

Solicitors Financial Services Questionnaire



- 1) Full name/s of Practice
- 2) Has the Practice, or any prior practice, at any time;
Undertaken any investment business as defined under the Financial Services and Markets Act 2000 or any re-enactment? YES NO
- Acted as an Introducer in respect of such regulated activities? YES NO
- Purchased or acquired any other practice, company or book of business where the practice assumed the liabilities in respect of such regulated activities? YES NO
- 3) Has the Practice or any prior practice ceased undertaking investment business? YES NO
- If YES please confirm the date you ceased
- Did you transfer the liabilities for the activities to an independent third party at cessation date? YES NO
- 4) Has the Practice at any time been;
- Directly regulated by the Financial Services Authority? YES NO
- Regulated or authorised by any other professional body for financial services activities? YES NO
- If YES please provide details below
- 5) Does the Practice, or has the Practice ever undertaken financial services work through;
- A separate financial services company? YES NO
- A financial services division? YES NO

- 6) Please complete the table below with details of the capacity in which you act/have acted;

Nature of Work	Percentage split of Financial Services income				
	Last Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4
Financial Adviser	%	%	%	%	%
Introducer Appointed Representative	%	%	%	%	%
Tied Agent or Appointed Representative	%	%	%	%	%
Compliance advice	%	%	%	%	%
Back office administration or processing services	%	%	%	%	%
Other	%	%	%	%	%
Total					



Please provide details below of "Other" work

7) Has the Practice ever acted as an Introducer?

YES NO

If YES is there a formal agreement in place where the third party assumes liability for the work undertaken? (if yes, please provide a copy)

YES NO

Has the Practice provided advice to clients while acting as an Introducer, other than the introduction of a third party?

YES NO

If YES Please provide details below

8) Please complete the table below with fee income derived from investment business, as defined above in Question 6, for your last 5 financial years plus an estimate for the current year:

Last Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4	Estimate this Year
£	£	£	£	£	£

9) Please advise the approximate percentage of your income for the last financial year for the following areas:

Investment in Unit Trusts or Investment Trusts in the UK	%
Investment in Unit Trusts or Investment Trusts offshore, including the Channel Islands and the Isle of Man	%
Investment in Insurance Bonds in the UK	%
Investment in Insurance Bonds offshore, including the Channel Islands and the Isle of Man	%
Investment in Listed/Unlisted Securities in the UK	%
Investment in Listed/Unlisted Securities offshore, including the Channel Islands and the Isle of Man	%
Investment in Commodities	%
Investment in Bonds	%
Investment in Tangibles (e.g. fine art)	%
Institutional Fund Management	%
Split Capital Investment Trusts	%
Endowments, including Mortgage Endowments	%
Pensions and Free Standing AVC's	%
Life Assurance Products, including Whole Life Plans	%
Corporate Finance	%
Home Income Plans/Equity Release Schemes	%
Other - <i>Please Provide details in the additional details section at the end of this form</i>	%
Total	%

10) Does the Practice manage any discretionary portfolios on behalf of any clients or has it done so in the past?

YES NO

If YES Please provide a detailed explanation in the additional details section at the end of this form



11) Has the Practice, or any prior Practice acted as an Introducer, advised on or sold any;

Split Capital Closed End Funds or Zero Dividend Preference Shares?

YES NO

Unit Trusts where the portfolio composition consists of a Split Capital Closed End Fund or Zero Dividend Preference Share?

YES NO

If you have answered YES to either of the above questions please complete the table below

Date of Initial Investment	Value of Initial Investment	Total value of contributions	Current value or value at sale date	Name of Fund or Trust	Split or Zero
	£	£	£		
	£	£	£		
	£	£	£		
	£	£	£		
	£	£	£		

12) Has the Practice or any prior practice acted as an Introducer, advised on or sold any Free Standing AVC's (FSAVC's)

YES NO

If YES please complete the table below

Total number of:	Cases	Cases reviewed as stipulated by the FSA	Cases where compensation was paid/is due	Cases where no compensation is due	Cases where the review is incomplete

What is the total amount of compensation paid or due from the Practice?

£

13) Did the Practice or any prior Practice ever arrange or advise in Pension Transfers/Opt-Outs/Non-Joiners between April 1988 and June 1994?

YES NO

If YES has the Pension Review of the Practice and each relevant prior Practice been completed and signed off by the FSA?

YES NO

If YES please provide details below

14) Has the Practice or any prior Practice ever arranged or provided advice on

		Last Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4	
Pensions	<input type="checkbox"/> YES <input type="checkbox"/> NO	Gross Fees	£	£	£	£	£
		Number of cases					
Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO	Gross Fees	£	£	£	£	£
		Number of cases					
Income Drawdown Products	<input type="checkbox"/> YES <input type="checkbox"/> NO	Gross Fees	£	£	£	£	£
		Number of cases					
Home Equity Release Products	<input type="checkbox"/> YES <input type="checkbox"/> NO	Gross Fees	£	£	£	£	£
		Number of cases					



15) Has the Practice or any prior practice ever arranged or advised on "Low Cost" and/or "Low Start" Endowment sales in connection with mortgages?

If YES Please provide details below

YES NO

Year	Number of Endowments sold	Average Value	Largest Value	Number of Complaints
1999 - present		£	£	

16) Please confirm that the Practice has retained details of all transactions carried out/advice provided in relation to the above products and services.

YES NO

17) Has the Practice ever been the subject of a complaint to the Financial Ombudsman Service, or any equivalent professional organisation?

If YES Please provide a detailed explanation in the additional details section at the end of this form

YES NO

Declaration

Information supplied

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to underwriters consideration of this proposal form. I/We undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information provided will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of the policy provided.

I/We understand that if the Practice acquires, merges with or absorbs another Practice during the period of the insurance, Insurers will require similar information in relation to that Practice and may charge an additional premium.

Signing this form does not bind the Firm to complete the insurance.

Date

Signature

Print Name

On behalf of Firm

Additional Details