

NEW NWM: Fact Find Form (Confidential Financial Health Check) Walkthrough



Confidential Financial Health Check

Applicant/Client's Name

Client Name

The Date should be same date of the initial meeting or after. Date to be provided should not be prior the initial meeting.

Date

Please read the following information about Data Privacy Notice.

In order to fully understand your current financial situation and help you plan to meet your goals and objectives for your future we are going to ask you for personal and financial information.

We may be asking questions that you have not yet thought about and may not know the answer to, but these questions need to be addressed as part of your financial planning process.

Please understand that unless you provide us with full and accurate answers to our questions, we will not be able to serve you to the best of our ability. We will collect no more information than is needed for the purpose of your financial planning. We will keep this data for as long as necessary to meet the obligations of the terms of Business or for legal and regulatory requirements.

The legal basis we use for processing (administration, obtaining, recording, holding and carrying out any operations) your personal data is your unambiguous consent. Data may also be passed to third parties for administration, to help detect and prevent fraudulent activity and financial crime and to comply with relevant laws and regulations.

Nexus Wealth Management Ltd. ("NWM") may also process data about other people you wish to include in your financial planning process such as family members. You should ask that they read this privacy notice. When required, we will collect data from third parties such as, but not limited to, your doctor (for health insurance and protection applications).

Having said that, if you definitely do not want to provide certain information, make that clear to your adviser and any advice given will take this into account. However, you should be aware that this may limit the advice that is given.

We also ask that you keep us updated with any changes to the information you provide us so we can provide accurate advice in the future.

Full details of our Data Protection Policy are available upon request.

I give my consent to the processing of my/ our personal data by NWM for the purpose detailed above.

I give my consent for personal data to be transferred outside of the UAE for processing and storage.

Please sign below to confirm you have understood the points above. Thank you.

Client Name

Signature

Date

Please ensure that the "Financial Health Check" date is noted in the Suitability Report on page no. 2

Must ticked both

Client name, signature (with same date or after the initial meeting date).

All forms must be signed with a wet signature that can be sent through email as scanned copy or, if using a digital signature, through DocuSign or Adobe Sign. Ensure the summary/final audit report is included.

The email ID used for DocuSign or Adobe Sign must match the referral agent's registered email.

Personal Information

Client's complete information

This address must match with the document provided proof of residential address.

If applicable only

Client's full employment details

Name:		
DOB:	Place of Birth:	Marital Status:
Contact Details:		
Home:		Mobile:
Personal Email:		
Address:		
Nationality (ies):		
Spouse / Children / Dependants: Names / DOB / Relationship:		
.....		
.....		
.....		
.....		
.....		
Occupation:		
Employment Status:		
Employed <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Homemaker <input type="checkbox"/>
	Retired <input type="checkbox"/>	Not Employed <input type="checkbox"/>
Others <input type="checkbox"/>		
Company Name:		
Nature of Business:		
Address:		

If Self-Employed, what is the business structure:

Notes:

Income

Must provide the Income & Assets details. Note: **You can input the currency but don't put (comma) “ , ” or any special characters** because it will not calculate correctly.

Source of Income	Annual Value	Details
Salary and Wages (including bonuses):		
Business Dividends:		
Rental Income:		
Bankable Assets Income:		
Total Value:	0	

Assets and Liabilities

100000 (correct)
100,000 (Incorrect)

Assets	Value	Details
Residential Property:		
Other Properties:		
Business Interests:		
Net Bankable Assets:		
Total Value:	0	

Liabilities	Value	Details
Mortgages:		
Loans (Excluding Bankable Assets Loans):		
Total Value:	0	

Existing Life Insurance(s) and Investments

If applicable only.

	Sum insured (Value)	Details (Provider)
Protection Plans and Investments		

Notes:

Must provide
brief details of
client's financial
planning.

Your Plans, Goals and Objectives

Please provide details of any plans, goals, or objectives that require financial planning.

Tick at least one
or more if
applicable.

Your Priorities:

- | | | |
|--|--|---|
| Family Protection <input type="checkbox"/> | Estate Equalisation between all family members <input type="checkbox"/> | Capital Protection <input type="checkbox"/> |
| Retirement <input type="checkbox"/> | Wealth Creation through Life Insurance <input type="checkbox"/> | Investing your Lumpsum <input type="checkbox"/> |
| Education <input type="checkbox"/> | Leveraging Your Asset for a higher return on investment <input type="checkbox"/> | Others <input type="checkbox"/> |
| Liability Cover <input type="checkbox"/> | Protection of your Business valuation <input type="checkbox"/> | |
| Regular Savings <input type="checkbox"/> | Earning a Regular Income <input type="checkbox"/> | |

If applicable only.

Your Budget: (include Regular Premium & Lump Sum if applicable)

Recommendation Section - As part of the process we discussed your needs, objective and financial solution and agreed on the following:

NWM Agent's brief recommendation to client

Execution only (If necessary)
 I confirm that I do not require advice, nor have I received any advice. I require NWM (where feasible and practicable) to execute my request as follows:
 Client Name: _____ Signature: _____ Date: _____

This auto-fill name but no need to sign by client if not applicable.

How was the client met?

Mention here if the client meets via zoom or in-person by NWM

Client Section
 I confirm that I/we are acting on my own account.
 I confirm that the information we have provided is accurate to the best of my/our knowledge and that information that is inaccurate or not disclosed may invalidate any advice given.
 I confirm that I would like to share my information with third-party providers as well as _____ whose email address is: _____
 Client Name: _____ Signature: _____ Date: _____

NWM Agent's Name and Email ID details

NWM Agent Name: _____ Signature: _____ Date: _____

Client's name & signature (with same date or after the initial meeting date).

All forms must be signed with a wet signature that can be sent through email as scanned copy or, if using a digital signature, through DocuSign or Adobe Sign. Ensure the summary/final audit report is included.

The email ID used for DocuSign or Adobe Sign must match the referral agent's registered email.

Leave this blank. To be signed by NWM