

TRUSTEE FACT FIND

A. Trust Details

INTRODUCER

TRUST TITLE

SETTLOR'S NAME

SETTLOR'S ADDRESS

TYPE OF TRUST	Vested Interest	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	A&M	<input type="checkbox"/>
TRUST INSTRUMENT	Settlement Deed	<input type="checkbox"/>	Intestacy	<input type="checkbox"/>	Will	<input type="checkbox"/>

B. Trustee Details

ONE

Two

TITLE / NAME	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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ADDRESS	<input style="width: 100%; height: 70px;" type="text"/>	<input style="width: 100%; height: 70px;" type="text"/>
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TELEPHONE	HOME	WORK	HOME	WORK
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

DATE APPOINTED	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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THREE

FOUR

TITLE / NAME	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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ADDRESS	<input style="width: 100%; height: 70px;" type="text"/>	<input style="width: 100%; height: 70px;" type="text"/>
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TELEPHONE	HOME	WORK	HOME	WORK
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

DATE APPOINTED	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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C. Beneficiaries

NAME **DOB** **Age to Acquire**

ADDRESS AND POSTCODE:

FINANCIAL SITUATION

TAX RATE

OTHER FACTS

NAME **DOB** **Age to Acquire**

ADDRESS AND POSTCODE:

FINANCIAL SITUATION

TAX RATE

OTHER FACTS

NAME **DOB** **Age to Acquire**

ADDRESS AND POSTCODE:

FINANCIAL SITUATION

TAX RATE

OTHER FACTS

D. Trust Terms

OBJECTIVES Provide for Spouse Provide for Children Provide for Grandchildren

OTHER AIMS

INVESTMENT POWERS

INCOME ACCUMULATED?

AIMS Capital Growth Income & Growth Maximum Income

RISK PROFILE No risk % Low Risk % Medium Risk %
Medium / High % High Risk %

BELOW WE HAVE PROVIDED SUGGESTED EXPLANATIONS OF THE DIFFERENT TYPES OF RISK CATEGORY TO HELP YOU.

No Risk	Low Risk	MEDIUM RISK	MEDIUM / HIGH RISK	HIGH RISK
I only require modest returns from secure investments where the only risk to my capital is inflation e.g. cash deposits.	I am seeking improved returns than offered by deposit accounts to provide better protection against inflation. I accept that there may be some fluctuation in capital values.	I am seeking a balanced investment approach with moderate risk to enhance potential returns. I accept that this may involve a greater amount of capital fluctuation and possible loss of capital.	I am willing to take a higher risk with part of my fund to achieve higher returns. I am prepared to accept greater fluctuations and an increased chance of capital loss.	I am willing to take high risks in order to achieve higher returns. I am prepared to accept significant fluctuations and the potential loss of capital in pursuit of long term gains.

E. Current Trust Assets

(Please feel free to enclose a recent valuation / statement instead)

A		F		K	
B		G		L	
C		H		M	
D		I		N	
E		J		O	

F. Supplementary Notes / Special Provisions

G. CLIENT DECLARATION

PLEASE READ CAREFULLY

I / WE CONFIRM THAT THE TERMS OF BUSINESS AGREEMENT HAS BEEN READ AND UNDERSTOOD.

I / WE CONFIRM THAT THE INFORMATION PROVIDED IN THIS REVIEW IS CORRECT AND IS GIVEN ON THE UNDERSTANDING THAT IS DOES NOT PLACE ME / US UNDER ANY OBLIGATION TO BUY OR TAKE UP ANY RECOMMENDATION WHICH MAY BE MADE AND THAT A COPY OF THE REVIEW FORM IS AVAILABLE ON REQUEST. WHERE BLANK SPACES ARE LEFT, IT IS ASSUMED THAT THE QUESTION IS NOT APPLICABLE OR THAT THE ANSWER IS NIL.

I / WE AUTHORISE **SCHOLES & BROWN LTD** TO OBTAIN DETAILS OF EXISTING LIFE ASSURANCE / PENSION POLICIES AND INVESTMENTS AND MAKE RECOMMENDATIONS FOR MY / OUR CONSIDERATION.

H. Signatures

Signed	Name	Capacity	Date

Signed	Name	Capacity	Date

Signed	Name	Capacity	Date

SCHOLES & BROWN LTD IS AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY.

**THE STABLES
ST. THOMAS STREET
NEWCASTLE UPON TYNE
NE1 4LE**

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