

We look after your wealth
as if it is our own

v1 July 2025





MYWEALTHHELP'S ADVICE IS BASED ON THE INFORMATION CONTAINED WITHIN THIS DOCUMENT. PLEASE ENSURE IT IS FULLY COMPLETED. IF YOU NOTE THAT ANY DETAILS ARE INCORRECT, OMITTED OR CHANGED, PLEASE LET US KNOW AS THIS MAY IMPACT ON THE SUITABILITY OF THE ADVICE.

PLEASE LIST ALL PARTIES PRESENT DURING THE MEETING AND THEIR RELATIONSHIP TO YOU.

PERSONAL DETAILS	SELF			SPOUSE/PARTNER				
Title/Salutation								
First Name(s)								
Surname								
Maiden/Previous Name								
Date Of Birth								
Gender								
National Insurance Number								
Relationship Status								
Do You Have A Valid Will?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is It up to Date?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
State of Health (also complete health details appendix PG.18)								
UK Domicile	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
UK Residency	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you hold or are you subject to any Trusts or Powers of Attorney?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide details of the Trust or Power of Attorney below:

For example; if you have (or are named on) a Lasting Power of Attorney please provide details of whether this is a Financial and/or Welfare responsibility and if it carries any other duties?

ADDRESS/CONTACT DETAILS

Address

Postcode

Telephone/Mobile

Client 1 Email

Client 2 Email

Preferred Contact Method

 Landline Mobile Email

FAMILY & DEPENDANTS

Full Name

Relationship

Related to

Age

Financially Dependant?

YES

NO

Dependent Until Age?

FAMILY & DEPENDANTS

Full Name

Relationship

Related to

Age

Financially Dependant?

YES

NO

Dependent Until Age?

FAMILY & DEPENDANTS

Full Name

Relationship

Related to

Age

Financially Dependant?

YES

NO

Dependent Until Age?

FAMILY & DEPENDANTS

Full Name

Relationship

Related to

Age

Financially Dependant?

YES

NO

Dependent Until Age?

FAMILY & DEPENDANTS

Full Name

Relationship

Related to

Age

Financially Dependant?

YES

NO

Dependent Until Age?

EXISTING PROTECTION PROVISION

Please provide details of any existing protection provision you have in place including any death in service policies

Life Assured	Amount	Remaining Term	Type of Cover	Monthly Premium	End Date

NOTES

Please use this section to add any further information about the policies detailed above

REQUIREMENTS FOR PROTECTION PLANNING

Please answer the following questions

Protection for your mortgage, debts and standard of living in the event of death or critical illness

	SELF	SPOUSE/PARTNER
Would your mortgage(s) and debt(s) be cleared if you were to die or suffer from a critical illness?		
Would you or your dependants be able to maintain your standard of living if you were to contract a critical illness?		
Would your dependants be able to maintain their standard of living in the event of your death		
Would you want the certainty of knowing that the cost of protection would not change?		
What would be the impact on you? (of contracting a critical illness)		
What would be the impact on your dependants? (of death or contracting a critical illness)		
How do you want to address this?		
If not reviewing now, what is the reason?		

PROTECTION FOR YOUR PAYMENTS AND LIFESTYLE IN THE EVENT OF ACCIDENT, ILLNESS OR UNEMPLOYMENT

	SELF	SPOUSE/PARTNER
In the event of you being unable to work due to accident or illness, would you and your dependants be able to maintain your standard of living		
In the event of you being unable to work due to unemployment, would you and your dependants be able to maintain your standard of living		
What would be the impact on you? (of not being able to work)		
What would be the impact on your dependants? (of you not being able to work)		
How do you want to address this?		
If not reviewing now, what is the reason?		

NOTES

Please use this section to add any further information about the policies detailed above

PROTECTION LEVELS REQUIRED

Based on your circumstances, Mywealthhelp will calculate the levels of protection you require. In this section please could you advise your thoughts on the level of protection you would like or think you require, and in the notes section advise if you have a budget in mind for what you are prepared to spend on protection. We will discuss any gaps in cover with you before we make any recommendations.

If you have no ideas on the level of protection you would like and / or a budget, please leave this section blank.

LIFE PROTECTION

Income Replacement

Outstanding Mortgage Amount

Other Liabilities

Target Cover Required

Existing Amount of Life Cover

Life Protection Shortfall

ILLNESS PROTECTION

Income Replacement

Outstanding Mortgage Amount

Other Liabilities

Target Cover Required

Existing Amount of Life Cover

Life Protection Shortfall

INCOME PROTECTION

Net Income

Existing Income Protection

Income Shortfall

MORTGAGE PAYMENT PROTECTION

Mortgage Repayments

Payment Protection Cover

Payment Shortfall

NOTES

Please use this section to add any further information about the policies detailed above

CURRENT ASSETS

NOTES

NOTES
For Example - How much of your Cash Deposits do you consider to be your Emergency Fund and why? (As a guide we would recommend a minimum of 6 months Net Income or Gross Expenditure). Do you have any planned expenditure in the near future that will affect the Cash Deposits you hold? e.g. a new car or home improvements

CURRENT LIABILITIES

Type	Loan Type (e.g. mortgage, car finance)	Owner Self/ Partner/ Joint	Current Balance	Monthly Repayment	Interest Rate	Repayment Type	Deal End Date	Loan End Date
1								
2								
3								
4								
5								
6								
7								
8								
Total								

IF YOU ARE LOOKING TO REPAY ANY OF THIS DEBT, PLEASE INDICATE IF THERE ARE ANY EARLY REPAYMENT PENALTIES IN THE SECTION BELOW:

EMPLOYMENT DETAILS

Intended Retirement Age

Occupation

Employed/Self Emp/Other

Employer

Date Started with Employer

Total Annual or Monthly Income – Gross

Total Annual or Monthly Income – Net

Other income - gross

Other income - net

Source of Other Income

Current tax band

Do you envisage your income changing within the near future? If so, please detail in the notes section below:

NOTES

Will any of your income continue into retirement? If so, please detail in the notes section below:

NOTES

PENSION SCHEMES - SELF

Provider	Plan type (e.g. money purchase/ defined benefit)	Date joined/ started	Retirement age	Current / Last known fund value	Date of valuation	Annual pension at date of leaving DB pensions Only	Please tick if this is in payment
Plan 1							
Plan 2							
Plan 3							
Plan 4							
Plan 5							

PENSION SCHEMES - PARTNER/SPOUSE

Provider	Plan type (e.g. money purchase/ defined benefit)	Date joined/ started	Retirement age	Current / Last known fund value	Date of valuation	Annual pension at date of leaving DB pensions Only	Please tick if this is in payment
Plan 1							
Plan 2							
Plan 3							
Plan 4							
Plan 5							

Notes: If you have pension plans in addition to those detailed above, please document below:

TOTAL EXPENDITURE BREAKDOWN – MONTHLY OUTGOINGS BOTH NOW AND IN RETIREMENT

A. ESSENTIAL

Rent
Council Tax
Gas
Electricity
Water
Telephone/ Mobile Phone
TV / Satellite / Internet
Home maintenance
Food
Car / Travel expenses
Life Assurance Premiums
Personal Pension Contributions
Home / Car Insurance Premiums
School Fees/University Fees
Living Expenses
Other

Total Essential Expenditure

	Now	In Retirement
Rent		
Council Tax		
Gas		
Electricity		
Water		
Telephone/ Mobile Phone		
TV / Satellite / Internet		
Home maintenance		
Food		
Car / Travel expenses		
Life Assurance Premiums		
Personal Pension Contributions		
Home / Car Insurance Premiums		
School Fees/University Fees		
Living Expenses		
Other		
Total Essential Expenditure		

B. LIFESTYLE

Gym
Holidays
Entertainment
Other

Total Lifestyle Expenditure

	Now	In Retirement
Gym		
Holidays		
Entertainment		
Other		
Total Lifestyle Expenditure		

C. DISCRETIONARY

Gifts to family or trusts
Savings
Regular Investments
Other

Total Discretionary Expenditure

	Now	In Retirement
Gifts to family or trusts		
Savings		
Regular Investments		
Other		
Total Discretionary Expenditure		

D. LIABILITY EXPENDITURE

Mortgage
Loan
PCP/HP
Overdrafts
Credit Cards
Other

Total Liability Expenditure

	Now	In Retirement
Mortgage		
Loan		
PCP/HP		
Overdrafts		
Credit Cards		
Other		
Total Liability Expenditure		

GRAND TOTAL (A+B+C+D)

Monthly
Annually

	Now	In Retirement
Monthly		
Annually		

Once retired will you require net income in excess of the annual figure for Expenditure in Retirement shown above?

YES NO

Required Net Annual Income

Purpose of additional Income

If so, what level of Net Annual Income would you be looking to achieve in retirement and what would any additional income be used for?

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Please note any expenditure that may cease prior to retirement.

Do you see any changes in your spending patterns as your retirement progresses?

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HEALTH DETAILS

SELF

SPOUSE / PARTNER

Height	<input type="text"/> ft <input type="text"/> ins	<input type="text"/> cm	<input type="text"/> ft <input type="text"/> ins	<input type="text"/> cm
Weight	<input type="text"/> st <input type="text"/> lb	<input type="text"/> kg	<input type="text"/> st <input type="text"/> lb	<input type="text"/> kg
Have you smoked in the last 10 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been diagnosed with cancer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been diagnosed with high blood pressure, requiring ongoing medication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been diagnosed with diabetes, requiring insulin or tablet treatment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you suffered from a stroke (CVA), excluding mini-strokes (TIAS)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been diagnosed with angina, requiring ongoing medication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been diagnosed with Parkinson's disease?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been diagnosed with Multiple Sclerosis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you taken early retirement on the grounds of ill health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other: Please describe	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please provide any additional information on your health that you think may be relevant such as family history of illness. Are you currently taking any medication? If so, please detail below.

ATTITUDE TO RISK QUESTIONNAIRE

This risk questionnaire aims to establish your general risk outlook and the level of risk you are normally prepared to take, although you may decide to take more or less risk for any specific investment objectives you may have. You should answer each question thoughtfully and honestly – there are no right or wrong answers, and no option for ‘don’t know’. If a question seems open to interpretation, just give the response that feels most intuitive to you. Try to avoid a significant number of “Neutral” answers as this can lead to a risk profile rating of reduced accuracy.

Please tick the relevant box to indicate how you feel about each statement on the five-point scale from 1 ‘Strongly Agree,’ through to 5 ‘Strongly Disagree’.

1 = Strongly agree to 5 = Strongly disagree

		PRIORITY NUMBER				
		1	2	3	4	5
1	People who know me would describe me as a cautious person	1	2	3	4	5
2	I feel comfortable about investing in the stock market	1	2	3	4	5
3	I generally look for the safer investments, even if that means lower returns	1	2	3	4	5
4	Usually it takes me a long time to make up my mind on financial matters	1	2	3	4	5
5	I associate the word “risk” with the idea of “opportunity”	1	2	3	4	5
6	I generally prefer bank deposits to riskier investments	1	2	3	4	5
7	I find investment matters easy to understand	1	2	3	4	5
8	I’m willing to take substantial investment risk to earn substantial returns	1	2	3	4	5
9	I have little experience of investing in stocks and shares	1	2	3	4	5
10	I tend to be anxious about the investment decisions I’ve made	1	2	3	4	5
11	I’d rather take my chances with higher risk investments than increase the amount I’m saving	1	2	3	4	5
12	I’m not comfortable with the ups and downs of stockmarket investments	1	2	3	4	5

If you found the questions difficult to answer or understand, or have any other reservations about your responses, you may wish to speak to your adviser about risk in more detail.

Also, be aware that inconsistent answers cannot always be identified at the time of completing this document.

If inconsistent answers are present your adviser will discuss these with you before producing your final Attitude to Risk Report.

Notes

AGREED RISK PROFILE

Natural Risk Level – Your natural risk level is based on the answers given in the Attitude to Risk Questionnaire. This can be calculated using the table below.

Agreed Risk Level – To be agreed with Mywealthhelp Independent Financial Adviser Your agreed risk level is arrived at following an interactive discussion with your Adviser, taking into consideration your natural risk level, capacity for loss and required investment return.

Question	Client Responses					Client's Score
	1	2	3	4	5	
1	0	1	2	3	4	
2	4	3	2	1	0	
3	0	1	2	3	4	
4	0	1	2	3	4	
5	4	3	2	1	0	
6	0	1	2	3	4	
7	4	3	2	1	0	
8	4	3	2	1	0	
9	0	1	2	3	4	
10	0	1	2	3	4	
11	4	3	2	1	0	
12	0	1	2	3	4	
TOTAL						

The scores correspond to the risk 10 risk profiles as follows:

Overall Score	0-4	5-11	12-15	16-18	19-24	25-29	30-34	35-38	39-43	44-48
Natural Risk Profile	1	2	3	4	5	6	7	8	9	10

Notes

CLIENT DECLARATION

I/We (the undersigned) have read and agreed with the Mywealthhelp Privacy Notice document which explains why Mywealthhelp collects my/our personal data, the type of personal data Mywealthhelp collect and how Mywealthhelp use it when providing services to me/us.

I/we have read the Mywealthhelp 'Client Journey' document and agree with the terms and charges as set out in the document.

I/We the undersigned confirm that the information provided in this Confidential Financial Review is correct and is given on the understanding that it does not place me/us under any obligation to buy or take up any recommendation which may be made and that a copy of this form is available on request.

I/We the undersigned confirm my/our financial planning objectives are those identified and prioritised in this document.

I/We the undersigned authorise Mywealthhelp to obtain quotations/details of existing life assurance/pension policies and investments and make recommendations for my/our consideration.

Signed

Signed

Date

Date

Additional Notes

ADDITIONAL NOTES



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