



INDEPENDENT
FINANCIAL
MANAGEMENT

Northwich Office

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PERSONAL DATA SUMMARY FACT FIND

To complete this form please use Adobe Acrobat Reader.
This can be downloaded free [here](#), should you not have it installed already.

Name:

Completed by:

Date:

Financial Services and Markets Act

Independent Financial Advisers are required to have proper regard for a client's best interests in any advice given. They must therefore do their utmost to ensure that they are aware of your personal and financial circumstances so that their advice is the most suitable for your needs. The questions here have been specifically designed to help your adviser provide advice that meets your needs. If, for any reason, you decline to answer any or all of the questions or if you fail to provide true and accurate information to the best of your knowledge, the advice given subsequently may not be best advice, as it can only be based on the information provided.

Data Protection Act

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 1988. The information may also be used by HW Independent Financial Management, to provide you with the details of products suitable to your requirements.

HW Independent Financial Management is regulated by the Financial Conduct Authority.

PERSONAL DETAILS

	You	Your Partner
Title	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
DOB	<input type="text"/>	<input type="text"/>
NI Number	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
UK Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of residence	<input type="text"/>	<input type="text"/>
Phone No.	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Martial status	<input type="text"/>	<input type="text"/>
Will up to date?	<input type="text"/>	<input type="text"/>
Power of attorney	<input type="text"/>	<input type="text"/>
Are you a smoker?	<input type="text"/>	<input type="text"/>
Are you in good health?	<input type="text"/>	<input type="text"/>

DEPENDENTS

Name	Date of birth	Dependency note <small>(i.e. university fees or private school fees)</small>

EMPLOYMENT DETAILS

	You	Your Partner
Gross Basic Income		
Bonuses		
Highest rate of income tax paid (%)		
Occupation		
Employment status		
Length of time in employment		
Business name		
Do you anticipate any changes to your circumstances or employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details		

SELF EMPLOYMENT DETAILS

	You	Your Partner
Business name	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Is your business Limited	<input type="checkbox"/>	<input type="checkbox"/>
Sole trader	<input type="checkbox"/>	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	<input type="checkbox"/>
LLP	<input type="checkbox"/>	<input type="checkbox"/>
Date established	<input type="text"/>	<input type="text"/>
Annual net profit	<input type="text"/>	<input type="text"/>
Monthly take home	<input type="text"/>	<input type="text"/>

Notes

ASSETS

	You	Your Partner	Joint
Main residence			
Other property			
Other assets			

Notes

Notes area for providing additional information regarding the assets listed above.

Total assets

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LIABILITIES

Type of liability <i>(i.e. loans, mortgages, credit cards)</i>	Liability description	Value	Remaining Term

Notes

ANNUAL EXPENDITURE

	You	Your Partner	Joint
Mortgage/rent			
Council Tax			
Gas			
Electricity			
Water			
Phone (mobile/home phone)			
Food			
Car/travelling expenses (petrol, insurance, tax)			
Housekeeping			
Ground rent/service charges			
Building/contents/home insurances			
Combined utilities			
Clothing			
TV/satellite/internet			
School fee/childcare			
Transport			
Gym			
Holidays			
Entertainment/socialising			
Savings/investments			
Pension/life insurance contributions			
Credit card/loan repayments			
Maintenance/alimony			
Other			
Total expenditure			
Total disposable income			

INVESTMENTS (e.g. bank accounts, ISA's, shares, bonds)

Plan owner	Plan type or purpose	Plan value if available	Policy number and provider
e.g. Mrs Smith	ISA's	£6,000.00	123456 Aviva
Cash emergency fund			

Objectives

Notes

PENSIONS

	You	Your Partner
At what age do you wish to retire?		
Income required		
Does your company operate a pension scheme?		
State pension entitlement click here to find out https://www.gov.uk/check-state-pension		
Have you any final salary schemes?		

Plan owner	Plan type or purpose	Plan value if available	Policy number and provider
e.g. Mrs Smith	Pension	£50,000.00	123456 Aviva

Objectives

Notes

PROTECTION

Plan owner	Plan type or purpose	Plan value if available	Policy number and provider

OBJECTIVES

Do you think this cover is sufficient if you or your partner were to die or suffer critical illness?

Yes No

Are you covered if you are unable to work?

Yes No

Objectives

Notes

ESTATE PLANNING - To be completed by IFA

Notes