

# BLUE OCEAN

## FINANCIAL PLANNING

ESTABLISHED SINCE 1995

BLUE OCEAN – FACT FIND FORM							
SECTION 1: PERSONAL INFORMATION							
Item	Applicant 1			Applicant 2			
Title							
Forename							
Surname							
Marital status							
Previous name (if applicable)							
Date name changed (if applicable)							
Smoker <input checked="" type="checkbox"/>	Yes		No		Yes		No
Sex <input checked="" type="checkbox"/>	Male		Female		Male		Female
General state of health <input checked="" type="checkbox"/>	Good		Poor		Good		Poor
Place of birth							
UK resident since							
Date of birth							
Address							
Postcode							
Date moved into current address							
Previous address if you have been at your current address for less than 3 years							
Postcode							
Date moved into previous address							

SECTION 1: PERSONAL INFORMATION (continued)									
Item		Applicant 1				Applicant 2			
Residential status <input checked="" type="checkbox"/>		Home owner	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Home owner	<input type="checkbox"/>	Tenant	<input type="checkbox"/>
		Living with family	<input type="checkbox"/>	Other	<input type="checkbox"/>	Living with family	<input type="checkbox"/>	Other	<input type="checkbox"/>
Telephone	Home								
	Mobile								
	Work								
E-mail address									
Financial dependants <input checked="" type="checkbox"/>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide details of financial dependents and children if children are not financially dependent please X the box that the end.									
Name		Sex <input checked="" type="checkbox"/>		Date of birth		Relationship to you		X	
		M	<input type="checkbox"/>	F	<input type="checkbox"/>				
		M	<input type="checkbox"/>	F	<input type="checkbox"/>				
		M	<input type="checkbox"/>	F	<input type="checkbox"/>				
		M	<input type="checkbox"/>	F	<input type="checkbox"/>				
		M	<input type="checkbox"/>	F	<input type="checkbox"/>				
		M	<input type="checkbox"/>	F	<input type="checkbox"/>				

SECTION 2: WILLS & POWER OF ATTORNEY									
Item		Applicant 1				Applicant 2			
Have you made a will?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, does it reflect your current wishes?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was your will made or updated more than 3yrs ago?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Main terms of the Will									
Executors									
Beneficiaries									

## SECTION 2: WILLS & POWER OF ATTORNEY

Item	Applicant 1				Applicant 2			
Have you appointed a power of attorney?	Yes		No		Yes		No	
If yes, is it a lasting power of attorney?	Yes		No		Yes		No	
If no, please provide details								
Does your power of attorney reflect your current wishes of who you would like to deal with your affairs in the event you are unable to?	Yes		No		Yes		No	
Please provide names of who will be acting as power of attorney.								
Please provide contact details in the event it comes into force.								

## SECTION 3: BANK ACCOUNT INFORMATION

Item	Applicant 1		Applicant 2	
Bank/Building Society name				
Account number				
Sort code				
Account holder name				
Bank address				
Postcode				

**SECTION 4: EMPLOYMENT DETAILS**

Item	Applicant 1				Applicant 2			
NI Number								
Main occupation								
Employment status <input checked="" type="checkbox"/>	<b>Employed</b>				<b>Employed</b>			
	<b>Self Employed</b>				<b>Self Employed</b>			
	<b>Unemployed</b>				<b>Unemployed</b>			
	<b>Director</b>				<b>Director</b>			
	<b>Retired</b>				<b>Retired</b>			
Employment type <input checked="" type="checkbox"/>	<b>Permanent – Full time</b>				<b>Permanent – Full time</b>			
	<b>Permanent – Part time</b>				<b>Permanent – Part time</b>			
	<b>Temporary – Full time</b>				<b>Temporary – Full time</b>			
	<b>Temporary – Part time</b>				<b>Temporary – Part time</b>			
	<b>Fixed Term Contract</b>				<b>Fixed Term Contract</b>			
	<b>Sub-Contractor – Fixed term</b>				<b>Sub-Contractor – Fixed term</b>			
	<b>Sub-Contractor – Open ended</b>				<b>Sub-Contractor – Open ended</b>			
Start date								
End date (if applicable)								
Currently on probation period	<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
Employers name								
Employers address								
Postcode								

**Please complete the below if you are employed;**

<b>SECTION 4: INCOME DETAILS</b>		
<b>Income Details</b>	<b>Applicant 1</b>	<b>Applicant 2</b>
Gross Salary (before tax & national insurance)	£	£
Guaranteed Overtime	£	£
Guaranteed Bonus	£	£
Guaranteed Commission	£	£

**Please complete the below if you are Self-employed;**

<b>Income Details</b>	<b>Applicant 1</b>	<b>Applicant 2</b>
Latest year net profit	£	£
Year 2	£	£
Year 3	£	£

**Please complete if you have any of the below forms of income;**

<b>Other Income</b>	<b>Applicant 1</b>	<b>Applicant 2</b>
Child benefit	£	£
State disability benefit	£	£
Carers allowance	£	£
Universal credit/Tax credit	£	£
Investment income	£	£
Maintenance	£	£
Rental income from a mortgage free property	£	£
Rental income from a mortgaged property	£	£
Private pension income	£	£
State pension income	£	£
Other please specify	£	£
Other	£	£
Other	£	£

**SECTION 5: EXPENDITURE**

Item	Self	Partner	Joint
<b>Monthly Expenditure (Committed)</b>			
Rent / mortgage – Please specify			
Loans			
Credit / store cards			
Car finance / lease			
Maintenance for dependants			
Utility Bills – Gas, Electric, Water etc			
Council tax			
Telephone / Mobile			
Internet			
Television			
Food			
Clothing			
Travel fuel expenses			
Vehicle mot and servicing			
Buildings and contents insurance			
Pension contributions			
Life insurance, critical illness & income protection premiums			
Education fees			
Childcare			
Other:			
Other:			
Other:			
<b>Total Committed Expenditure</b>			
<b>Monthly Expenditure (Discretionary)</b>			
Holidays, outings, entertainment			
Other:			
Other:			
<b>Grand Total Expenditure</b>			

SECTION 5: ASSETS			
Item	Applicant 1	Applicant 2	Joint
Home (primary residence) *	£	£	£
Other properties	£	£	£
Contents & personal effects	£	£	£
Personally owned vehicles	£	£	£
Business interests	£	£	£
Current account balance	£	£	£
Building society & deposits	£	£	£
ISA's	£	£	£
Investments	£	£	£
Pensions	£	£	£
Other Assets:	£	£	£
<b>Total Assets</b>	<b>£</b>	<b>£</b>	<b>£</b>

**Please include details of all loans/credit cards inclusive of interest rates, companies loans/credit cards are held with and monthly repayments in notes section**

SECTION 6: LIABILITIES			
Item	Applicant 1	Applicant 2	Joint
Residential mortgage	£	£	£
Buy to let mortgage(s)	£	£	£
Loan balance	£	£	£
Credit/store card balances	£	£	£
Overdraft balance	£	£	£
Other:	£	£	£
<b>Total Liabilities</b>	<b>£</b>	<b>£</b>	<b>£</b>

SECTION 5 & 6: SUMMARY OF ASSETS & LIABILITY	
	Joint
Total Assets	£
Total Liabilities	£
NET ASSET POSITION	£
Do you expect any of these to change in the near future? (if yes provide details)	£

## SECTION 7: PROTECTION NEEDS

**Do you have any of the following protection policies currently in place?**

Item	Applicant 1		Applicant 2	
	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Life insurance				
Critical illness cover				
Income protection				

**If you answered yes to any of the above, please provide details;**

Item	Applicant 1	Applicant 2
<b>Life Insurance</b>		
Policy held with		
Value of cover		
Policy number		
<b>Critical Illness Cover</b>		
Policy held with		
Value of cover		
Policy number		
<b>Income Protection</b>		
Policy held with		
Value of cover		
Policy number		

## SECTION 8: MORTGAGES

	Applicant 1	Applicant 2
Type of mortgage	Residential <input checked="" type="checkbox"/>	Residential <input checked="" type="checkbox"/>
	Buy to Let <input checked="" type="checkbox"/>	Buy to Let <input checked="" type="checkbox"/>
	Commercial <input checked="" type="checkbox"/>	Commercial <input checked="" type="checkbox"/>
	Other:	Other:
Loan amount	£	£
Lender		
Repayment type (Repayment or interest only)		
Type of interest (Fixed, Variable, Tracker, etc)		
Mortgage term		
End date of current deal		
Current rate %		



If you have any other mortgages, please complete;				
	Applicant 1		Applicant 2	
Type of mortgage	Residential <input checked="" type="checkbox"/>		Residential <input checked="" type="checkbox"/>	
	Buy to Let <input checked="" type="checkbox"/>		Buy to Let <input checked="" type="checkbox"/>	
	Commercial <input checked="" type="checkbox"/>		Commercial <input checked="" type="checkbox"/>	
	Other:		Other:	
Loan amount	£			
Lender				
Repayment type (Repayment or Interest only)				
Type of interest (Fixed, Variable, Tracker, etc)				
Mortgage term				
End date of current deal				
Current rate %				

SECTION 9: RETIREMENT			
Question	Applicant 1		Applicant 2
Are you currently in an occupational pension scheme?			
Are you currently contributing into a private pension?			
Do you have any previous private pension arrangements?			

If you answered yes to any of the above, please provide details;			
Item	Applicant 1		Applicant 2
<b>Occupational Pension Scheme</b>			
Policy held with			
Value of policy			
Policy number			
<b>Private Pension (Current)</b>			
Policy held with			
Value of policy			
Policy number			
<b>Private Pension (Previous)</b>			
Policy held with			
Value of policy			
Policy number			

