

# DTB Wealth Management

associate partner of VIA International

## **Fact Find**

January 2020

## Profile

	Client	Partner
Title		
First name		
Middle name(s)		
Last name		
Date of birth		
National Insurance Number		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Partnership <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Partnership <input type="checkbox"/>
Employment status		
Residential status		
Finances shared with partner	Dependent on each other <input type="checkbox"/> Dependent on Partner <input type="checkbox"/> Partner Dependent <input type="checkbox"/>	Dependent on each other <input type="checkbox"/> Dependent on Partner <input type="checkbox"/> Partner Dependent <input type="checkbox"/>
Smoked tobacco in last 12 months	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a first-time investor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you last review your will?	No Will <input type="checkbox"/> Within last 12 months <input type="checkbox"/> More than 12 months ago <input type="checkbox"/> Never reviewed <input type="checkbox"/>	No Will <input type="checkbox"/> Within last 12 months <input type="checkbox"/> More than 12 months ago <input type="checkbox"/> Never reviewed <input type="checkbox"/>

## Contact

	<b>Client</b>	<b>Partner</b>
House name/no.		
Address line 1		
Address line 2		
Address line 3		
Address line 4		
Address line 5		
Post code		
From (DD/MM/YYYY)		
Contact phone number		
Daytime phone number		
Mobile phone number		
Email		
Preferred method of contact		

## Residential history

	<b>Client</b>	<b>Partner</b>
House name/no.		
Address line 1		
Address line 2		
Address line 3		
Address line 4		
Address line 5		
Post code		
From (DD/MM/YYYY)		

### Credit history

	<b>Client</b>	<b>Partner</b>
Do you have adverse credit history?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
County court judgements	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IVA's or trust deeds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Defaults	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arrears	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repossessions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current IVA's	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details		

### Nationality and residence

	<b>Client</b>	<b>Partner</b>
Resident for UK tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Domicile	England, Wales & NI <input type="checkbox"/> Scotland <input type="checkbox"/> Other <input type="checkbox"/>	England, Wales & NI <input type="checkbox"/> Scotland <input type="checkbox"/> Other <input type="checkbox"/>
Domicile if other		

## Occupation & interests

	<b>Client</b>	<b>Partner</b>
Occupation and nature of duties		
Employer details and benefits		
General information including hobbies and interests		

### Financial Dependants

Name	Gender	Date of birth	Financially dependant until	Dependant of	Relationship
	Male <input type="checkbox"/> Female <input type="checkbox"/>			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>	Child <input type="checkbox"/> Other <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>	Child <input type="checkbox"/> Other <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>	Child <input type="checkbox"/> Other <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>	Child <input type="checkbox"/> Other <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>	Child <input type="checkbox"/> Other <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>	Child <input type="checkbox"/> Other <input type="checkbox"/>

### Financial dependent notes

### Agenda setting

Full review	Yes <input type="checkbox"/> No <input type="checkbox"/>
Investing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planning for Retirement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mortgage, Protection and General Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-regulated Mortgage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>

General Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Investment Arrangements**

**Investment details**

Investment Provider name				
Policy / reference number				
Owner	Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>			
Purchase date				
Available	Available <input type="checkbox"/> Unavailable <input type="checkbox"/> Unavailable until _____			
Maturity date				
Income withdrawal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>	Term of withdrawal _____ yrs	Start date _____
Regular savings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>	End date _____	% increase _____
Notes				

Fund name	Fund type	Units	Value £	Regular saving £

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<b>Investment details</b>				
Investment				
Provider name				
Policy / reference number				
Owner	Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>			
Purchase date				
Available	Available <input type="checkbox"/> Unavailable <input type="checkbox"/> Unavailable until _____			
Maturity date				
Income withdrawal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>	Term of withdrawal _____ yrs	Start date _____
Regular savings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>	End date _____	% increase _____
Notes				

Fund name	Fund type	Units	Value £	Regular saving £



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Investment notes

ASSURANCE VIE 1 (French, Luxembourg, Dublin)

Client				Partner			
Plan type	Name of insurer	Date you opened the policy	Total	Plan type	Name of insurer	Date you opened the policy	Total
Stocks and shares				Stocks and shares			
Cash				Cash			

ASSURANCE VIE 1 (French, Luxembourg, Dublin)

Client				Partner			
Plan type	Name of Insurer	Date you opened the policy	Total	Plan type	Name of insurer	Date you opened the policy	Total
Stocks and shares				Stocks and shares			
Cash				Cash			

## Property

House name/no.	
Address line 1	
Address line 2	
Address line 3	
Address line 4	
Address line 5	
Post code	
Estimated value	
Property use	Main residence <input type="checkbox"/> Rental property <input type="checkbox"/> Second home <input type="checkbox"/>
Owner	Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>
Client percentage	
Status	Currently owned <input type="checkbox"/> Sale property <input type="checkbox"/>
Is this property purchased under a shared ownership agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Property notes

## Mortgages

Which property	
Provider	
Policy / reference number	
Amount outstanding	
Type	Repayment <input type="checkbox"/> Interest only <input type="checkbox"/> Part and part <input type="checkbox"/>
Monthly payment amount	
Interest type	
Interest rate	
Interest rate end date	
Original term	
Start date	
Portable	Yes <input type="checkbox"/> No <input type="checkbox"/>
Available	Available <input type="checkbox"/> Unavailable <input type="checkbox"/> Unavailable until _____
Does an early repayment charge apply to this mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Mortgage notes

## Protection

<b>Policy details</b>			
Policy provider			
Policy name			
Policy / reference number			
Policy holder	Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>		
Premium amount			
Premium frequency	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>		
Policy end date			
Available	Available <input type="checkbox"/> Unavailable <input type="checkbox"/> Unavailable until _____		
Waiver of premium?			
Indexation?			
Total permanent disability?			
<b>Benefit details</b>			
Benefit area			
Benefit type			
Benefit amount			
Benefit frequency	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> One-off <input type="checkbox"/>		
Life assured	First death <input type="checkbox"/> Second death <input type="checkbox"/>		
In trust	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trust name _____	Trustees: Family <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/>
			Beneficiaries: Family <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/>

## Protection notes

## Pension Arrangements

### Basic details

Pension type			
Owner	Client <input type="checkbox"/> Partner <input type="checkbox"/>		
Provider			
Policy / reference number			
Scheme retirement age		Date joined scheme _____	
Regular contributions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>	% increase _____
Payment cover for sickness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>	
Available	Available <input type="checkbox"/> Unavailable <input type="checkbox"/> Unavailable until _____		
Notes			
Annuitisation age			
Benefit increase %			
Widow's pension (%)			
Benefit guarantee years			
Tax-free cash	None <input type="checkbox"/> Maximum (25%) <input type="checkbox"/> Specific amount £ _____ <input type="checkbox"/> Specific % _____ <input type="checkbox"/>		

Fund name	Fund type	Units	Value £	Net contribution £	Employer gross contribution £

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**Basic details**

Pension type					
Owner	Client <input type="checkbox"/> Partner <input type="checkbox"/>				
Provider					
Policy / reference number					
Scheme retirement age				Date joined scheme _____	
Regular contributions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>	% increase _____		
Payment cover for sickness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>			
Available	Available <input type="checkbox"/> Unavailable <input type="checkbox"/> Unavailable until _____				
Notes					
Annuitisation age					
Benefit increase %					
Widow's pension (%)					
Benefit guarantee years					
Tax-free cash	None <input type="checkbox"/> Maximum (25%) <input type="checkbox"/> Specific amount £ _____ <input type="checkbox"/> Specific % _____ <input type="checkbox"/>				

Fund name	Fund type	Units	Value £	Net contribution £	Employer gross contribution £

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### State Pension

	<b>Client</b>	<b>Partner</b>
Single Tier amount (£)		
State pension – Basic amount (£)		
State pension – Additional amount (£)		
Notes		

### Retirement notes

Other Assets

Name	Type	Value £	Owner
			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>
			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>
			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>
			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>
			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>
			Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>

Other Asset notes

### Current Liabilities

Name			
Type			
Is this loan secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy / reference number			
Interest Rate			
Interest rate end date			
Estimated Amount Outstanding			
End date			
Owner	Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>	Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>	Client <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/>
Is the client interested in consolidating this debt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Settlement penalty amount			
Settlement penalty end date			

### Anticipated expenditure

Description	Due in (months)	Amount £	Owner

## Notes

Income

Name	Type	Who	Pre-tax amount	Frequency	Starting	Finishing	Annual increase

Outgoings

Name	Type	Net amount	Frequency	Starting	Finishing	Annual increase

Notes

### Investment Objectives

Name	Owner	Amount	Frequency	Starting	Finishing	Annual increase %

### Retirement Objectives

	Client	Partner
Intended retirement age		
Net income requirement in retirement		
Frequency	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>
Rate of revaluation	Price inflation <input type="checkbox"/> Earnings inflation <input type="checkbox"/> _____% <input type="checkbox"/>	Price inflation <input type="checkbox"/> Earnings inflation <input type="checkbox"/> _____% <input type="checkbox"/>
Rate of increase	Price inflation <input type="checkbox"/> Earnings inflation <input type="checkbox"/> _____% <input type="checkbox"/>	Price inflation <input type="checkbox"/> Earnings inflation <input type="checkbox"/> _____% <input type="checkbox"/>



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**Document name**                      Dynamic Planner Fact Find

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