

# CLIENT PROFILE



BROWN SHIPLEY  
A QUINTET PRIVATE BANK


# WELCOME TO BROWN SHIPLEY

First, I'd like to say a very warm welcome to Brown Shipley. Thank you for choosing us as your wealth manager. Our focus is to become your most trusted fiduciary by looking after your wealth as if it were our own.

We will be a committed and supportive partner and will work hard to earn a seat at your kitchen table. We will listen, think ahead and carefully discuss your investment objectives, so that together we can make your most important life decisions.

In order to help you and your family invest in a richer life, however you define it, we need to find out more about you. This is the most important document we will go through with you, and underpins our relationship and the deep understanding of you and your family's needs that is fundamental to any Private Banking relationship. Your Client Director will use this information to help tailor the most appropriate service we can provide.

This document is core to our relationship now and in the future. We will revisit it many times to ensure the advice we offer remains perfectly suited to you and your needs.

A handwritten signature in grey ink, consisting of several overlapping loops and a horizontal line, representing Alan Mathewson.

**Alan Mathewson, Chief Executive Officer**

## Please read carefully

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This document captures key information about you, and your circumstances and helps us to ensure the quality of the advice we provide and the services offered meet your individual circumstances. Please take the time to carefully read through and complete the enclosed, as fully as possible. Not all sections will be pertinent to you, and where relevant, these will be indicated by your relationship manager. For data capture purposes, we will take Sterling as the primary currency. Please use the free text fields throughout the form to indicate otherwise.

Client name \_\_\_\_\_ Account Number 

--	--	--	--	--	--	--	--	--	--

Relationship Manager \_\_\_\_\_ Date 

D	D	M	M	Y	Y
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Section 1 – Getting to know you and your family

## Your personal details

### Client 1

Title \_\_\_\_\_

Surname \_\_\_\_\_

First name/s \_\_\_\_\_

Marital status \_\_\_\_\_

Maiden name \_\_\_\_\_

Home address

Postcode \_\_\_\_\_

Address for correspondence (if different)

Postcode \_\_\_\_\_

How long have you spent at this address?  years

Do you own or rent your home?  Own  Rent

Home telephone \_\_\_\_\_

Mobile telephone \_\_\_\_\_

Email \_\_\_\_\_

Date of birth

What is your preferred method of contact?

Telephone  Email  Post

### Client 2

Title \_\_\_\_\_

Surname \_\_\_\_\_

First name/s \_\_\_\_\_

Marital status \_\_\_\_\_

Maiden name \_\_\_\_\_

Home address

Postcode \_\_\_\_\_

Address for correspondence (if different)

Postcode \_\_\_\_\_

How long have you spent at this address?  years

Do you own or rent your home?  Own  Rent

Home telephone \_\_\_\_\_

Mobile telephone \_\_\_\_\_

Email \_\_\_\_\_

Date of birth

What is your preferred method of contact?

Telephone  Email  Post

## Your family and dependants

### Client 1

Do you have any financial dependants?  Yes  No

It is essential that you provide the details of any financial dependants you have.

#### Spouse/Partner

Full name

DoB

#### Children

If you have any children, please give details

Full name

DoB          dependant

Child of  Client 1  Client 2  Both

Full name

DoB          dependant

Child of  Client 1  Client 2  Both

Full name

DoB          dependant

Child of  Client 1  Client 2  Both

Full name

DoB          dependant

Child of  Client 1  Client 2  Both

#### Other financial dependants

(for example, those that rely on you financially e.g. elderly relatives).

Full name

Relationship to you

DoB

Reasons for dependency

When is the dependency expected to end?

Full name

Relationship to you

DoB

Reasons for dependency

When is the dependency expected to end?

### Client 2

Do you have any financial dependants?  Yes  No

#### Spouse/Partner

Full name

DoB

#### Children

If you have any children, please give details

Full name

DoB          dependant

Child of  Client 1  Client 2  Both

Full name

DoB          dependant

Child of  Client 1  Client 2  Both

Full name

DoB          dependant

Child of  Client 1  Client 2  Both

Full name

DoB          dependant

Child of  Client 1  Client 2  Both

#### Other financial dependants

(for example, those that rely on you financially e.g. elderly relatives).

Full name

Relationship to you

DoB

Reasons for dependency

When is the dependency expected to end?

Full name

Relationship to you

DoB

Reasons for dependency

When is the dependency expected to end?

## Your nationality and residence

### Client 1

Place and country of birth

Nationality

Country(ies) of Residence for UK tax purposes

Tax Identification Number (TIN) for each country

NI number

Country of Domicile for tax purposes

### Client 2

Place and country of birth

Nationality

Country(ies) of Residence for UK tax purposes

Tax Identification Number (TIN) for each country

NI number

Country of Domicile for tax purposes

If you receive any income or have any financial dealings from outside the UK please provide details:

## U.S. Status Certification

For the person indicated in Section 1:

### U.S. Status Certification

a) Are you a U.S. citizen? (sole or dual citizenship)

Yes  No

Yes  No

b) Are you a U.S. resident?

Yes  No

Yes  No

(e.g. U.S. legal residence, green card holder or substantial presence\* in the United States)

c) Are you a U.S. taxpayer or US Person\*\*?

Yes  No

Yes  No

(e.g. dual resident, spouse, filing jointly, long-term residency, others. If No, please confirm by signing the Confirmation and Consent section on the final page of this document).

If you have answered "Yes" to one of the above questions, please submit in addition a duly completed and signed U.S. tax form W-9.

d) Do you have any other U.S. connections?

Yes  No

Yes  No

(e.g. U.S. birthplace, mailing address, phone number, Power of Attorney with U.S. legal address associated with the account or standing instructions to transfer funds to an account established in the United States)

If yes, for d), please provide details below. Note you may be required to sign and complete U.S. tax form W-8BEN.

#### \*U.S. Substantial presence test:

You will be considered as a U.S. resident for tax purposes if you are physically present in the United States on at least:

- 31 days during the current year, and
- 183 days during the 3-year period that includes the current year and the 2 years immediately before that, counting:
  - All the days you were present in the current year, and
  - 1/3 of the days you were present in the first year before the current year, and
  - 1/6 of the days you were present in the second year before the current year.

#### \*\* U.S. Person FATCA Definition:

A U.S. person means:

- An individual who is a U.S. citizen or U.S. resident alien
- A partnership, corporation, company, or association created or organised in the U.S. or under the laws of the U.S.
- An estate (other than a foreign estate), or
- A domestic trust

## Tell us about your occupation?

### Client 1

What is your occupation or former occupation if retired?

---

Are you currently

- employed   
  self-employed   
  retired  
 in education   
  not in employment

Name of employer / company / business

---

Your position

---

Nature of business

---

If retired, year of retirement

### Client 2

What is your occupation or former occupation if retired?

---

Are you currently

- employed   
  self-employed   
  retired  
 in education   
  not in employment

Name of employer / company / business

---

Your position

---

Nature of business

---

If retired, year of retirement

If you are self-employed (trade in your own name) or you own more than 25% in a company, please provide details in the box below including the name of company, the country of incorporation, the nature of business, its size (employees/turnover/profit).

## Your health

### Client 1

Are there any health issues you would like to tell us about that may affect our advice?

- Yes     No

If yes, please add details below:

Do you smoke? \*  Yes     No

### Client 2

Are there any health issues you would like to tell us about that may affect our advice?

- Yes     No

If yes, please add details below:

Do you smoke? \*  Yes     No

In order to ensure that Brown Shipley delivers outcomes in your best interests at all times, are there any circumstances which we've not discussed that may affect the service we provide for you or the way in which we deliver that service e.g. getting married/divorced, illness, bereavement? If so, please provide any relevant details below.

\*for Wealth Planning Advice only



## Have you had any previous investment experience?

It is important that we understand your investment experience. We will use this information to help us to advise you and select investment solutions that are most suitable for your circumstances. Please tell us how you would describe your investment experience (more than one may apply):

	<b>Client 1</b>	<b>Client 2</b>
I am an experienced and knowledgeable investor	<input type="checkbox"/>	<input type="checkbox"/>
I have investments and manage them myself	<input type="checkbox"/>	<input type="checkbox"/>
I have investments but they are managed by someone else	<input type="checkbox"/>	<input type="checkbox"/>
I have some investments (such as previous building society demutualisations and privatisations) but they are not managed	<input type="checkbox"/>	<input type="checkbox"/>
Investments and markets interest me although I do not hold any investments	<input type="checkbox"/>	<input type="checkbox"/>
I have never held any investments	<input type="checkbox"/>	<input type="checkbox"/>

### Client 1

### Client 2

Please use the space below to add further comments or information about your investment experience. It will help us if you personally deal in investments to tell us; the frequency; transaction sizes; the securities or investments involved.

### Client 1

### Client 2

Please indicate which types of investment services that you are familiar with (more than one may apply):

- Discretionary investment management
- Advisory investment management
- Dealing only services
- Nominee and safe custody services
- None
- Other – please specify

- Discretionary investment management
- Advisory investment management
- Dealing only services
- Nominee and safe custody services
- None
- Other – please specify

## Establishing the level of risk you feel comfortable with

Understanding your overall attitude to, and appetite for, risk so that our recommendations and services reflect your preferences is key to the advice we provide. This is generally determined by a number of factors including your current circumstances, investment experience, time horizon and goals.

As a general rule, the greater the risk you take, the greater the potential for long-term returns, with the trade off being that losses are also potentially greater. Equally, if you prefer to take a lower level of risk then the potential for long-term returns and losses are also likely to be lower. You may find it helpful to write down any thoughts or views that you currently have on the subject of risk.

### Client 1

### Client 2

Please note that the answers you provide in the following sections will be used only for the purposes of helping us to understand your willingness to take risk and its consequences to both your capital and income. The scenarios referred to are hypothetical and do not infer any specific action will necessarily be taken by us or by you.

## The risks you are willing to take with your investment

Which statement best describes the risks you are willing to take with your investment?

	Client 1	Client 2
Protecting my capital from falls in value is more important than returns.	<input type="checkbox"/>	<input type="checkbox"/>
I want to achieve higher long-term returns than would be achieved by simply placing my funds on deposit. I would be comfortable with fluctuations in capital value in the short-term, provided that over the medium to long term capital values did not fall substantially.	<input type="checkbox"/>	<input type="checkbox"/>
I want to achieve higher medium-term returns than inflation. I would be comfortable with periods where my investments fall in value by up to 30%.	<input type="checkbox"/>	<input type="checkbox"/>
I want the best long-term returns possible, and accept that in order to achieve this I fully anticipate periods where the value of my investments might fall by 30% or more.	<input type="checkbox"/>	<input type="checkbox"/>
Suppose one year ago you invested £100,000 in a portfolio. Today you've checked its value and find it is now worth £70,000. What action would you potentially take?		
I'd sit tight, expecting the portfolio to recover over the medium to long-term.	<input type="checkbox"/>	<input type="checkbox"/>
If I had any more money I'd invest it in the same portfolio.	<input type="checkbox"/>	<input type="checkbox"/>
I would look to change my risk profile.	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

### Client 1

### Client 2

**Client 1**

**Client 2**

If you wanted to improve returns on your investments, would you be: (Please tick one only)

Willing to take more risk with all of the money.



Willing to take more risk with half of the money.



Willing to take more risk with a quarter of the money.



Unlikely to take much more risk.



## Loss of Capital

If you plan to withdraw a significant proportion of your Brown Shipley investments do you have sufficient other assets available to meet any shortfall should the value of your investments be less than originally invested?

**Client 1**

Yes  No

**Client 2**

Yes  No

If NO, this may restrict the types of investment service that can be made available to you and would require further consideration. Therefore, please provide details below about how losses in the investments may impact upon your lifestyle.

Further to the above, please provide any further relevant details of any planned expenditure and/or emergency reserves that may assist in our wider understanding of your needs and requirements:

## Loss of Income

Please select the most appropriate statement from the list below:

I will not be electing to receive any income from my Brown Shipley portfolios.

I will not be electing to receive any income from my Brown Shipley portfolios.

I will be electing to receive a fixed level of withdrawals from my Brown Shipley portfolios and I am aware that this could potentially impact on the capital value of the portfolios over time as capital may be used to make up any shortfall.

I will be electing to receive a fixed level of withdrawals from my Brown Shipley portfolios and I am aware that this could potentially impact on the capital value of the portfolios over time as capital may be used to make up any shortfall.

I will be electing to receive the income that will be generated by my Brown Shipley investments.

I will be electing to receive the income that will be generated by my Brown Shipley investments.

I will not be relying on this income and any fluctuations in the amount received will not affect my lifestyle.

I will not be relying on this income and any fluctuations in the amount received will not affect my lifestyle.

The ability to meet my day to day needs and lifestyle would be impacted if my income were to drop by

The ability to meet my day to day needs and lifestyle would be impacted if my income were to drop by

10%  20%  30%  >30%.

10%  20%  30%  >30%.

## Do you have any professional advisors?

---

### Accountant

Business name

---

Contact name

---

Address

Postcode

---

Telephone

---

Email

---

### Investment manager

Business name

---

Contact name

---

Address

Postcode

---

Telephone

---

Email

---

### Solicitor

Business name

---

Contact name

---

Address

Postcode

---

Telephone

---

Email

---

### Other adviser/s

Business name

---

Contact name

---

Address

Postcode

---

Telephone

---

Email

---

**Section 2 – Understanding your financial position**

To make sure that our recommendations meet your needs and requirements, we need to better understand your current financial circumstances. Please answer the questions below, to help us prepare a tailored solution for you. If a field or section is not relevant to your financial situation, simply write 'n/a'.

**Your personal assets and liabilities**

<b>Client 1</b>		Please enter actual values	Jointly held?	<b>Client 2</b>		Please enter actual values	Jointly held?
<b>Investments</b>				<b>Investments</b>			
Bank/Building society accounts	£	<input type="text"/>	<input type="checkbox"/>	Bank/Building society accounts	£	<input type="text"/>	<input type="checkbox"/>
Investment portfolios (internal/external)	£	<input type="text"/>	<input type="checkbox"/>	Investment portfolios (internal/external)	£	<input type="text"/>	<input type="checkbox"/>
Pension Funds	£	<input type="text"/>	<input type="checkbox"/>	Pension Funds	£	<input type="text"/>	<input type="checkbox"/>
ISAs	£	<input type="text"/>	<input type="checkbox"/>	ISAs	£	<input type="text"/>	<input type="checkbox"/>
Insurance company bonds	£	<input type="text"/>	<input type="checkbox"/>	Insurance company bonds	£	<input type="text"/>	<input type="checkbox"/>
Share options	£	<input type="text"/>	<input type="checkbox"/>	Share options	£	<input type="text"/>	<input type="checkbox"/>
Private company shares	£	<input type="text"/>	<input type="checkbox"/>	Private company shares	£	<input type="text"/>	<input type="checkbox"/>
Enterprise Investment Scheme (EIS)/Venture Capital Trust (VCT)	£	<input type="text"/>	<input type="checkbox"/>	Enterprise Investment Scheme (EIS)/Venture Capital Trust (VCT)	£	<input type="text"/>	<input type="checkbox"/>
AIM or BPR qualifying investments	£	<input type="text"/>	<input type="checkbox"/>	AIM or BPR qualifying investments	£	<input type="text"/>	<input type="checkbox"/>
Other – for example art, wine, jewellery – please specify	£	<input type="text"/>	<input type="checkbox"/>	Other – for example art, wine, jewellery – please specify	£	<input type="text"/>	<input type="checkbox"/>
<b>Property</b>				<b>Property</b>			
Main residence	£	<input type="text"/>	<input type="checkbox"/>	Main residence	£	<input type="text"/>	<input type="checkbox"/>
Other – please specify	£	<input type="text"/>	<input type="checkbox"/>	Other – please specify	£	<input type="text"/>	<input type="checkbox"/>
<b>Major Liabilities</b>				<b>Major Liabilities</b>			
Mortgages – Private	£	<input type="text"/>	<input type="checkbox"/>	Mortgages – Private	£	<input type="text"/>	<input type="checkbox"/>
Mortgages – Buy to let	£	<input type="text"/>	<input type="checkbox"/>	Mortgages – Buy to let	£	<input type="text"/>	<input type="checkbox"/>
Other loans	£	<input type="text"/>	<input type="checkbox"/>	Other loans	£	<input type="text"/>	<input type="checkbox"/>
Unpaid tax	£	<input type="text"/>	<input type="checkbox"/>	Unpaid tax	£	<input type="text"/>	<input type="checkbox"/>
Other – please specify	£	<input type="text"/>	<input type="checkbox"/>	Other – please specify	£	<input type="text"/>	<input type="checkbox"/>

Please note: If you are aware of any trading restrictions or issues relating to any assets listed above, please provide relevant additional information within this section.

**For pensions investments:**

Please tell us what proportion of your total personal assets will be invested with Brown Shipley.

**Client 1**

**Client 2**

 %

 %

**For non-pension investments:**

Please tell us what percentage of your total personal assets (excluding your home and pension) will be invested with Brown Shipley.

 %

 %

**Which statement most closely reflects your current financial situation?**

I am completely debt free



I have no mortgage but have other short-term obligations such as credit card payments



I have a mortgage but no other obligations



I have a mortgage and some short-term obligations such as credit card payments



I have a mortgage and other long-term obligations



## Your existing arrangements

Please use the following section to record specific details of your assets and liabilities as noted above, including your pension fund assets. If you have these and require advice in this area please let us know

**Assets**

**Provider**

**Type**

**Owner (Please specify Client 1 , 2 or Joint)**

Start date

Amount Invested £

Current Value £

Start date

Amount Invested £

Current Value £

Start date

Amount Invested £

Current Value £

Start date

Amount Invested £

Current Value £

**Liabilities**

**Provider**

**Type**

**Owner (Please specify Client 1 , 2 or Joint)**

Start date         Remaining term   Amount borrowed £  Current balance £

Start date         Remaining term   Amount borrowed £  Current balance £

Start date         Remaining term   Amount borrowed £  Current balance £

Start date         Remaining term   Amount borrowed £  Current balance £

Do you have an emergency fund in place? – please specify

## Your current gross income

### Client 1

Please enter actual values

Total annual income	£	<input type="text"/>
Salary (inc. bonuses)	£	<input type="text"/>
Profits from self-employment	£	<input type="text"/>
Pension income	£	<input type="text"/>
Investment income	£	<input type="text"/>
Rental income	£	<input type="text"/>
Interest from savings	£	<input type="text"/>
Other income – please specify	£	<input type="text"/>

Is any of your income variable? Please comment below

### Client 2

Please enter actual values

Total annual income	£	<input type="text"/>
Salary (inc. bonuses)	£	<input type="text"/>
Profits from self-employment	£	<input type="text"/>
Pension income	£	<input type="text"/>
Investment income	£	<input type="text"/>
Rental income	£	<input type="text"/>
Interest from savings	£	<input type="text"/>
Other income – please specify	£	<input type="text"/>

Is any of your income variable? Please comment below

If you anticipate any significant changes to your income within the next five years, please provide details below:

If you know your marginal rate of Income Tax please tell us

 %

If you know your marginal rate of Income Tax please tell us

 %

## Your expenditure

### Client 1

Please provide details of your regular annual expenditure.

#### Committed

Credit Agreements £   
e.g. Loans, Credit Cards, Hire Purchase, Lease

Alimony/Maintenance £   
e.g. Child Maintenance

Cost of Repayment Plan £   
e.g. Investment/Savings Vehicle

**Sub-total** £

#### Essential

Utilities £   
e.g. Gas, Electricity, Oil, Other Heating, Water

Travel / Transport £   
e.g. Vehicle Maintenance, Insurance, Essential Travel Costs (Work, School, etc.)

Food/Drink/Entertainment £

Property £   
e.g. Ground Rent/Service Charge/Council Tax

Building/Contents Insurance £

**Sub-total** £

#### Quality of Living

Leisure £   
e.g. Holidays, Recreation, Birthdays etc.

Household £   
e.g. Furniture, Maintenance, Security etc.

Childcare/Dependants £   
e.g. Nursery Costs

Education £   
e.g. Fees, Accommodation etc.

Personal £   
e.g. Clothes, Personal Items, Healthcare

Other £   
Please provide details below

**Sub-total** £

**Total Annual Expenditure** £

Do you anticipate any significant changes to your annual expenditure within the next five years?

Yes  No

If yes, please provide details below:

How much would you like to save regularly or invest as a lump sum?

£

### Client 2

Please provide details of your regular annual expenditure.

#### Committed

Credit Agreements £   
e.g. Loans, Credit Cards, Hire Purchase, Lease

Alimony/Maintenance £   
e.g. Child Maintenance

Cost of Repayment Plan £   
e.g. Investment/Savings Vehicle

**Sub-total** £

#### Essential

Utilities £   
e.g. Gas, Electricity, Oil, Other Heating, Water

Travel / Transport £   
e.g. Vehicle Maintenance, Insurance, Essential Travel Costs (Work, School, etc.)

Food/Drink/Entertainment £

Property £   
e.g. Ground Rent/Service Charge/Council Tax

Building/Contents Insurance £

**Sub-total** £

#### Quality of Living

Leisure £   
e.g. Holidays, Recreation, Birthdays etc.

Household £   
e.g. Furniture, Maintenance, Security etc.

Childcare/Dependants £   
e.g. Nursery Costs

Education £   
e.g. Fees, Accommodation etc.

Personal £   
e.g. Clothes, Personal Items, Healthcare

Other £   
Please provide details below

**Sub-total** £

**Total Annual Expenditure** £

Do you anticipate any significant changes to your annual expenditure within the next five years?

Yes  No

If yes, please provide details below:

How much would you like to save regularly or invest as a lump sum?

£



## Your financial and investment objectives

### Client 1

### Client 2

Please tell us about your financial objectives. Is your main aim (tick one only):

Capital growth  Income  A combination of the two?  Capital growth  Income  A combination of the two?

In the box below please tell us about any specific financial objectives that you wish your investments to achieve, and when you think you might want us to provide funds to support those objectives. For example, to fund your retirement, intergenerational wealth transfer, care home costs, assist family members etc.



Please can you indicate from the above, which are the highest priority and which are the lowest priority?



## Your investment time horizon

How long do you intend to invest for? (Please select a number of years from the list)

short term (Less than 3 years)  short term (Less than 3 years)  
 short to medium term (3-5 years)  short to medium term (3-5 years)  
 medium term (5-7 years)  medium term (5-7 years)  
 medium to long term (7-10 years)  medium to long term (7-10 years)  
 long term (More than 10 years)  long term (More than 10 years)

Please indicate any life events that may necessitate a change to your investment strategy and the planned date of this event. e.g. *Retirement, 2025*



## Your investment preferences

### Tax Considerations

#### Client 1

#### Client 2

Do you have any capital losses brought forward?

Do you have any capital losses brought forward?

Yes  No If so how much? £

Yes  No If so how much? £

Do you use your CGT allowance elsewhere?

Do you use your CGT allowance elsewhere?

Yes  No

Yes  No

How much of your ISA allowance have you used for this year?

How much of your ISA allowance have you used for this year?

£

£

Do you have any strong views in relation to specific sectors, markets or instruments into which you would be unwilling to invest? Please indicate any preferences here.

## Verification of your identity

**Please indicate which of these documents has been supplied:**

Documents used must be un-expired, legible, with the signature specimen included, to avoid delays in processing your application. If you hold dual nationality, please supply a copy of each passport/national ID.

**Client 1**

- Current valid passport
- Current UK/EEA photo driving licence
- Other ID Document – please specify

Number

Expiry

Notes

**Client 2**

- Current valid passport
- Current UK/EEA photo driving licence
- Other ID Document – please specify

Number

Expiry

Notes

Have you or an immediate family member or a close associate (e.g. joint owner or partner in a company) ever held any of the following positions;

	<b>Client 1</b>	<b>Client 2</b>
Head of State, Government Minister or Deputy Minister	<input type="checkbox"/>	<input type="checkbox"/>
Member of Parliament or local government	<input type="checkbox"/>	<input type="checkbox"/>
Member of Supreme Court or other high level judicial body	<input type="checkbox"/>	<input type="checkbox"/>
Member of the Board of a Central Bank or other State Owned Enterprise	<input type="checkbox"/>	<input type="checkbox"/>
Ambassador, Charge d’Affaire or senior member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>

If so, please specify in the box below;

- The State/Country the role was held in
- The role’s title and the name of the organisation
- If it was not you but a family member or close associate, their name and their relationship to you.

**Client 1**

**Client 2**

## Source of your wealth

**Client 1**

**Total Net Worth: £**

**Client 2**

**Total Net Worth: £**

We are required by law to satisfy ourselves that wealth deposited with Brown Shipley has been acquired legitimately. Please describe below how you have accumulated your total body of wealth over time. This should include for example, the value of savings made from past or current employment, a description of how any assets you own grew in value over time, significant investment returns or proceeds of sale (business/ shares/ property), the value of inherited funds or funds held in a Trust of which you are a beneficiary. Please include the dates and amounts (approximate) when you came in to the possession of significant assets (e.g. Pension lump sum or property sale).

## Your account funding

To be answered jointly for all clients

### Purpose for opening of account

- Access to discretionary asset management  
  Advisory Account  
  Execution-only  
 Access to complex products  
  Lending  
  Wealth Planning  
  Investor Visa  
 Bank Account with expected commercial activity  
  Other: \_\_\_\_\_

### Account funding

	Value	Currency
Initial Deposit (or Value of Portfolio Transfer)	£ <input type="text"/>	_____
How much do you plan to invest in the first 12 months, excluding the initial deposit?	£ <input type="text"/>	_____
Do you plan any withdrawals in the first 12 months?	£ <input type="text"/>	_____
What is the total value of anticipated deposits annually, after the first 12 months?	£ <input type="text"/>	_____
What is the total value of anticipated withdrawals annually, after the first 12 months?	£ <input type="text"/>	_____

### How will you fund your account?

- Funds/ Portfolio transfer  
  Cheque  
  Other – please specify \_\_\_\_\_

Which Bank or financial institution (FI) are you transferring these funds/portfolio from?

Bank/ FI: \_\_\_\_\_

Country: \_\_\_\_\_

Describe the economic activity that produced the funds or investments to be deposited/transferred in.

- Past/present employment  
  Inheritance  
  Sale of Shares  
 Pension lump sum  
  Sale of Business  
  Sale of Property  
 Other-please specify: \_\_\_\_\_

For the box/ boxes you have ticked, please provide us with further details below.

Example: "Received inheritance from ... of £... in 2018".

We may ask to see evidence of the origin of funds. We will inform you separately of this requirement.

**Section 3 – Planning for your future**

**Wealth Planning**

To provide advice on an income in retirement or your protection requirements we would be able to give you a more accurate indication of the rates that would apply in your situation if you share with us the following information. We use the health data you provide to us in order to assess, recommend and provide advice and services that are most appropriate for you.

How is your health?

Tell us about any pensions you have?

**Your pension**

**Client 1**

Do you have any existing pension arrangements?  
(If yes, please provide details below)

Yes  No

Are you taking benefits from any arrangements?

Yes  No

At what age do you intend to retire?

Please provide brief details of your pension arrangements including (if known) fund values:

Occupational Money Purchase  Final Salary  
 Personal Pension (including SIPP)  SSAS

Please include details of: Scheme retirement age, Death in service benefits, Other benefits, Nominated beneficiaries

**Client 2**

Do you have any existing pension arrangements?  
(If yes, please provide details below)

Yes  No

Are you taking benefits from any arrangements?

Yes  No

At what age do you intend to retire?

Please provide brief details of your pension arrangements including (if known) fund values:

Occupational Money Purchase  Final Salary  
 Personal Pension (including SIPP)  SSASS

## Existing individual pension plans

### Pensions

To provide you with advice on your pensions, we will ask you to sign a letter of authority for each of your current plans so that we can obtain full plan information. We can then provide you with recommendation following a thorough analysis of what you have. Even if we are not focusing on your pensions, understanding the basic details of your financial circumstances, helps us to make sure the advice we give you is right for you.

You do not need to include here details of any pensions that you are currently receiving a guaranteed income from.

Owner	Pension type	Provider
Current Value £ <input type="text"/>	Projected annual income £ <input type="text"/>	Have you taken any benefits from this pension?  
Current Value £ <input type="text"/>	Projected annual income £ <input type="text"/>	Have you taken any benefits from this pension?  
Current Value £ <input type="text"/>	Projected annual income £ <input type="text"/>	Have you taken any benefits from this pension?  
Current Value £ <input type="text"/>	Projected annual income £ <input type="text"/>	Have you taken any benefits from this pension?  
Current Value £ <input type="text"/>	Projected annual income £ <input type="text"/>	Have you taken any benefits from this pension?  
Current Value £ <input type="text"/>	Projected annual income £ <input type="text"/>	Have you taken any benefits from this pension?  

### Client 1

How much of your lifetime allowance have you used?

If you have registered for lifetime allowance protection please provide details below

Additional information

### Client 2

How much of your lifetime allowance have you used?

If you have registered for lifetime allowance protection please provide details below

Additional information

## Protection

To provide you with advice on your protection, we will ask you to sign a letter of authority for each of your current plans so that we can obtain full plan information and provide you with recommendation following a thorough analysis of what you have. Even if we are not focusing on your protection needs, we need the basic details so that we can understand your financial circumstances to make sure the advice we give you is right for you.

Owner Life assured

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Policy type Provider

---

Purpose of plan (eg cover mortgage, family protection)

---

Level of cover/benefit £  Remaining term  Is it in trust?  Yes  No

Owner Life assured

---

Policy type Provider

---

Purpose of plan (eg cover mortgage, family protection)

---

Level of cover/benefit £  Remaining term  Is it in trust?  Yes  No

Owner Life assured

---

Policy type Provider

---

Purpose of plan (eg cover mortgage, family protection)

---

Level of cover/benefit £  Remaining term  Is it in trust?  Yes  No

Owner Life assured

---

Policy type Provider

---

Purpose of plan (eg cover mortgage, family protection)

---

Level of cover/benefit £  Remaining term  Is it in trust?  Yes  No

Owner Life assured

---

Policy type Provider

---

Purpose of plan (eg cover mortgage, family protection)

---

Level of cover/benefit £  Remaining term  Is it in trust?  Yes  No

Owner Life assured

---

Policy type Provider

---

Purpose of plan (eg cover mortgage, family protection)

---

Level of cover/benefit £  Remaining term  Is it in trust?  Yes  No

## Trusts

---

### Client 1

Are you the beneficiary of any trusts?  Yes  No

If yes please provide brief details

Type \_\_\_\_\_

Value £

Have you created any trusts?  Yes  No

If you have answered yes to either of the above questions please give further details.

Have you made any gifts?  Yes  No

If yes provide details

Amount of gift £

Date of gift

To whom? \_\_\_\_\_

### Client 2

Are you the beneficiary of any trusts?  Yes  No

If yes please provide brief details

Type \_\_\_\_\_

Value £

Have you created any trusts?  Yes  No

If you have answered yes to either of the above questions please give further details.

Have you made any gifts?  Yes  No

If yes provide details

Amount of gift £

Date of gift

To whom? \_\_\_\_\_

## Understanding your priorities

To make sure that our recommendations meet your needs and requirements, we need to understand what your priorities are. Please indicate below which area(s) you would consider to be the most important to you.

	<b>Client 1</b>	<b>Client 2</b>
Investment planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintaining standard of living	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long term savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saving for retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Imminent retirement options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependants following death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inheritance tax planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consolidate existing plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assisting family	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Borrowing, mortgage or loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reduction of debt	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sickness or disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School fees / university	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance for business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please use the box below to specify any additional information in respect of the client(s) objectives and any other priorities they may have.

### Client 1

### Client 2

## Your Will and Estate Planning

### Client 1

Have you made a Will?  Yes  No

If so, when was it drawn up?

---

What are its main provisions?

Who are the executors?

Have you granted a Lasting (or Enduring) Power of Attorney?

Yes  No

Is the Power of Attorney

Welfare  Financial  Both

If you have undertaken any inheritance tax planning, please provide details below:

### Client 2

Have you made a Will?  Yes  No

If so, when was it drawn up?

---

What are its main provisions?

Who are the executors?

Have you granted a Lasting (or Enduring) Power of Attorney?

Yes  No

Is the Power of Attorney

Welfare  Financial  Both

If you have undertaken any inheritance tax planning, please provide details below:



## Section 4 – Understanding your borrowing requirements

Please use this section to capture any initial thoughts about your borrowing requirements and purpose.

How much do you wish to borrow?

What is the loan to be used for?

Are you looking for a variable or fixed rate loan?

## Understanding your initial borrowing requirements and purpose

What sum are you considering borrowing? £

What is the purpose of this loan?

Over what time period are you considering this facility?  years

## Repayment

What type of borrowing is required?  Repayment (capital & interest)  Interest only

How will you repay this loan?

Is the certainty of repaying the borrowing at the end of the term important to you  Yes  No

Will the borrowing extend past planned retirement age  Yes  No

If yes, what arrangements are in place to service the borrowing in retirement?

## Type of borrowing

Is certainty of repayment amount important to you?  Yes  No

Will you be reliant on any foreign income or assets to service or repay the borrowing  Yes  No

If yes, please provide details

## Security

---

What security is available for the borrowing  Existing property  Share portfolio  Other assets

Notes

Credit Specialist / Internal use only

## Have you thought about what would happen if things changed?

---

What impact would any loan repayments have if the interest rate increased significantly?

If this is a bridging facility, how would you deal with a reduction in property values?

Are you using any foreign currency income or a foreign asset to repay the loan?

## Have you thought about protection?

---

How would this loan be paid in the event of illness or death?

## Section 5 – Declaration and Specimen Signature

It is important that we have gathered as much information from you, and that this form is fully completed. By providing a signature below you are agreeing that this information is accurate so we encourage you to be honest and thorough.

Please ensure you read our current Terms and Conditions in conjunction with this document.

## Specimen signatures

By signing the declaration below you are also providing Brown Shipley with specimen signatures, and these will be used to verify future correspondence with you.

## Confirmation and Consent

I confirm that the information given on this form is accurate and up to date.

With regard to my tax residency:

- I confirm that I will notify Brown Shipley in writing within 30 days if any change of circumstances occurs in relation to my U.S. status certification, or tax residency.
- I agree to answer Brown Shipley's request for information and documentation. In particular, I commit to provide any documentation deemed necessary by Brown Shipley to evidence my tax status.
- Should I fail to comply, Brown Shipley reserves the right to terminate the relationship in accordance with our Terms and Conditions.
- I acknowledge that, for legal or regulatory purposes, the information contained in this form and the details of any of my Account(s) may be provided to HMRC. This data may then be exchanged with tax authorities of another country in which the Account Holder may be resident where these countries have entered into agreements to exchange financial account information.

We would like to keep in touch with you to share information about relevant products and services across our wealth management offering, including; wealth planning, investments and lending.

We will treat your information with utmost care and will never sell it to other companies for marketing purposes. Our Privacy Notice explains how we will use your personal data. A copy of the Privacy Notice can be found on our website at [brownshipley.com/privacy-cookie-policy](http://brownshipley.com/privacy-cookie-policy). You should read and review the Privacy Notice before signing the below.

Please tell us below how you would like us to send this information to you.

**Client 1**  All  Email  Telephone  Post      **Client 2**  All  Email  Telephone  Post

### Consent

I would like to receive marketing messages as per the choices I have made above (please tick this box to indicate your consent)

**Client 1**     **Client 2**

#### Client 1

Full name \_\_\_\_\_

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y
---	---	---	---	---	---

#### Client 2

Full name \_\_\_\_\_

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y
---	---	---	---	---	---

You are free to withdraw your consent at any time. You can do this by following the instructions in each marketing communication we send, or contacting us using the details set out in our Privacy Policy.

#### Note

The questions on this form are designed to enable Brown Shipley to provide advice suitable to your specific needs. Advice will initially be confined to those areas of interest identified by you.

## Notes – this section for internal use only

Please use the following section to record details of your client meeting.

## Discussion notes (any)

Please use the following section to record details of your client meeting.

## Your bank details

Please provide details of your preferred bank account where all payments from your portfolio are to be made:

Name of bank / building society

Branch address

Postcode

Account title

Account number

Sort code

Reference

Payee name (if different to applicant)

## Regular payments

If you expect to make regular payments to any other external bank accounts (for example, your current account, other family members etc.) please provide the relevant account details below:

Name of bank / building society

Branch name

Account title

Account number

Sort code

Name of bank / building society

Branch name

Account title

Account number

Sort code

## Payment instructions

All funds will be retained in your portfolio(s) unless you instruct us otherwise.

Do you require a regular payment to be made?\*

Yes  No

\*This will always be paid from your income account. If there are insufficient funds any balance will be met from your capital.

If you require a regular payment tell us how much and when:

The whole balance of income or  this amount £

Frequency:  Monthly  Quarterly  Half-yearly  Annually

Note: All payment dates are as follows: **Monthly** – 25th each month, **Quarterly** – 25th Feb, May, Aug, Nov, **Half yearly** – 25th May, Nov, **Annually** – 25th Jan

## Pension and Offshore Bond additional information

---

Fund type (bond / pension) [B/P]

Client name

Name of Provider

Name of Administrator

Trustee Name(s) (if applicable)

Principal contact details for the scheme or product

Name be used for the account

(i.e. Scottish widows often insist that the account uses the convention: SWIDS [client name] a/c 1234)

### Banking details for the provider

Account name:

Account number          Sort code

Confirmation that the client is able to sign agreements on behalf of the provider (i.e. under a master agreement)

# Your investment experience - Client 1

## Please complete this section based on your discussions with the client

In the boxes below, please indicate your understanding and experience of holding any of the following types of financial instruments. Where appropriate, please also provide information on both the volume and average value of any transactions undertaken within the last five years:

Please note that for discretionary investments (where we manage the underlying investment choice on your behalf) please only complete the non-complex section of this assessment. For advisory or execution only portfolios please complete both sections.

	Do you understand the risks associated with this financial instrument?	Please indicate how many years' experience you have of this financial instrument	<b>Advisory and Execution Only</b>	How often have you traded in the instrument during the last 5 years?	What has been the average value of your trades during the last 5 years?
<b>Non-complex products</b>	<b>Equities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Bonds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Money Market</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Simple UCITS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Commodities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
<b>Complex products</b>	<b>Equities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Bonds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Hedge Funds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Private Equity</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Alternative investment funds invested in property</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Other complex funds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Structured Products</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
<b>Derivatives</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000	

For Investment Manager / Relationship Manager use only please complete and sign below.

Full name \_\_\_\_\_

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y
---	---	---	---	---	---



## Your investment experience - Client 2

### Please complete this section based on your discussions with the client

In the boxes below, please indicate your understanding and experience of holding any of the following types of financial instruments. Where appropriate, please also provide information on both the volume and average value of any transactions undertaken within the last five years:

Please note that for discretionary investments (where we manage the underlying investment choice on your behalf) please only complete the non-complex section of this assessment. For advisory or execution only portfolios please complete both sections.

	Do you understand the risks associated with this financial instrument?	Please indicate how many years' experience you have of this financial instrument	<b>Advisory and Execution Only</b>	How often have you traded in the instrument during the last 5 years?	What has been the average value of your trades during the last 5 years?
<b>Non-complex products</b>	<b>Equities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Bonds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Money Market</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Simple UCITS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Commodities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
<b>Complex products</b>	<b>Equities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Bonds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Hedge Funds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Private Equity</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Alternative investment funds invested in property</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Other complex funds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
	<b>Structured Products</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000
<b>Derivatives</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Year(s)	<input type="checkbox"/> Never <input type="checkbox"/> 1-5 times <input type="checkbox"/> More than 5 times	<input type="checkbox"/> Less than £100,000 <input type="checkbox"/> More than £100,000	

For Investment Manager / Relationship Manager use only please complete and sign below.

Full name \_\_\_\_\_

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y
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[Empty box for notes]

2 Moorgate, London EC2R 6AG **T** 020 7606 9833 **F** 020 7606 5899 **W** [brownshipley.com](http://brownshipley.com)

Lines are open Monday to Friday 9am to 5pm, local call charges apply. Telephone calls may be recorded for regulatory and legal purposes.

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