form is correct to the best of my knowledge. I acknowledge that any advice given will be based on this information and that PIA, or their representatives, cannot be held responsible for the effect of any non-disclosure on my part. I understand that any areas of non-disclosure of information will affect the quality of the advice I receive in that specific area.</p> <p>3) I authorise PIA, or their representatives, to disclose the information provided to any third party as it considers necessary to provide me with suitable financial advice and services.</p> <p>4) I understand that the information given in this document may be transferred to, and be kept on a computer, in accordance with the Data Protection Act 1998.</p>		
Client 1 signature:	Client 2 signature:	
Date:	Date:	
Adviser full name:		
Adviser signature:		
Date:	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Regulatory Reference Number:</td> </tr> </table>	Regulatory Reference Number:
Regulatory Reference Number:		

OFFICE USE ONLY

MONEY LAUNDERING DETAILS

PROOF OF CLIENT NAME							
	Document / Method	Reference No.	Supplier / Issuing office	Issue date			
Client 1				<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
Client 2				<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
<p>One item of ID is required to prove client name, such as a Full UK passport, Full UK Driving licence, Pension book, HM forces ID card, etc</p>							

Insurance company name and address	Client name, address, DoB and NI number	Policy Number(s)
	<p data-bbox="576 479 994 517">DoB: / /</p> <p data-bbox="576 551 994 589">NI no:</p>	
<p data-bbox="148 629 1417 804">Please note that I have appointed PIA Wealth Management as my independent financial adviser. Please treat them as my servicing agent in respect of all my policies held with you, release any information that they may request from time to time, and redirect any renewal, trail or fund-based commission to their agency. PIA have confirmed that they will provide a full on-going review service in line with the Retail Distribution Review (From Jan2013) and their Client Servicing Agreement.</p> <p data-bbox="148 842 1393 880">Name..... Name.....</p> <p data-bbox="148 913 1393 952">Signed..... Signed.....</p> <p data-bbox="148 985 1393 1023">Dated..... Dated.....</p>		

Insurance company name and address	Client name, address, DoB and NI number	Policy Number(s)
	<p data-bbox="576 1386 994 1424">DoB: / /</p> <p data-bbox="576 1458 994 1496">NI no:</p>	
<p data-bbox="148 1534 1417 1709">Please note that I have appointed PIA Wealth Management as my independent financial adviser. Please treat them as my servicing agent in respect of all my policies held with you, release any information that they may request from time to time, and redirect any renewal, trail or fund-based commission to their agency. PIA have confirmed that they will provide a full on-going review service in line with the Retail Distribution Review (From Jan2013) and their Client Servicing Agreement.</p> <p data-bbox="148 1747 1393 1785">Name..... Name.....</p> <p data-bbox="148 1818 1393 1856">Signed..... Signed.....</p> <p data-bbox="148 1890 1393 1928">Dated..... Dated.....</p>		

