



MEDICAL INVESTMENT & ADVISORY SERVICES LLP

CONFIDENTIAL FINANCIAL UPDATE

Client:	Spouse/Partner:
Address:	
Postcode:	
E-Mail:	E-Mail:
Employment Status:	Employment Status:
Tax status:	Tax status:
Accountant name & address:	Accountant name & address:

Children/dependents

Name	Date of birth	Financially dependent (y/n)

Cash deposit holdings - if easier you can attach your own summary of cash holdings

Account holder	Provider	Value (£)	ISA (Y/N)

National Savings

Account holder	Product Type	Value (£)	Maturity date

Other: i.e. Investment Property, Stocks & Shares, VCTs,

Account holder	Investment Description	Value (£)

Current earnings / pension income

Income type	Gross Income (Client)	Gross Income (Spouse/partner)
Earned income-(Employment/self employment)		
Pension – Employer		
Private pension (1)		
Private pension (2)		
State pension		
Investment income – Interest/dividends/rental		

Current expenditure

Fixed costs – utilities / sky / council tax	£	Per month net
Variable costs – food shopping / insurances	£	Per month net
Discretionary spending	£	Per month net

Anticipated future capital expenses in next 12-24 months i.e. new car/house maintenance

Description of the expenditure	Anticipated cost

Property/Mortgage details – Details of your primary residence and any other properties owned

Property	Est. property value (£)	Mortgage owed (£)	Ownership i.e. Sole/Joint Tenancy/Tenancy in common

Details of any Life Assurance/Critical Illness Cover/Income Protection/Private Medical Insurance

Policy holder	Policy type	Cover (£)	Maturity/expiry date

Details of any pension arrangements not managed through our firm

Policy holder	Type of pension	Provider	Value (£)	In drawdown (Y/N)

Wills, Trusts & Gifting

	Do you have a will in place?	When was it last updated?	Main beneficiaries
Client			
Spouse/partner			

	Have you appointed a Power of Attorney?	Date	Type i.e. financial/health/both
Client			
Spouse/partner			

Details of any gifts made outside of those made that are within the annual gift exemption or regular gifts from surplus income

	Amount of gift (£)	Date	Recipient of gift
Client			
Spouse/partner			

Are any of your current assets written under Trust arrangements?

If yes please provide details below:

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Please note that where information is not provided, your consultant may not be able to provide you with the most suitable advice.

If there are changes to your circumstances, you should notify the office as this may impact on the advice provided.

Client name:	Client signature:
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Spouse/partner name:	Spouse/partner signature:
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Date:
