

Chelsea Checkup

Application Form



A Chelsea Checkup will help to keep you informed about your portfolio. Simply complete the form below and overleaf and include an Agent Registration form for each fund provider and we will take a look at your investments. Whilst we can't offer client-specific advice, we will provide you with unbiased information on how your funds are performing.

A Chelsea Checkup is available at no extra cost to you. In addition we refund to you any initial commission earned on ISA transfers and switches, making your portfolio management cheaper.

Personal Details	
Name:	
Address:	
	Postcode:
Daytime telephone number:	Date of birth:

Investment
Attitude to Risk (tick as appropriate)
<input type="checkbox"/> Cautious (preference for products with a degree of capital protection)
<input type="checkbox"/> Balanced (a mixed portfolio with a combination of blue chip equities and fixed interest products)
<input type="checkbox"/> Aggressive (a portfolio of investments in smaller companies, new industries, recovery stocks and emerging markets etc)

Please note this is not a complete financial review. Our Checkup is limited strictly to commenting upon the ISAs, unit trusts and OEICs which you already have*. We are not offering a wider review of your financial circumstances. In particular we cannot advise whether unit trusts/OEICs or ISAs in general are an appropriate investment for you, nor whether your stated attitude to risk is correct.

Information may not be available on smaller or very new funds. Please complete the form overleaf and an agent registration form for each provider. The completion of an agent registration form for each fund provider is essential to enable us to proceed with your checkup.

*The Chelsea Checkup only applies to unit trusts/OEICs/PEPs and ISAs. It does not apply to investment trust and share-only PEPs and ISAs.

Signed: _____ Date: _____
I understand that I am not obliged to take note of Chelsea Financial Services' comments.

Agent Registration Form

Title	Initials	Surname
Address		
		Postcode
E-mail	Daytime Tel No	

Please note if your funds are held within a fund supermarket, you need only complete one Agent Registration Form with their details as fund provider. If further copies are required, this form can be photocopied.

Name of Fund Provider	Account Number
Signed	Date

I wish to appoint Chelsea Financial Services as my servicing agent for this plan. Please immediately amend your records to reflect this and supply them with details of my holdings. I understand that any renewal commission payable on this plan will now be directed to Chelsea Financial Services rather than my previous servicing agent.

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