



Lonsdale Financial Consulting Ltd

Review Form



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Your personal contact, residential and job details	
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A list of all the people who are financially dependent on you	
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Financial Review

Personal

Client Address	Partner Address
Contact Telephone	Contact Telephone
Mobile Telephone	Mobile Telephone
Fax	Fax
Home E-Mail	Home E-Mail
Work E-mail	Work E-Mail
Date of Birth	Date of Birth
National Insurance Number	National Insurance Number

Dependants

Full Name	Relationship	Date of Birth	Start Year	Years	Fees

Full Name	Notes

Financial Review

Income

	Self	Partner
Basic Annual Income		
Regular Overtime		
Bonus/Commission		
Car Allowance		
P11D Benefit		
Bank/B.Soc Interest		
Investment Income		
Trust Income		
Rental Income		
PHI Income		
State Benefits		
Maintenance		
Pension Income		
Other Income		
Total Annual Income		
Tax Rate		
Tax Allowance		
Do you anticipate changes to your income?		

Salary Review Date	
Self	
Partner	
Trading Year End	
Self	
Partner	
P11D Benefit Description	
Self	
Partner	

Financial Review

Regular Commitments

Mortgage/Rent/Board Loan/HP Repayments Amount Outstanding Utilities Council Tax Household Expenses All Insurances/Pensions	Travel Expenses Credit/Charge Cards Amount Outstanding Regular Savings Social Expenses Other Expenses Specified Items	
Total Commitments		
	Client	Partner
Do you anticipate changes to your Expenditure Details		

Regular Commitments – Specified Items

Owner	Description	Type	Amount	Freq.	Start Date	End Date	Notes

Regular Commitments – Capital Expenditure

Owner	Description	Type	Purchase Date	Re-Purchase (mths)	Cost	Deprec'n	Keep Until	Keep to Age	Notes

Financial Review

Liabilities

Owner	Type	Lender	Balance	End Date	Notes

Investments

	Client	Partner	Joint	Total
Bank Account				
Building Society				
National Savings				
Shares/Equities				
Loan Stocks & Gilts				
TESSA's				
ISA's				
PEP's				
Unit Trusts				
Investment Trusts				
Insurance Bonds				
Other Investments				
Total				

Owner	Description	Premium	Cost	Value	Acquired

Financial Review

Additional Notes

Health

	Client		Partner	
General state of health				
Smokes		Per Day		Per Day
Consumes Alcohol		Units/week		Units/week
Height				
Weight				
Medical Notes				
Involved in hazardous pastimes				
Notes				

Financial Review

Estate Planning, Inheritance & Trusts

	Client	Partner
Have you made a will?		
If Yes, what are the main provisions?		
On what date was it made		
Does it reflect your current wishes		
Where is the will kept?		
Are you expecting any inheritance of any kind?		
If yes, please give details		

Estate Planning & Inheritance - Lifetime Gift History

Date	To Whom/ By Whom	Type	Value	Tax	Description	Notes

Estate Planning & Inheritance – Connection with Trusts

Name of Trust	Owner	Type	Interest	Settlement Date	Entitlement (Assets/Value)	Terms

Financial Review

Income Requirements

	Client			Partner		
	Lump Sum	Annual Income	Term (Years)	Lump Sum	Annual Income	Term (Years)
On Death						
On Disability, Sickness or redundancy						
On Retirement						
How much money do you need as an emergency fund?						

	Client	Partner
Are you making any provision for your long-term care?		

Capital Gains Tax

	Client	Partner
Have you used any part of your capital gains tax allowance?		
Have you realised capital gains (exceeding the allowance) or losses within the past three years?		
Do you have any significant unrealised capital gains or losses?		
Do you agree that capital gains may be taken in excess of your annual allowance?		
CGT Losses Brought Forward		
Notes		