

Proposal request form

For authorised introducers

1. Authorised introducer details

Name	<input type="text"/>		
Firm	<input type="text"/>	Date	<input type="text"/>
Sanlam contact	<input type="text"/>		
Network	<input type="text"/>		

2. Applicant details

First applicant

Title (Mr/Mrs/Miss/Ms/other)	<input type="text"/>	Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/>		
Date of birth	<input type="text"/>	Tax status	<input type="text"/>
Occupation	<input type="text"/>		
Country of residence	<input type="text"/>		

Second applicant

Title (Mr/Mrs/Miss/Ms/other)	<input type="text"/>	Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/>		
Date of birth	<input type="text"/>	Tax status	<input type="text"/>
Occupation	<input type="text"/>		
Country of residence	<input type="text"/>		

Politically Exposed Persons (PEPs)

Is either client noted above, any member of their immediate family, or any of their close associates classified as a PEP?

Yes No

If you have answered 'Yes' please provide details

Discretionary portfolio required

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> General | <input type="checkbox"/> ISA | <input type="checkbox"/> SIPP |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Offshore bond | <input type="checkbox"/> Onshore bond |
| <input type="checkbox"/> Inheritance tax service | | |

3. Assets under consideration

Client

Holding/portfolio manager

Account type eg General, ISA, SIPP

Value £

Comments and other relevant information

Client

Holding/portfolio manager

Account type eg General, ISA, SIPP

Value £

Comments and other relevant information

Client

Holding/portfolio manager

Account type eg General, ISA, SIPP

Value

£

Comments and other relevant information

Client

Holding/portfolio manager

Account type eg General, ISA, SIPP

Value

£

Comments and other relevant information

Clients other assets

Client

Holding/portfolio manager

Account type eg General, ISA, SIPP

Value

£

Comments and other relevant information

Client

Holding/portfolio manager

Account type eg General, ISA, SIPP

Value

£

Comments and other relevant information

Source of wealth	<input type="text"/>
Name of risk profiler	<input type="text"/>
Outcome	<input type="text"/>

4. SPW mandate required - if unsure, please refer to your Sanlam contact

<input type="checkbox"/> Conservative	<input type="checkbox"/> Defensive	<input type="checkbox"/> Cautious
<input type="checkbox"/> Balanced	<input type="checkbox"/> Growth	<input type="checkbox"/> Adventurous

Time horizon

<input type="checkbox"/> 5 years plus	<input type="checkbox"/> Under 5 years - equities may not be suitable
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Client investment objective

<input type="checkbox"/> Growth only	<input type="checkbox"/> Income only	<input type="checkbox"/> Growth and income
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Income

<input type="checkbox"/> None	<input type="checkbox"/> Natural	or	£ <input type="text"/>	/	<input type="text"/>	% pa
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Six-monthly			

ISA required?

Client 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Client 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

CGT allowance

Has this year's CGT allowance been used?

Client 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Client 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Introducer fee

<input type="checkbox"/> Initial	<input type="checkbox"/> Ongoing
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Other information Investment Restrictions / Ethical Preferences

For office use only

CRA1

CRA2

Saved to client file

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Supplementary client information form

In the case of potentially vulnerable clients we need confirmation why a medium to long-term investment is suitable.

This questionnaire is designed to be used in the following scenarios (please tick all boxes that apply):

Clients in (or planning to go into) a nursing or care home

Clients aged 80 or over

Clients who are subject to a care order

Is the purpose of the investment to partially or fully fund nursing home fees?

Yes

No

Relative to the client's overall wealth, what proportion is the proposed

investment portfolio? (Please exclude the client's main residence where there is one)

 %

Will any reduction in the portfolio capital value, or income generated, have a material detrimental impact on the client's ability to finance their day to day living or specific future plans?

Yes

No

If yes, please provide additional information

How have the implications of potential early liquidation been explained to the client/Power of Attorney or if this has not been covered, please outline why this was not applicable

Please summarise the rationale for a medium to long-term investment