



Fact Find for New clients

Dated: _____

For Office Use Only:

Client Name: _____

Client ID No.: _____

CRM Update: _____

Executive: _____

Sign off: _____

Relationship Link _____

Review Month: _____

Terms of Business Signed & Dated: _____

Data Consent & Communication Signed & Dated: _____

HC Privacy Statement Signed & Dated: _____

Attitude to Risk (Client 1) : _____

Attitude to Risk (Client 2)

Letter of Authority Signed: _____

Photo ID (Client 1) – Expiry Date: _____

Photo ID (Client 2) – Expiry Date: _____

Utility Bill (Client 1) Dated: _____

Utility Bill (Client 2) – Dated: _____

Proof of PPS (Client 1) Dated: _____

Proof of PPS (Client 2) Dated: _____

IMPORTANT: VULNERABLE ADULTS OR SPECIAL CIRCUMSTANCES

Are there any special circumstances which should be taken into consideration when completing this financial review? For example, recent illness, bereavement, any difficulties in following the review due to hearing or sight problems, redundancy, retirement or maybe if you find financial discussions confusing?

(Include here if customers are vulnerable. See categories below)

	Categories of Vulnerable Consumers	Examples of Vulnerabilities
1.	Capable of making decisions but their particular life stage or circumstances should be taken into account when assessing suitability.	Age, poor credit history, low income, serious illness, bereaved etc.
2.	Capable of making decisions but require reasonable accommodation in doing so.	Hearing-impaired, vision-impaired, English not first language, poor literacy.
3.	Limited capacity to make decisions (temporary/permanent)	Mental Illness/Intellectual disability

SECTION 1. PERSONAL DETAILS

Putting together a comprehensive picture of your personal and financial circumstances will allow us to offer you advice and recommend products that are suitable to your needs. Completion of a Fact Find is essential in this process.

CLIENT 1.	
Full Name:	
Address:	
Civil Status:	
DOB:	
Over 60	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nationality:	
PPS No:	
Mobile No:	
Home No:	
Work No:	
Email	
Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>
Good Health	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you aware of any known future changes to your circumstances? (If so please state)

CLIENT 1.	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are there any known material changes to your circumstances since we last met (if applicable)?

CLIENT 1.	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 1. PERSONAL DETAILS cont'd (for 2nd applicant if applicable)

CLIENT 2.	
Full Name:	
Address:	
Civil Status:	
DOB:	
Over 60	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nationality:	
PPS No:	
Mobile No:	
Home No:	
Work No:	
Email	
Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>
Good Health	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you aware of any known future changes to your circumstances? (If so please state)

CLIENT 2.	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are there any known material changes to your circumstances since we last met (if applicable)?

CLIENT 1.	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 2. FAMILY DETAILS

Dependents:

Name	DOB	Education, Details & Plans

Are there any particular areas that you would like to concentrate on today?

Yes, (Please tick the which of the following you are interested in

Investments: Protection: Pension: Finance: Taxation:

No, I'd like an overall Financial Review:

Financial Objectives

Rank in order of importance (1 = most important)

- a) Providing for family in the event of death/incapacity
- b) Saving for future objectives
- c) Applying for a Mortgage
- d) Reducing Mortgage debt
- e) Mortgage Protection Only – you may wish to complete sections 1, 7 & 12 only
- f) Retirement Planning
- g) Pension Income Options
- h) Offsetting personal income tax or capital gains tax
- i) Investing for capital growth
- j) Investing for Income
- k) Providing for your family's education
- l) Offsetting inheritance tax and making gifts
- m) Providing for residential or nursing home care
- n) Other (please specify) _____

SECTION 3. INCOME & EXPENDITURE:

(Please note: If you do not wish to discuss your personal and financial details with this application, you may go directly to page 8 and complete Section 13. Fact find Waiver)

CLIENT 1. Employed: Self Employed: Company Director: Other:

INCOME (Client 1)	
Occupation (or, if company director, Nature of Business)	
Employer/Company Name:	
Employer/Company Address:	
Company Tax Number:	
Length of Service	
Approximate Earned Income & Tax Rate	
Any Other Income (rent etc):	
BIK	
Pension Scheme in Work	
Expenditure	
Regular Outgoings	
Other Loans	

CLIENT 2: Employed: Self Employed: Company Director: Other:

INCOME (Client 2, if applicable)	
Occupation (or, if company director, Nature of Business)	
Employer/Company Name:	
Employer/Company Address:	
Company Tax Number:	
Length of Service	
Approximate Earned Income & Tax Rate	
Any Other Income (rent etc):	
BIK	
Pension Scheme in Work	
Expenditure	
Regular Outgoings	
Other Loans	

SECTION 4. PROPERTY

Do you wish to review your property finance needs? Yes No
 Do you own your own family home: Yes No
 Do you have mortgage payment protection in place? Yes No

1. Family Home		2. Investment Property	
Value:		Value:	
Outstanding Mortgage:		Outstanding Mortgage:	
Repayments:		Repayments:	
Expiry date of Mortgage:		Expiry date of Mortgage:	
		Rental Income	

3. Investment Property		4. Investment Property	
Value:		Value:	
Outstanding Mortgage:		Outstanding Mortgage:	
Repayments:		Repayments:	
Expiry date of Mortgage:		Expiry date of Mortgage:	
Rental Income:		Rental Income	
Bank Rate		Bank Rate	
Mortgage Type: 1. Tracker 2. Annuity 3. Capital & Interest		Mortgage Type: 1. Tracker 2. Annuity 3. Capital & Interest	

(Please complete the 'Investment Property' sections above if you own property other than your family home)

Notes:

SECTION 5. INVESTMENTS

Do you wish to review your Investment Needs? Yes No
(If yes, please ensure letter of authority is completed and signed)

Current Investments Held:

Type	Invested Amount	Value	Institution	Maturity Date

Any other relevant Assets:

SECTION 6. PENSION & RETIREMENT

Do you wish to review your Retirement Planning Needs? Yes No

(If yes, please ensure letter of authority is completed and signed)

Existing Pension Benefits:

Preferred Retirement Age:

Type of Pension (company/personal)	Pension Provider	Retirement Age	Death in Service (life cover)	Contributions	PHI Benefit	Estimated Fund Value
Any other relevant information:						

SECTION 7. PROTECTION

Do you wish to review your Protection Needs? Yes No

(If yes, please ensure letter of authority is completed and signed)

Do you have Income Protection:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provider:	Renewal Date:

Existing Life Cover:

Amount of Cover	Who is covered? (Joint or single life?)	Insurance Provider	Is the cover used as security for borrowings?	Premium	Term

Any other protection cover (Serious Illness Cover, Disability cover etc.):

Do you engage in any Hazardous Activities: Yes No
(If yes, please give details)

Any medical problems to be aware of when considering life cover:
(If yes, please give details)

PHI

- Will your employer pay you if you are off sick? Yes No
(If so for how long?)
- Have you enough savings to live on if not? Yes No

SECTION 8. TAXATION

Do you wish to review your Tax Planning Needs? Yes No

	Self	Partner/Spouse
Basis of Assessment (Joint/single):		
Last Return Year		
VAT Number		
Date of Incorporation (Company)		
Name of Company Directors, Addresses, Dates of Birth		
% of Holding		

Previous Taxation Advisor/Accountant (if any):

Notes/Requirements:

SECTION 9. HEALTH INSURANCE

Do you wish to review your Health Insurance? Yes No

(If yes, please ensure letter of authority is completed and signed)

Who is your Health Insurance Provider?	<input type="checkbox"/> VHI <input type="checkbox"/> LAYA Healthcare (formally Quinn Health Care) <input type="checkbox"/> Aviva Health Insurance <input type="checkbox"/> GloHealth <input type="checkbox"/> Other
Would you like us to provide a quote for you	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what plan are you currently on, or if not currently insured which plan would most suit your needs?	
Would you like GP Visits, Dental visits?	
When is your policy renewal date?	

SECTION 10. ESTATE PLANNING

Have you made a will? Yes No

Details:

SECTION 11. OTHER AREAS OF CONSIDERATION

Any other needs identified during the client meeting:

1.
2.
3.
4.

Recommendation to be prepared? Yes No

Letter of Engagement to be prepared? Yes No

Letter of Authority to be prepared? Yes No

General Outline of what recommendation will deal with:

	Action Plan Required	Responsibilities	Completion Date
1.			
2.			
3.			
4.			
5.			

SECTION 12. FACTFIND WAIVER

Please only complete this Section if you do not wish to discuss your personal and financial details with this application.

Required Product & Provider:

Product/Service Type:	Pension <input type="checkbox"/>	Finance <input type="checkbox"/>	Investment <input type="checkbox"/>	Protection <input type="checkbox"/>
Specific Product being applied for:				
Product Provider:				

I/We confirm that I/we do not wish to discuss our personal and financial details in connection with this application. I understand that without providing these details it is not possible for HC Financial Advisers to ensure that this product is suitable for my needs. I wish to proceed with this product on an Execution Only basis and I understand that the responsibility for ensuring that this product is suitable for my needs rests with me.

I have received no advice from HC Financial Advisers in relation to this transaction and I wish for HC Financial Advisers to merely act as my agent in order to put this product in place.

Signed: _____ **Signed:** _____

Client Executive: _____ **Date:** _____

Note: If you do not provide HC Financial Advisers Limited with the information sought in this fact find, we may not be able to offer the product sought.

SECTION 13. DECLARATION

I/we understand that any recommendation produced by HC will be based on the information disclosed in this document and that the actions agreed are to my/our satisfaction

Signed: _____ **Signed:** _____

Dated: _____ **Dated:** _____

Signed, Client Executive: _____

Dated: _____

SECTION 14. DATA CONSENT & COMMUNICATION WITH YOU

Here at HC Financial, we take your data protection seriously and will only use your data as discussed with you in our privacy statement.

However, It is recommended that an annual review take place to ensure that all of your needs are monitored for changing circumstances.

When would suit you for a future review? _____

Also, from time to time we may wish to contact you in relation to the services we provide.

Agreed methods of contact

- Email
- Phone
- SMS
- Post
- Fax
- Please do not contact me

Signed: _____ **Signed:** _____

Date: _____

Are there any particular products/services or areas of interest that you would like to hear about from us on a regular basis?

Tax Pensions Investments Protection Finance Other

Client Executive **Date**.....

