



Lonsdale Financial Consulting Ltd

Review Form

This Review has been prepared for

On
Consultant «PERS_CONSULTANT»



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The breakdown of your regular expenditure	
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Personal

Client Address	Partner Address
Contact Telephone Mobile Telephone Fax Home E-Mail Work E-mail Date of Birth National Insurance Number	Contact Telephone Mobile Telephone Fax Home E-Mail Work E-Mail Date of Birth National Insurance Number

Dependants

Full Name	Relationship	Date of Birth	Start Year	Years	Fees

Full Name	Notes

Financial Review

Regular Commitments

Mortgage/Rent/Board		Travel Expenses	
Loan/HP Repayments		Credit/Charge Cards	
Amount Outstanding		Amount Outstanding	
Utilities		Regular Savings	
Council Tax		Social Expenses	
Household Expenses		Other Expenses	
All Insurances/Pensions		Specified Items	
		Total Commitments	
		Client	Partner
Do you anticipate changes to your Expenditure			
Details			

Regular Commitments – Specified Items

Owner	Description	Type	Amount	Freq.	Start Date	End Date	Notes

Regular Commitments – Capital Expenditure

Owner	Description	Type	Purchase Date	Re-Purchase (mths)	Cost	Deprec'n	Keep Until	Keep to Age	Notes

Assets

	Client	Partner	Joint
Total Assets			
Main Residence			
Other Property			
Personal Effects/Contents			
Business Interests			
Owned Cars/Boats etc.			
Other Assets			
TOTALS			

	Client	Partner	Joint
Description of Assets			

Additional Notes

Health

	Client			Partner		
General state of health						
Smokes			Per Day			Per Day
Consumes Alcohol			Units/week			Units/week
Height						
Weight						
Medical Notes						
Involved in hazardous pastimes						
Notes						

Estate Planning, Inheritance & Trusts

	Client	Partner
Have you made a will?		
If Yes, what are the main provisions?		
On what date was it made		
Does it reflect your current wishes		
Where is the will kept?		
Are you expecting any inheritance of any kind?		
If yes, please give details		

Estate Planning & Inheritance - Lifetime Gift History

Date	To Whom/ By Whom	Type	Value	Tax	Description	Notes

Estate Planning & Inheritance – Connection with Trusts

Name of Trust	Owner	Type	Interest	Settlement Date	Entitlement (Assets/Value)	Terms

Income Requirements

	Client			Partner		
	Lump Sum	Annual Income	Term (Years)	Lump Sum	Annual Income	Term (Years)
On Death						
On Disability, Sickness or redundancy						
On Retirement						
How much money do you need as an emergency fund?						

	Client	Partner
Are you making any provision for your long-term care?		

Capital Gains Tax

	Client	Partner
Have you used any part of your capital gains tax allowance?		
Have you realised capital gains (exceeding the allowance) or losses within the past three years?		
Do you have any significant unrealised capital gains or losses?		
Do you agree that capital gains may be taken in excess of your annual allowance?		
CGT Losses Brought Forward		
Notes		