

The capability explorer

About you

	Yourself		Your partner	
Title and surname				
Forename(s)				
Marital status				
Date of birth				
National Insurance no.				
Nationality				
Address				
Postcode				
Home telephone				
Work telephone				
Mobile				
Email address				
Occupation / trade / retired				
Employer (or trading name if self-employed)				
Length of service / date established				

Children and other dependents

Name	Date of birth	Relationship to you	Dependent?
Title and surname			No / Yes
Forename(s)			No / Yes
Marital status			No / Yes
Date of birth			No / Yes

Income and expenditure considerations

Please provide full details of your regular income and expenditure patterns within the provided budget extender. In addition please also provide below details as to any expected future changes in your income and expenditure patterns

Do you anticipate any other changes in your circumstances which may effect any advice given?

Assets (please provide approximate valuations where possible)

Main residence	Tenants in Common / Joint Tenancy (Please delete)
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Other Property (name & situ)				
Name and situ		Self	Partner	Joint
	Commercial / Residential			
	Commercial / Residential			
	Commercial / Residential			
	Commercial / Residential			

Liquid Assets (current accounts, savings accounts, cash ISAs, National Savings etc.)					
Institution	Account name & type	Terms	Self	Partner	Joint

Long-Term Investments (Stocks & Shares ISAs, Bonds etc.)					
Provider	Plan type	Reference number	Self	Partner	Joint

Regular Savings Plans (e.g. endowments, investments for children etc.)					
Provider	Plan type	Reference number	Self	Partner	Joint

Business Assets (please provide a description)			
	Self	Partner	Joint
Have your ISA allowances been utilised during this financial year? If yes , by how much?			N/A

Do you anticipate any other changes in your circumstances which may effect any advice given?

Life, critical illness and ill-health insurance arrangements

Company	Description	Reference number

What Sick Pay does your employer pay?

Yourself	Your partner

Health, lifestyle and legacy planning

Please describe your current state of health, including details of any medical treatment which is either ongoing or has been undertaken within the last five years

Yourself	Your partner

Do you take tobacco in any form? If **yes**, how much? If not, have you ever?

Yourself	Your partner

Do you regularly undertake any hazardous activities or pastimes? If **yes** please describe

Yourself	Your partner

Have you made a Will? If **yes**, please provide a copy

Yourself	Your partner

Have you made provisions for your affairs to be taken care of if you were unable to do so (e.g. Enduring or Lasting Power of Attorney)? If **yes**, please provide details

Yourself	Your partner

Are you a potential beneficiary of any trust arrangements? If **yes** please detail below

Yourself	Your partner

Have you given any money away over the last seven years? If **yes**, please provide details

Yourself	Your partner

Risk scores and definitions

All investors need to consider two key risks when deciding upon their investment strategy; namely short-term volatility risk (the risk in the decline in the nominal capital value) and inflation risk (the risk that when funds are removed from the strategy they are unable to purchase more goods and services than would be the case if they were purchased now).

No investor can remove both risks from their strategy and they must acknowledge that removing one of the risks will require the investor to be burdened substantially by the remaining risk.

In simple terms this decision can be illustrated as follows:



Risk category	Description
Risk Score One	You could be described as someone who demands complete protection against volatility risk and have no regard towards protecting their investment strategy against inflation risk.
Risk Score Two	You could be described as someone who primarily demands protection against volatility risk with little regard to protection against inflation risk.
Risk Score Three	You could be described as someone who would primarily like protection against volatility risk with a minor consideration against inflation risk.
Risk Score Four	You could be described as someone who is broadly ambivalent between the two risks but are slightly more concerned with reducing volatility risk.
Risk Score Five	You could be described as someone who is broadly ambivalent between the two risks.
Risk Score Six	You could be described as someone who is broadly ambivalent between the two risks but are marginally more concerned about inflation risk.
Risk Score Seven	You could be described as someone who is broadly ambivalent between the two risks but are slightly more concerned about inflation risk.
Risk Score Eight	You could be described as someone who would primarily like protection against inflation risk with a minor consideration against short-term volatility risk.
Risk Score Nine	You could be described as someone who would primarily demand protection against inflation risk with little regard to protection against short-term volatility.
Risk Score Ten	You could be described as someone who demands complete protection against inflation risk and you have no regard towards protecting your investment strategy against short-term volatility risk.

Having considered the above illustration and definitions, please provide feedback as to where you would feel most comfortable upon this scale:

Pensions										
Yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Your partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Investments & savings										
Yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Your partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Other information

Is there any further information which you have not previously disclosed within this document which you feel may impact upon your personal financial planning?

Declaration

Signed – Yourself		Date	
Your partner		Date	