


CONFIDENTIAL FINANCIAL REVIEW

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?

 YES NO

 YES NO

Is It up to Date?

 YES NO

 YES NO

State of Health (also complete health details appendix PG.18)

UK Domicile

 YES NO

 YES NO

UK Residency

 YES NO

 YES NO

Do you hold or are you subject to any Trusts or Powers of Attorney?

 YES NO

 YES 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?

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Full Name

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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

SELF

SPOUSE/PARTNER

Income Replacement

Outstanding Mortgage Amount

Other Liabilities

Target Cover Required

Existing Amount of Life Cover

Life Protection Shortfall

ILLNESS PROTECTION

SELF

SPOUSE/PARTNER

Income Replacement

Outstanding Mortgage Amount

Other Liabilities

Target Cover Required

Existing Amount of Life Cover

Life Protection Shortfall

INCOME PROTECTION

SELF

SPOUSE/PARTNER

Net Income

Existing Income Protection

Income Shortfall

MORTGAGE PAYMENT PROTECTION

SELF

SPOUSE/PARTNER

Mortgage Repayments

Payment Protection Cover

Payment Shortfall

NOTES

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

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

	SELF	SPOUSE/PARTNER
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

	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

	Now	In Retirement
Gym		
Holidays		
Entertainment		
Other		
Total Lifestyle Expenditure		

C. DISCRETIONARY

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

D. LIABILITY EXPENDITURE

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

GRAND TOTAL (A+B+C+D)

	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?

Please note any expenditure that may cease prior to retirement.

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

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.

GUIDANCE

Please answer the following questions which ask about your thoughts, attitudes and experiences when making financial investments and decisions. There are no right or wrong answers. They are to help us assess your attitude to risk in making investments.

- Don't spend too much time considering – your first response is probably best.
- Answer every question even if you feel it doesn't really apply to you.

QUESTIONS

1 I would enjoy exploring investment opportunities for my money.

- I **strongly agree** with this statement
- I tend to **agree** with this statement
- In between
- I tend to **disagree** with this statement
- I **strongly disagree** with this statement

2 I would go for the best possible return even if there were risk involved

- Always
- Usually
- Sometimes
- Rarely
- Never

3 How would you describe your typical attitude when making important financial decisions?

- Very adventurous
- Fairly adventurous
- Average
- Fairly cautious
- Very cautious

4 What amount of risk do you feel you have taken with your past financial decisions?

- Very Large
- Large
- Medium
- Small
- Very small

5 To reach my financial goal I prefer an investment which is safe and grows slowly but steadily, even if it means lower growth overall.

- I **strongly agree** with this statement
- I tend to **agree** with this statement
- In between
- I tend to **disagree** with this statement
- I **strongly disagree** with this statement

6 I am looking for high investment growth. I am willing to accept the possibility of greater losses to achieve this.

- I **strongly agree** with this statement
- I tend to **agree** with this statement
- In between
- I tend to **disagree** with this statement
- I **strongly disagree** with this statement

7 If you had money to invest, how much would you be willing to place in an investment with possible high returns but a similar chance of losing some of your money?

- All of it
- More than half
- Half
- Less than half
- None

8 How do you think that a friend who knows you well would describe your attitude to taking financial risks?

- Daring
 - Sometimes daring
 - A thoughtful risk taker
 - Careful
 - Very cautious and risk averse
-

- 9 If you had picked an investment with potential for large gains but also the risk of large losses how would you feel:
- Panicked and very uncomfortable
 - Quite uneasy
 - A little concerned
 - Accepting of the possible highs and lows
 - Excited by the potential for gain

- 10 Imagine that you have some money to invest and a choice of two investment products, which option would you choose?
- A product with a low average annual return but almost no risk of loss of the initial investment
 - A product with a higher average annual return but some risk of losing part of the initial investment
 - A mixture of the two products

- 11 I am looking for high investment growth. I am willing to accept the possibility of greater losses to achieve this.
- I **strongly agree** with this statement
 - I tend to **agree** with this statement
 - In between
 - I tend to **disagree** with this statement
 - I **strongly disagree** with this statement

- 12 When considering a major financial decision which statement BEST describes the way you think about the possible losses or the possible gains?
- I m excited about the possible gains
 - I m optimistic about possible gains
 - I think about both the possible gains and losses
 - I am conscious of the possible losses
 - I worry about the possible losses

- 13 I want my investment money to be safe even if it means lower returns.
- I **strongly agree** with this statement
 - I tend to **agree** with this statement
 - In between
 - I tend to **disagree** with this statement
 - I **strongly disagree** with this statement

- 14 What is your investment term?
- Short Term (3-7 years)
 - Medium Term (8-15 years)
 - Long Term (16+ years)

AGREED RISK PROFILE

Natural Risk Level – Your natural risk level is based on the answers given in the Attitude to Risk Questionnaire.

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.



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

A large, empty white rectangular area intended for additional notes or content.



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