



**Lonsdale  
Financial  
Consulting  
Limited**

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Client Profile For:

On:

Consultant:



**IMPORTANT NOTE – PLEASE READ CAREFULLY BEFORE COMPLETING**

**Please complete all of the questions, which are relevant to your circumstances. The most important questions are indicated by shaded boxes, so please answer all of these questions or mark them as not applicable. Please complete the other questions where they are relevant to your circumstances.**

The questions in this Client Profile are designed to give us the information we require in order to give you advice that meets your needs. Our advice can only be based on the information you have provided and we may not be able to provide you with suitable advice if you decline to answer the questions relevant to your circumstances or knowingly do not provide us with true and accurate information. Please let us know either on the last page of this document or on an additional piece of paper if there is any other information you believe is relevant to your circumstances.

**If you have any questions about completing this Client Profile, please do not hesitate to contact one of our advisers who will be happy to guide you through this questionnaire.**

## 1. Personal Details

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	Client 1	Client 2
Title Mr/Mrs/Ms/Other	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Home address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
How long have you lived at this address?	<input type="text"/>	<input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Work telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Preferred?	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>
Home email address	<input type="text"/>	<input type="text"/>
Work email address	<input type="text"/>	<input type="text"/>
Preferred?	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
State of health	<input type="text"/>	<input type="text"/>
Sex	<input type="text"/>	<input type="text"/>
If you have changed your name, please state former name	<input type="text"/>	<input type="text"/>
If you have been at the above address for less than 3 years please state your previous address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

## 2. Family and Dependants

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### Family Tree

Please complete this box if you think we would find it useful



### Dependants

Is there anyone who is financially dependent, or likely to be financially dependent, on you?  Yes  No

Dependant's name(s)	Birth Date dd/mm/yy	Relationship	Reason for dependency (if not a child)

Are any children or grandchildren going to fee paying schools now or in the future?  Yes  No

Do your children have any income or capital of their own? If so, please give details

### 3. Occupation

	<b>Client 1</b>	<b>Client 2</b>
	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> None of these <input type="checkbox"/> Partner	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> None of these <input type="checkbox"/> Partner
Job title– if retired please state job title prior to retirement (e.g. Director/Operations Partner – Litigation etc)		
Job description – if retired please state job description prior to retirement (e.g. Accountant, Solicitor etc)		
Business name		
Business address		
Please state any career changes you anticipate in the near future.		

### 4. Income

#### Employment Related Income

	<b>Client 1</b>	<b>Client 2</b>
Salary or net relevant earnings		
Bonus/profit related pay or business profits		
Company dividends		
Pension income/annuities		
State pension		
Other income (please specify) Description		
<b>EMPLOYMENT INCOME TOTAL</b>		

#### Investment Related Income

Bank Building Society cash deposits		
Taxable investment income (shares /fixed interest stocks/unit trusts)		
Tax free income (ISAs/other)		
Rental profit		
Trust income		
Other income (please specify)		
<b>INVESTMENT INCOME TOTAL</b>		
<b>TOTAL INCOME</b>		

## 5. Assets

### Personal Assets

	Client 1	Client 2	Joint
Private home			
Other property			
Antiques/jewellery/works of art			
Other Assets			
<b>TOTAL PERSONAL ASSETS</b>			

### Investment Assets

	Client 1	Client 2	Joint
Bank			
Building society deposits			
National Savings			
Fixed interest stocks Shares			
Unit/investment trusts			
ISAs			
UK investment bonds			
Offshore investment bonds			
Other Investment			
Endowment funds			
Interest in partnership/business assets			
Private company shares			
<b>TOTAL INVESTMENT ASSETS</b>			
<b>TOTAL ASSETS</b>			

Please enter details of any other assets not shown above and specify if any of the above assets are charged as security.



## 6. Liabilities

	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>
Mortgage on private home			
Outstanding Term	_____ years	_____ years	_____ years
Mortgage on other property	_____	_____	_____
Bank/other loans	_____	_____	_____
Current overdraft	_____	_____	_____
Significant tax liabilities	_____	_____	_____
School/university fees	_____ p.a.	Number of years to fund: _____	_____ years
Other significant liabilities	_____	_____	_____
<b>TOTALS</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>

## 7. Tax

### Accountant/Tax Adviser

	<b>Client 1</b>	<b>Client 2</b>
Company Name	_____	_____
Contact	_____	_____
Address	_____	_____
Postcode	_____	_____
Email Address	_____	_____
Telephone Number	_____	_____
UK resident for tax purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of domicile	_____	_____
Highest tax rate	_____	_____
Tax reference	_____	_____
District	_____	_____

### Capital Gains Tax

	<b>Client 1</b>	<b>Client 2</b>
Do you have any carried forward losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 8. Pensions and Retirement Planning

Please complete this section if you are not yet retired.

	<b>Client 1</b>	<b>Client 2</b>
If you are employed, have you joined your employer's pension scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
At what age do you expect to retire?	_____ years old	_____ years old
In today's terms, how much aftertax income would you require?	£ _____ (net)	£ _____ (net)
<b>How much of this is already secured through:</b>		
<b>Employer's schemes?</b>		
Current fund value ( <i>Money purchase schemes only</i> )	_____	_____
Date joined scheme ( <i>Final Salary schemes only</i> )	_____ years	_____ years
Accrual rate ( <i>Final Salary schemes only</i> )	_____ / _____ ths	_____ / _____ ths
Estimated Income	£ _____ <input type="checkbox"/> gross or <input type="checkbox"/> net	£ _____ <input type="checkbox"/> gross or <input type="checkbox"/> net
<b>Personal pension plans?</b>		
Current value	£ _____	£ _____
Estimated Income	£ _____ <input type="checkbox"/> gross or <input type="checkbox"/> net	£ _____ <input type="checkbox"/> gross or <input type="checkbox"/> net
<b>Retirement income shortfall</b>	£ _____ (net)	£ _____ (net)

## 9. Estate Planning

	<b>Client 1</b>	<b>Client 2</b>
Have you made a will? If yes, please provide a copy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what year was it made/last updated?	_____ year	_____ year
Do you have an enduring power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, who are the appointed attorneys?	_____	_____
Are you expecting an inheritance of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or do you expect to be the future beneficiary of any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any gifts within the last 7 years? (Please ignore gifts with a value of less than £250 or between spouses.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you received an inheritance within the last 2 years?

Yes

No

Yes

No

Have you taken any measures to mitigate the impact of inheritance tax?

Yes

No

Yes

No

If the answer to any of the above questions is yes, please provide details.

**Solicitor**

**Client 1**

**Client 2**

Firm's name \_\_\_\_\_

Contact \_\_\_\_\_

Address

Postcode

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 10. Knowledge and experience of investments

We are required by our regulator to ensure that you have the necessary knowledge and experience of investments to be able to understand the investment risks you may be exposed to. The following section has been designed to help us ascertain this. Your level of understanding may affect the investments that we are able to recommend to you.

Firstly, please selfassess your knowledge of investments and then go on to answer the individual question in order that we can validate your assessment.

You may find it helpful to read through to the end of the section before assessing your knowledge of investments.

### Knowledge of Investments

Please indicate how you selfassess your knowledge of investments.

Knowledge of investments	Description
<b>Minimal</b> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>	You have very little or no previous investment experience and/or knowledge. Previous investment experience and knowledge is likely to consist of cash and bonds.
<b>Low</b> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>	You have some previous investment experience and/or knowledge. Previous investment experience and knowledge consists of mainly cash and bonds with some exposure to UK equities.
<b>Average</b> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>	You have a fair amount of previous investment experience and/or knowledge and you understand the risks involved in making investments in a variety of different asset classes. You may not be familiar with more complex investments such as private equity, warrants and derivatives.
<b>Above Average</b> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>	You have a large amount of previous investment experience and/ or knowledge and you understand the risks involved in making investments in a variety of different asset classes. You may be familiar with number of more complex products. You may well have run your own portfolio in the past.
<b>Sophisticated</b> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>	You have a great amount of previous investment experience and/or knowledge and you are confident in your understanding of the risks and process surrounding making investments in a wide range of complex and noncomplex investments. You will probably be involved in the financial services industry and/or have previously run your own portfolio.

### Professional Qualifications & Experience

	Client 1	Client 2
If you have professional qualifications, please state the area to which they relate and give details (eg Accountancy – Member of ACCA Law – Qualified solicitor)	<input type="text"/>	<input type="text"/>

### Investment Services

Please indicate which (if any) of the following investment services you have used previously.

	Client 1	Client 2
Discretionary	<input type="checkbox"/>	<input type="checkbox"/>
Advisory	<input type="checkbox"/>	<input type="checkbox"/>
Custody & Execution	<input type="checkbox"/>	<input type="checkbox"/>
I have previously managed my own investments	<input type="checkbox"/>	<input type="checkbox"/>
I have no previous investment experience	<input type="checkbox"/>	<input type="checkbox"/>

**Investments**

Please indicate with which (if any) of the following investment vehicles you have experience of and/or knowledge of. Please see the Risk Warnings section of the Terms of Business for more information on investments and the risks involved.

	Client 1	Client 2
Lower Risk		
Bonds, gilts & other fixed interest investments	<input type="checkbox"/>	<input type="checkbox"/>
Equity funds (eg Unit trusts, investment trusts, OEICs)	<input type="checkbox"/>	<input type="checkbox"/>
Individual UK equities	<input type="checkbox"/>	<input type="checkbox"/>
Individual overseas equities	<input type="checkbox"/>	<input type="checkbox"/>
Hedge funds/property funds	<input type="checkbox"/>	<input type="checkbox"/>
Unregulated funds	<input type="checkbox"/>	<input type="checkbox"/>
Private equity	<input type="checkbox"/>	<input type="checkbox"/>
Warrants	<input type="checkbox"/>	<input type="checkbox"/>
Higher Risk		
Derivatives	<input type="checkbox"/>	<input type="checkbox"/>

**11. Investment Objectives and Attitude to Risk**

**Funds for Investment**

	Client 1	Client 2
Please state how your overall wealth has been accumulated (e.g. income from employment/inheritance/property sale etc)		
How long is it before you may need to realise a significant part of or all of your portfolio?	<input type="checkbox"/> One to three years <input type="checkbox"/> Three to five years <input type="checkbox"/> Five to ten years <input type="checkbox"/> More than ten years	<input type="checkbox"/> One to three years <input type="checkbox"/> Three to five years <input type="checkbox"/> Five to ten years <input type="checkbox"/> More than ten years
How much capital do you keep under your control as a cash reserve ('emergency funds')?	£	£

Please briefly explain the principal purpose(s) of any assets you may ask us to manage (e.g. saving for retirement).

**Investment Restrictions**

	Client 1	Client 2
Do you have any ethical or other views with regard to how your money is invested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please specify these	Not Known	

## Income Requirements

	Client 1	Client 2
Do you <b>need</b> to take a regular income from your investment portfolio?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: <b>Either</b> , state how much before tax annual investment income you require?	£ _____ p.a.	£ _____ p.a.
<b>Or</b> , how much annual income you require as a current percentage of the capital invested?	<input type="checkbox"/> Nil <input type="checkbox"/> 1% 3% <input type="checkbox"/> 3% 5%* <input type="checkbox"/> 5% 10%*	<input type="checkbox"/> Nil <input type="checkbox"/> 1% 3% <input type="checkbox"/> 3% 5%* <input type="checkbox"/> 5% 10%*
*If you have ticked one of these boxes, do you accept that this should be expected to subdue total return and/or be met partly from capital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Selection of investment objectives

Please select the investment objective best suited to you and/or your partner. Please inform us if you have a different objective for your pension or if your partner has a different objective for their pension.

- Balanced** Capital and income growth after inflation over any five year period.
- Income** Above average & growing income over any five year period, with capital preservation as far as possible.
- Growth** Growth after inflation over any five year period with reinvestment of income.

## Possible future changes to investment or pension objectives

If you or your partner expect your objectives to change in the next ten years, please let us know how and when.

## Your Attitude to Risk

Within this section of the Client Profiler, we will determine the level of risk best suited to you and/or your partner. As part of this, we will ask you to consider what scale of potential loss is acceptable to you in the pursuit of potential reward. Where possible, could you please tick only **one** answer to each question – but we are happy for you to add additional comments if you feel they are appropriate.

If you have a different attitude to risk for particular areas of your financial planning arrangements (e.g. pensions, investments, Trust investments, Investments for children/grandchildren etc.), or if your partner has a different attitude to risk, please let us know or use a different colour ink/symbol on this form.

## Questions

**What is your investment term?**

- 3-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21 years +

**I would enjoy exploring investment opportunities for my money.**

- I strongly agree with this statement
- I tend to agree with this statement
- In between
- I tend to disagree with this statement
- I strongly disagree with this statement

**I would go for the best possible return even if there were risk involved.**

- Always
- Usually
- Sometimes
- Rarely
- Never

**Compared to other people, how would you describe your typical attitude when making important financial decisions?**

- Very adventurous
- Fairly adventurous
- Average
- Fairly cautious
- Very cautious

**Compared to others, what amount of risk have you taken with your past financial decisions?**

- Very large
- Large
- Medium
- Small
- Very small

**To reach my financial goal I prefer an investment which is safe and grows slowly but steadily, even if it means lower growth overall.**

- I strongly agree with this statement
- I tend to agree with this statement
- In between
- I tend to disagree with this statement
- I strongly disagree with this statement

**I am looking for high investment growth. I am willing to accept the possibility of greater losses to achieve this.**

- I strongly agree with this statement
- I tend to agree with this statement
- In between
- I tend to disagree with this statement
- I strongly disagree with this statement

**If you had money to invest, how much would you be willing to place in an investment with possible high returns but an equal element of risk?**

- All of it
- More than half
- Half
- Less than half
- None

**How would a close friend describe your attitude to taking financial risks?**

- Daring
- Sometimes daring
- A thoughtful risk taker
- Careful
- Very cautious and risk averse

**If you had picked an investment with potential for large gains but also the risk of large losses how would you feel?**

- Panicked and very uncomfortable
- Quite uneasy
- A little concerned
- Accepting of the possible highs and lows
- Excited by the potential for gain

**Imagine that you have some money to invest and a choice of two investment products, which option would you choose?**

- A low average annual return but almost no risk of loss of the initial investment
- A higher average annual return but some risk of losing part of the initial investment
- A mixture of the above

**I would prefer small certain gains to large uncertain ones.**

- I strongly agree with this statement
- I tend to agree with this statement
- In between
- I tend to disagree with this statement
- I strongly disagree with this statement

**When considering a major financial decision which statement BEST describes the way you think about the possible losses or the possible gains?**

- I'm excited about the possible gains
- I'm optimistic about possible gains
- I think about both the possible gains and losses
- I am conscious of the possible losses
- I worry about the possible losses

**I want my investment money to be safe even if it means lower returns.**

- I strongly agree with this statement
- I tend to agree with this statement
- In between
- I tend to disagree with this statement
- I strongly disagree with this statement

### **Supplementary Questions**

**Has your risk profile changed?**

- Yes
- No

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have knowledge and experience of investments other than those you currently hold?**

- Yes
- No

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have experience of investing in financial products as a result of a profession or former professions?**

Yes

No

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever invested in something that turned out to give a much lower return than you expected?**

Yes

No

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed** \_\_\_\_\_  
*Client 1*

\_\_\_\_\_  
*Client 2*

**Date** \_\_\_\_\_

**Additional Information**