

# Casterbridge

## Investment Proposal Request Form

Please complete all sections electronically or in **BLOCK** capitals using **blue** or **black** ink.  
**For Office use only**

Introducer Name:

Person completing request:

Date:

Note: We will acknowledge receipt of your request and confirm the expected delivery timescale, usually within 5 working days.

Which accounts do you wish to include in the portfolio?

Investment Account

Joint Investment Account

ISA

SIPP

SSAS

Trust

Offshore Bond

Relevant Provider if applicable:

## About your Client

### Client 1:

Title:

First name:

Middle name:

Surname:

Company name:

Date of birth:

Marital status:

Current occupation:  
*(or at time of retirement  
if now retired)*

Anticipated age of  
retirement:

Are they a UK  
resident?

### Client 2:

Title:

First name:

Middle name:

Surname:

Company name:

Date of birth:

Marital status:

Current occupation:  
*(or at time of retirement  
if now retired)*

Anticipated age of  
retirement:

Are they a UK  
resident?

## Cashflows

	Joint:	Client 1:	Client 2:
Initial investment:	<div>£</div>	<div>£</div>	<div>£</div>
Anticipated further investment:	<div>£</div>	<div>£</div>	<div>£</div>
Required regular income:	<div>£</div>	<div>£</div>	<div>£</div>
Frequency of income:			
Source of funds: (Pension, Inheritance, Investments etc)			

## Fees & Charges - DPS

Expected Initial Adviser fee:

Ongoing Adviser fee:

Casterbridge Wealth AMC:

## Investment Experience

Please indicate the level of experience and understanding you have of investment matters. For example, have you previously held a portfolio, for how long and which types of investments were held:

## Amount to be Invested £

Please include a breakdown of all individual accounts

## Your Objectives, Restrictions and Limits

It is important that you keep us informed of any changes to your circumstances or objectives so we can review the strategy.

### Your Investment Objective

**Capital Growth** – the principal objective is to grow the capital value of the portfolio.

**Capital Growth and Income** – the objective is to grow the capital value of the portfolio, as well as generating some degree of income from the portfolio.

**Income** – the principal objective is to generate income from the portfolio.

### Your Willingness to accept risk

Please select the risk category that most closely matches your tolerance to risk and minimum time period for the investment portfolio we will be managing for you.

I/We have a **LOWER** tolerance for risk, and regardless of market circumstances would only be comfortable with minimal variation or disruption to capital value or current income and I/We are happy with a minimum investment period of 5 years.

I/We have a **LOWER TO MEDIUM** tolerance for risk, and would only be comfortable with moderate variation or disruption to capital value or current income and I/We are happy with a minimum investment period of 5 years.

I/We have a **MEDIUM** tolerance for risk and can accept moderate variation or disruption to capital value or current income in order to meet longer-term objectives and I/We are happy with a minimum investment period of 5 years.

I/We have a **MEDIUM TO HIGHER** tolerance for risk, and can accept significant variation or disruption to capital value or current income in order to meet longer-term objectives and I/We are happy with a minimum investment period of 5 years.

### Your capacity for loss

Here, we are looking to ascertain your capacity to bear investment losses, in the broader context of your overall current financial situation and standard of living. Please select one of the following which most closely matches your circumstances:

I/We have **NO** capacity to bear investment losses - Any losses to the value of the portfolio would have an unacceptable impact on my/our overall financial position and standard of living.

I/We have a **LOW** capacity to bear investment losses - In extreme circumstances, falls in the value of the portfolio of up to 20% would not have a material impact on my/our overall financial position and standard of living.

I/We have a **MODERATE** capacity to bear investment losses. In extreme circumstances, falls in the value of the portfolio of up to 35% would not have a material impact on my/our overall financial position and standard of living.

I/We have a **SIGNIFICANT** capacity to bear investment losses -in extreme circumstances, falls in the value of the portfolio in excess of 45% would not have a material impact on my/our overall financial position and standard of living.

### Investment Mandate:

Using the mandate guidance overleaf, please tick appropriate mandate.

Mandate:	DPS	MPS
Portfolio 3	29% - 49%	20% - 40%
Portfolio 4	41% - 61%	35% - 55%
Portfolio 4 Income	41% - 61%	35% - 55%
Portfolio 5	53% - 73%	50% - 70%
Portfolio 5 Income	53% - 73%	50% - 70%
Portfolio 6	66% - 86%	65% - 85%
Portfolio 6 Income	66% - 86%	N/A
Portfolio 7	78% - 98%	80% - 100%

## For SIPP accounts only

Will there be any additional contributions made to the fund? If so, how much each year?

£

If a defined benefits scheme, please give estimated value of the fund at retirement:

£

Have benefits been taken? If yes, which benefits?

If no, when is pension commencement intended to begin?

How will income be taken from the fund?

*\*Please tick where applicable*

Take PCLS, then regular income drawdown

Take PCLS, then irregular drawdown

Take regular withdrawals to include PCLS

Take irregular withdrawals to include PCLS

If known, what is the anticipated annual pension withdrawal (£ or %)?

Are there any other considerations we should be aware of?

*If yes, please provide details in the client notes below*

Yes

No

## Client notes and background

Include and client background/investment experience/restrictions/financial liabilities (children/holidays etc) we should be aware of CGT or ISA allowances etc

# Casterbridge

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