



Confidential Client Profile

This profile contains a series of questions regarding your financial circumstances, needs and aspirations. The questions need to be answered as fully as possible to enable us to recommend a solution best able to satisfy your needs

All the information you provide will be held by us in confidence. If you do not wish to disclose certain information then please write "prefer not to disclose" against the item, but please note that this may restrict the advice we are able to provide

**Chase Wealth Solutions
10 – 12 Prospect Hill
Douglas
Isle of Man
IM1 1EJ**

01624 640350

solutions@chasewealth.im



Please provide the reason(s) for this meeting:

Are you seeking a full or limited review of your finances?

Part 1 – Personal, Family and Employment Details

	Client 1	Client 2
Title		
First Names(s)		
Surname		
Date of Birth		
Marital Status		
Address		
Telephone - Home		
Telephone - Work		
Telephone - Mobile		
Email Address		
National Insurance Number		
Tax Reference Number		
Do You Smoke?	Yes / No	Yes / No
Are you in good health? <i>(If no please provide details)</i>	Yes / No	Yes / No

Details of Children / Dependents

Name	Age	Sex	Dependent?
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Until what age do you expect your children to be dependent?



Employment Details

	Client 1	Client 2
Occupation		
Employed or Self Employed?		
Name of Employer / Trading Name of Business		
Length of Service	Yrs Months	Yrs Months

Are there any impending changes to your employment status? (e.g. conclusion of temporary contract, movement to another company, possible promotion or retirement)

Please provide details of any secondary employment:

Self Employed Clients Only

Please provide the value of your business assets, the approximate share owned and the ownership basis (i.e. Sole Proprietor, Partnership, Limited Company):

Do you have Partnership / Director's Share Protection and Key Person Insurance in place?

Changes to Financial Position

Are you anticipating any significant changes to your financial position within the next 12 months?
If so, please provide details:

Politically Exposed Persons (PEPs)

Are you a PEP or do you have a close family / business relationship to one?
(PEP is the term given to those with a high political profile or who hold public office)

Part 2 – Assets and Liabilities

Physical Assets	Value £'000	Mortgage £'000	Owner
Main Residence			
Other Property			
Other Assets of Significant Value			

When is your current mortgage next due for review?

Savings & Investments	Value £'000	Provider	Owner
Bank Current Accounts			
Bank / Building Society Deposits			
National Savings			
Investment Bonds & Unit Trusts			
Individual Shares			
Other – Please specify			

Please can you clarify the source of your wealth (e.g. savings from income, inheritance, sale of property):

Please provide details of any regular savings plans you have in place (i.e. term, contribution, any specific purpose):

Please provide details of any outstanding loans or balances held on credit cards:

Part 3 – Affordability: Details of Income and Expenditure

Gross Annual Income	Client 1	Client 2	Notes
Earned Income			
Secondary Earned Income			
State Pension			
Other Pensions / Annuities			
Investment Income			
Any other Income			
Total Gross Annual Income			

Net Monthly Income and Expenditure	Client 1	Client 2
Total Net Monthly Income (A)		
Total Monthly Outgoings (B)		
Balance of Disposable Monthly Income (A - B)		

Part 4 - Estate Planning & Professional Advisers

	Client 1	Client 2
Country of Birth	IOM / UK / Other	IOM / UK / Other
Domicile		
Residence	IOM / UK / Other	IOM / UK / Other
Nationality		
Do you intend changing your residency in the foreseeable future?	Yes / No	Yes / No
Have you made a will?	Yes / No	Yes / No
Are you expecting any legacies?	Yes / No	Yes / No
Do you need to make provision for UK IHT?	Yes / No	Yes / No

Professional Advisers (i.e. Bank, Accountant, Advocate etc.)

Name	Profession	Company Name

Part 5 – New Regular Savings and Investment Plans

Over what time period / horizon are you looking to invest?

What sum do you need to retain for day-to-day needs and to provide an emergency fund? (Usually we would recommend a sum equivalent to 3 – 6 months fixed expenditure)

What exposure through past / current savings and investments have you had to investment risk?

Are there any types of Savings and Investments you are not interested in?

New Regular Savings Plans Required			
Purpose / Objective	Monthly Savings (£)	Target Amount (£)	When Needed (Year)

New Lump Sum Investment Plans Required			
Purpose / Objective	Lump Sum (£)	Target Amount (£)	When Needed (Year)

Part 6 – Protection

Protection is considered a primary need for most families. It would be helpful for us to know which of the following protection policies you currently have in place:

Policy Type	Benefit	Client 1	Client 2
Mortgage Protection	Provides a lump sum to clear your mortgage in the event of death	Yes / No	Yes / No
Life Assurance Cover (incl. death in service)	Lump sum payment to your dependents in the event of death. May include a spouses and dependents pension	Yes / No	Yes / No
Critical Illness Cover	Lump sum payment in the event of you contracting a critical illness	Yes / No	Yes / No
Income Protection or Accident & Sickness Cover	Provides an income if you are unable to work due to accident or sickness	Yes / No	Yes / No
Long-Term Care Insurance	Provides financial support to pay for care assistance for yourself or a loved one	Yes / No	Yes / No

Is the cover from each of your policies adequate and when were they last reviewed? Which of the plans would you like us to review?

Would you like to explore obtaining new cover to provide any of the above benefits?

Part 7 – Retirement Planning

	Client 1	Client 2
At what age would you like to retire?		
What % of your current income would you like?		
What is your current pension forecast?	Per Year £ Fund Value £	Per Year £ Fund £
Are you contributing to an Occupational or Personal Pension?	Yes / No	Yes / No

Would you like to review your existing pension provision?

Would you like to look at starting or transferring a pension?

Thank You very much for completing this Confidential Customer Profile

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Chase Financial Services Limited is registered with the Isle of Man Insurance and Pensions Authority in respect of general business.

Declaration

I / We confirm that I / we have read the details contained in this Confidential Customer Profile and that they are correct to the best of my /our knowledge and belief. Any omissions are with my / our knowledge and / or my / our request or instruction. I / We understand that unless specifically stated to the contrary Chase Financial Services Limited does not recommend the realisation of any of the investments that I / We currently hold, I / We confirm that commission and charges have been explained to me / us.

I / We authorise Chase Financial Services Limited to obtain quotations, obtain details of existing policies and investments in my / our name(s) and make recommendations for my / our consideration.

This declaration relates to the information I / We have given on this form and to any other information which I / We provide to Chase Financial Services Limited or which is held by the Chase Financial Services Limited group of companies. This information may be held on computer and retained by Chase Financial Services Limited whether or not I / We hold a policy.

To enable Chase Financial Services Limited to provide me / us with a high standard of service, the information may be disclosed to other companies in the Chase Financial Services Limited group of companies or to associated companies and used to send me / us details of any products or services that Chase Financial Services Limited or associated companies think may be of interest to me / us.

If you would like not to receive such mailings please tick this box

Signed

Dated

Signed

Dated

