

# DYNAMIC PLANNER® FACT FIND - ENTITY

#### Purpose of this questionnaire:

We want to make sure that your managed investment portfolio with Albert E Sharp is suitable for you. We have designed this questionnaire to gather the information we need about your financial circumstances, so we can tailor your managed portfolio to your investment objectives and needs.

Please answer the questions as fully as you can. Please note that if you decline to provide information which we need to ensure your portfolio remains suitable for you, then we will be unable to provide you with a managed portfolio service.

These questions are also required to fulfil our regulatory anti money laundering obligations.

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A signature is required when completing the form.

If completed by the client in person:

	1 <sup>st</sup> Signatory	2 <sup>nd</sup> Signatory	
Signature			

#### If completed with the client on the phone:

	Name	Role e.g. Investment Manager or IFA
Signature		

## **Entity Details**

Entity type	☐ Limited Company ☐	Charity/Foundation	Trust □ Partnership □ Other
If other please specify			
Name			
Date of establishment			
Company number if applicable			
Purpose of trust /Business of entity			
Country of incorporation/registration or establishment?			
Does the entity operate outside the UK? If so please specify?			
How was the account opened?	☐ Face to face	☐ On line	□ By post

## ALBERT E SHARP



Correspondence Address Details
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Client
On the

## **Entity Address**

Entity name	
Address line 1	
Address line 2	
Address line 3	
Address line 4	
Post code	

## **Entity Investment Experience**

	How long have you held this type of investment	Which service have you used to purchase/sell the following investments?	How would you rate your understanding of this type of investment	If you have traded on an execution only basis how frequent have those trades been
Stocks and Shares	☐ Over 10 years	☐ Discretionary	☐ Good	☐ Monthly
	☐ Less than 10 years	☐ Advisory	☐ Basic	□ Quarterly
	☐ Never	□ Execution Only	☐ None	☐ Annually
Fixed Interest (gilt	☐ Over 10 years	☐ Discretionary	☐ Good	☐ Monthly
or corporate bonds)	☐ Less than 10 years	☐ Advisory	☐ Basic	□ Quarterly
,	☐ Never	□ Execution Only	☐ None	☐ Annually
Collective funds	☐ Over 10 years	☐ Discretionary	☐ Good	☐ Monthly
(e.g. unit trusts,	☐ Less than 10 years	☐ Advisory	☐ Basic	☐ Quarterly
PEICS or investment trusts)	□ Never	☐ Execution Only	☐ None	☐ Annually

## **Financial Background**

Capital available for investment	□ < £250,000	□ £250,001-£1,000,000	☐ Over £1,000,001
Income available	□ < £50,000	□ £50,001-£100,000	☐ Over £100,001



#### **Risk/Return Objective of Fund**

The portfolios are permitted to invest in Equity Type Assets (UK Equities, Overseas Developed Equities and Overseas Emerging Equities), Property Assets (Commercial Property), Monetary Type Assets (government bonds, index linked, strategic bonds, corporate bonds and cash) and Alternative Assets.

Our risk rating scale ranges from 1 to 10 with 1 being the lowest risk and 10 being the highest risk. There is a tradeoff between the amount of return gained on an investment and the amount of risk undertaken in that investment.

For instance, at the lowest level risk rating 1 the investments would be held in cash and although the investment will not fall in absolute value, inflation may mean its value in real terms may fall.

At the other end of the scale, risk rating 10, the priority is likely to be making higher returns on your investments and so you accept that you may not get as much back from your investments as you put in.



After reading the explanation above please tick one option in the table below that closest matches your risk/return investment objective.

Risk Rating	Comparator Index *	Benchmark **
<u>1-2</u>	12 month LIBOR index	DT1 – very low risk no equity
<u>2</u>	12 month LIBOR index plus 2% pa	DT2 – very low risk
<u>3</u>	WMA Conservative index	DT3 – low risk
<u>3-4</u>	WMA Conservative index	DT4 – lowest medium risk
<u>4</u>	WMA Income index	DT4 – lowest medium risk
<u>5</u>	WMA Balanced index	DT5 – low medium risk
<u>6</u>	WMA Growth index	DT6 – High Medium Risk
<u>7</u>	WMA Growth	DT7 – Highest Medium Risk
<u>8</u>	WMA Global Growth index	DT8 – High Risk
<u>9</u>	All Share index	DT9 – Very High Risk
<u>10</u>	WMA Global Growth index	DT10 – Highest Risk

<sup>\*</sup>Comparator index - aiming to outperform the following index over a rolling 3 year period

<sup>\*\*</sup> Distribution Technology's (DT) asset class weights and historic returns/volatility of the portfolio prior to implementing AES asset allocation strategy)





Do you require the portf	folio income to be	paid out to you	? □ Yes □ No
(if no, the income will be reinvested in the portfolio)		the portfolio)	
If yes, income to be paid out		ut	☐ Fixed Amount £ <b>OR</b>
			☐ all portfolio income received to be paid out to client
If yes, frequence	cy of income to be	paid out	☐ Monthly ☐ Quarterly ☐ Yearly
Any inves	stment constraints	s?	
e.g. such as e	ethical consideration	ons	
For companies,	complete th	e following	g information on all directors
Director name	Date of	of birth Ad	dress (including country)
		<u>l</u>	
For companies,	complete th	e followinç	g information on those with account authority
For companies,			g information on those with account authority
			•
			•
			•
			•
			•
			•
			•
Authorised name  For entities, com	Date of	of birth Ad	for all beneficial owners (individuals or entities
For entities, com	nplete the introl, directly	formation or indirect	for all beneficial owners (individuals or entities ely, 25% or more). If the beneficial owner is an
For entities, com	nplete the introl, directly	formation or indirect	for all beneficial owners (individuals or entities
For entities, com	nplete the introl, directly	formation or indirect	for all beneficial owners (individuals or entities sly, 25% or more). If the beneficial owner is an
For entities, com that own or cont entity, please dri	nplete the introl, directly	formation or indirect	for all beneficial owners (individuals or entities ly, 25% or more). If the beneficial owner is an person behind that entity.
For entities, com that own or cont entity, please dri	nplete the introl, directly	formation or indirect	for all beneficial owners (individuals or entities ly, 25% or more). If the beneficial owner is an person behind that entity.
For entities, com that own or cont entity, please dri	nplete the introl, directly	formation or indirect	for all beneficial owners (individuals or entities ly, 25% or more). If the beneficial owner is an person behind that entity.





## For trusts, please complete the following for all trustees/executors.

Trustee	Date of birth	Add	ress (including country)
	1		
Source of Funds (anti	money launde	erin	g regulatory questions please complete in full)
What is the source of your weal apply)	lth? (please tick all t	hat	□ Employment income □ Investment income □ Retirement income □ Other
Other (please de	escribe)		
Value of securities (if any) to b	e transferred to AES	5?	
Source of funds being deposited into the account?  (please tick all that apply)		?	☐ Existing investment portfolio ☐ Sale of property ☐ Inherited assets ☐ Sale of business ☐ Other
Other (please de	escribe)		
Please detail e.g. name of busin name of purchaser			
Anticipated accoun	nt activity?		☐ One off contribution ☐ Regular contributions ☐ Ad hoc contributions
Bank Account Details			
Bank nam	ne		
Branch			
Account number			
Sort code			
Account name			
Name of advisor (if	applicable)		
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## ALBERT E SHARP



## **Anti-money Laundering Regulatory Documentation Required**

Proof of Identity for each director/trustee/beneficiaries, where >25% (any one of the following):

- Passport
- Driving license

Proof of Address for each director/trustee/beneficiaries, where >25% (any one of the following):

- Driving license (if not used above)
- Utility Bill (no more than 3 months old)
- Bank Statement ( no more than 3 months old)

#### In addition to the above for a company we need

- Memorandum & Articles of Association
- List of directors (section of this form above needs to be completed)
- List of beneficial owners and % ownership (section of this form above needs to be completed)
- Certificate of Incorporation
- Proof of Signatories

#### In addition to the above for a Trust we need

- Copy of Trust Deed
- List of Trustees (section of this form above needs to be completed)
- List of beneficiaries and % (section of this form above needs to be completed)
- Proof of signatories

For any questions or guidance on document requirements for other types of clients, for example corporates or trust funds please contact Albert E Sharp on 01789 404000.