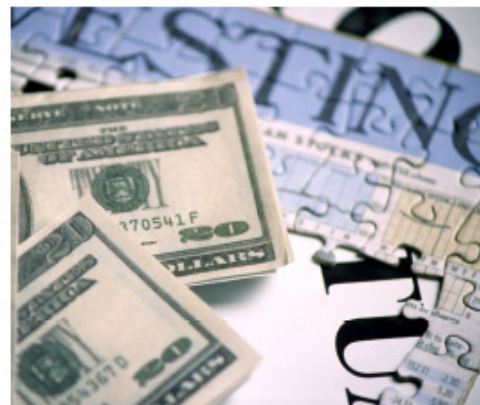


Professional Indemnity Insurance for Independent Financial Advisors



Proposal Form

Please complete, sign and return together with the attachments to:

Lockton Affinity
A division of Lockton Companies LLP
St Botolph Building
138 Houndsditch
London
EC3A 7AG

Tel: 020 7933 0000
Fax: 020 7933 0739

If you have any questions regarding this form, please contact us on the telephone number above

Lockton Companies LLP
Head Office: The St Botolph Building, 138 Houndsditch, London EC3A 7AG
T: +44(0)20 7933 0000 F: +44 (0)20 7933 0915
www.lockton.com



Important note regarding the completion of this proposal form.

1. Disclosure

Any “material fact” must be disclosed to insurers

- A “material fact” is any information which may influence the judgement of a prudent insurer in deciding whether to accept the risk and if so, on what terms.

Any “material change” must be disclosed to insurers.

- A “material change” is any material fact which arises on renewal or during the currency of the policy that has not previously been disclosed as a material fact.

Examples of material changes to material facts include:

- Fraud on the part of any of the Partners and Employees
- A change in the composition of the firm's practice
- Mergers and Acquisitions of other firms
- Conversion to a Limited Liability Partnership

If you are unsure whether a fact or change is material or not, you should disclose it.

Failure to provide all “material facts” and/or notify all “material changes” may cause the contract of insurance to be void from inception i.e. your insurers will return the premium and there will be no cover for any claims made under the policy.

2. Presentation

This proposal form must be completed in ink by an authorised individual or principal of the firm.

All questions must be answered.

If there is insufficient space to provide answers, additional information should be provided on the firm's headed paper.

Where available brochures, standard contract conditions, agreements and letters of appointment should be provided.

Failure to present insurers with information in an appropriate manner may adversely influence the ability of insurers to offer terms.

3. Guidance

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in (1) or (2) above, please contact an account executive at Lockton.

SECTION 1: Business Details

1.1 a) Name of proposer(s) to be covered

	Date(s) Established	FSA Authorisation Date(s)

b) Name of predecessor companies for whom cover is required:

	Date(s) Established	Cessation Date(s)	FSA Authorisation Date(s)

c) Please confirm if you have ever been an Appointed Representative of another firm?:

☐ Yes ☐ No

If cover is required for this period please provide full details and confirmation that files have been retained for all advice given whilst an Appointed Representative:

1.2 Were the activities of all predecessors and Appointed Representatives essentially the same as your present activities as disclosed in the form?

☐ Yes ☐ No

If 'NO', please provide details on separate headed paper.

1.3 Main address of the proposer (specifying the name and position of the individual responsible at this address:

Main Address:			
City:			
County:		Post Code:	
Email:		Tel No:	
Website:		Fax No:	
Name:		Position:	
Tel No:		Email:	

Other office Locations:

1.4 Please provide the following details for all Partners, Directors, and Principals:

Name	Qualification	Date Qualified	No of Years Experience

Please attach a CV if you have been established for less than five 5 years and/or where any individual does not have relevant qualifications

1.5 Please provide the number of permanent staff, including Principals, Partners and/or Directors

	Working at the main location	Working at the other locations
a) Registered individuals giving advice (including self-employed advisers)		
b) Mortgage or protection advisers		
c) Paraplanners and other technical staff		
d) Dedicated compliance staff		
e) Administrative & secretarial staff		
TOTAL		

1.6 Please provide the following details in respect of any current and past Appointed Representatives for which cover is required. Continue on separate headed paper if required.

Trading Name	Date of Appointment	Date of Termination	Location	Income in the last financial year

If any firms have ceased to be an Appointed Representative please confirm that files have been retained for the period they were an Appointed Representative and provide the reason for their departure ☐ Yes ☐ No

1.7 a) Please confirm that the method of control over your Appointed Representatives activities complies with your Regulator's guidance. ☐ Yes ☐ No

If 'NO', please provide details on separate headed paper.

b) Please provide an overview of controls and compliance procedures for any Appointed Representatives or Registered Individuals not working from main office:

- 1.8 Please confirm that all your advisers in 1.5a and 1.5b, and any Appointed Representatives detailed in 1.6:
- a) Hold a Level 4 RDR compliant qualification (as detailed in PS11/1) and have conducted any necessary gap-fill requirements? ☐ Yes ☐ No
- b) Hold a Statement of Professional Standing (SPS) issued by a body accredited by the FSA? ☐ Yes ☐ No
- c) Ensure they will achieve the minimum of 35 hours of relevant Continuing Professional Development (CPD) including at least 21 hours of structured learning, and collate appropriate documentation to demonstrate compliance with CP10/14 requirements? ☐ Yes ☐ No

- 1.9 Are any of your Advisers or Appointed Representatives providing advice on retail investment products under a waiver to the deadline for obtaining an SPS, or do not currently hold an SPS for whatever reason? ☐ Yes ☐ No

If 'YES', please detail below the controls and procedures in place to monitor each adviser, and the steps being taken to ensure the SPS is obtained or the adviser ceases to provide such advice?

- 1.10 Are you connected or associated (financially or otherwise) with any other entity? ☐ Yes ☐ No

If 'YES' please provide full details including nature of the work undertaken and income derived.

- 1.11 During the past 10 years has the company's name been changed, has any other business been purchased and/or has any merger or consolidation taken place? ☐ Yes ☐ No

If 'YES' please provide details and confirm no responsibility for past liabilities have been accepted?

Please give a brief overview of the due diligence conducted:

- 1.12 Do you anticipate any major changes in the company's activities during the next 12 months? ☐ Yes ☐ No

If 'YES' please provide details

SECTION 2: Business Profile

- 2.1 For the current, last and previous 4 financial years(where applicable), please state the total gross income derived:

	Current Year Estimate	Last Completed Year	Previous Year 1	Previous Year 2	Previous Year 3	Previous Year 4
Year Ending						
Commission						
Fees or other						
Total:						

- 2.2 In respect of the Retail Distribution Review (RDR) Adviser Charging requirements, please confirm the following:

- a) A charging structure is in place based on the level of service you provide, rather than the particular product or provider recommended ☐ Yes ☐ No
- b) Charges are disclosed to clients up front, using a price list or tariff (confirming the specific amount to be paid later on) ☐ Yes ☐ No
- c) On-going charges are only levied where an on-going service (such as a performance review of their investments) has been agreed in writing with the client, detailing the service provided, any associated charges and how the client can cancel the service (this does not apply for charges on regular contribution products) ☐ Yes ☐ No
- d) Please provide a sample of your price list or tariff and any supporting documentation provided to the client by attachment.

- 2.3** a) Please confirm that you have reviewed the rules on payment of trail commission on pre-RDR assets and the FCA guidance on the treatment of legacy assets. ☐ Yes ☐ No
- b) Please confirm if you have decided if you can continue to receive trail commission on pre-RDR assets? ☐ Yes ☐ No
- 2.4** Please confirm if you provide:
- a) 'Independent' advice (unbiased and unrestricted advice based on a comprehensive and fair analysis of the relevant market)
Or
'Restricted' advice (e.g. advice on a limited range of products or providers) ☐ Yes ☐ No
- b) If you offer advice on a restricted advice basis, please confirm that procedures are in place to ensure that if the products contained within that range are not suitable, recommendations for a product that most closely matches the needs of the consumer are not made instead? ☐ Yes ☐ No
- c) Please confirm that you disclose to each client up front what type of advice they will receive (independent or restricted) and that you have reviewed your Service and Costs Disclosure Document (SCDD) and the Combined Initial Disclosure Document (CIDD) in line with FSA guidance to ensure they satisfy the new written disclosure requirements ☐ Yes ☐ No
- 2.5** Is any income derived from clients outside of the UK? ☐ Yes ☐ No
- If **'YES'** please provide details by attachment
- 2.6** Has the company ever applied for, obtained, or previously held a Passport under IMD rules? ☐ Yes ☐ No
- 2.7** Historically, and for the last complete financial year, please state the percentage of income derived from the following categories, ensuring that the **Total boxes add up to 100%**:

	Last 6 years	% of last year's income
Pensions Sales & Advice - Private (including GPP)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Pension Sales & Advice - Corporate	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Pension Funds Trustee Services	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Pension Fund Management Services	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Self Invested Personal Pensions (SIPPs)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
SIPPs Administration	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
TOTAL : PENSIONS		<input type="text"/> %
Private Client Portfolio Management/Fund Management - discretionary	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Private Client Portfolio Management/Fund Management - Non-discretionary	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Unit Trusts/ISA's	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Insurance/Investment Bonds	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Taxation/Inheritance Tax Planning	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Esoteric Investments - as defined in 2.8. below	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Other <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
TOTAL : INVESTMENTS		<input type="text"/> %
Mortgages (Prime)/Residential	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Mortgages (Sub Prime)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Mortgages (Self Certification)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Mortgages (Buy to Let)/Commercial	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Equity Release/Home Reversions	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
TOTAL : MORTGAGES		<input type="text"/> %
Life and Protection	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
PHI Medical	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
TOTAL : LIFE & MEDICAL		<input type="text"/> %
Commercial Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Personal Lines	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
TOTAL : GENERAL INSURANCE		<input type="text"/> %
Other <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %

GRAND TOTAL :

100%

2.8 Has the company ever provided, or does it intend to provide, advice or services with regards to direct investments or investments that have funds invested in any of the following:

ESOTERIC INVESTMENTS:	Last 6 years	% of last year's income
Structured Products, Deposits or Scarps:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Unregulated Collective Investments:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Any investment for Tax Structuring, Planning or Mitigation (Other than ISAs):	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Traded Life Policies/Viaticals/Life Settlement Products	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Traded Endowment Plans:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Funds with a Concentration of Commercial Property Investments in excess of 25%	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
QROPs/QNUPs:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Offshore Bonds:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Film Finance Schemes:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Hedge Funds:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Own Branded Collective Investment Funds:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %
Any other unregulated products other than those stated above:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> %

If you carry out work in any of the areas in Q2.5 b. please provide full details on Appendix 1

Please also check that the total percentage income declared in Q. 2.7 for Esoteric work matches the total declared in Section b.?

SECTION 3: Pension Activities

3.1 Please provide the number of:

	No of transfers	Average value	Largest value
a) Pension transfers from Defined Benefit Occupation schemes arranged in the past 10 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Pension switches from one product provider to another.	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2 Please confirm that you have reviewed a sample of your pension switching files against the four areas of suitability identified by the FCA as required in 2009? ☐ Yes ☐ No

3.3 Please confirm that in respect of any recommendation to switch from one Pension provider to another the four areas of suitability are reviewed and incorporated in all Suitability Letters: ☐ Yes ☐ No

Please complete the following tables based on your most recent review:

Date of Review	<input type="text"/>
Number of files reviewed	<input type="text"/>

Suitability Category	Pass %	Fail %
a) Extra products costs incurred	<input type="text"/>	<input type="text"/>
b) Benefits lost from ceding pension (including, but not limited to, Guaranteed Annuity Rates	<input type="text"/>	<input type="text"/>
c) New pension does not meet attitude to risk	<input type="text"/>	<input type="text"/>
d) Need for on-going advice not explained, offered or provided	<input type="text"/>	<input type="text"/>

If any files failed the review please confirm what remedial action was been taken, if any redress was offered, and if the sample was broadened accordingly:

3.4 Has the firm ever transacted or given advice in respect of income drawdown? ☐ Yes ☐ No

If 'YES'

a) How many advisers are currently involved in transacting income drawdown business and/or providing Annuity purchase advice?

b) Please confirm they hold the appropriate qualifications and experience for these areas of advice? ☐ Yes ☐ No

c) Please indicate approximate number of:

	Last full calendar year	Previous full calendar year	Previous full calendar year
Income drawdown cases transacted	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annuity purchase cases transacted (<i>excluding phased retirement cases</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>

d) Has the "Reason Why Letter" always drawn to the client's attention the adverse effects such a withdrawal will have on future pension benefits and established in each case why the client needed the cash and why other methods of raising finance were less suitable? ☐ Yes ☐ No

e) Has any business ever been transacted where the client has given up a Guaranteed Annuity Rate? ☐ Yes ☐ No

If 'YES' please provide details

f) Please give an overview of your annuity review procedure:

3.4 Have you ever recommended drawdown on a fund value below £250,000? ☐ Yes ☐ No

If 'YES' please provide a brief analysis of the Company's strategy and philosophy for the sale of income drawdown or phased retirement products in terms of fund values (e.g. why might you recommend drawdown on a fund value below £250,000), drawdown amount taken and commissions taken:

SECTION 4: Investment Activities

4.1 Please indicate the number of single premium or annual investments made in the last financial year where the sum invested was (please do not include monthly investments):

a) Less than £25,000:

b) Equal to or more than £25,000 but less than £150,000:

c) Equal to or more than £150,000:

4.2 For the last complete financial year, please state the number of:

a) "Policy replacement" recommendations made to discontinue premiums or surrender existing contracts and replace with similar contracts:

b) Policies cancelled within "cooling off" period:

4.3 Please confirm that the FCA guidance of restricting investments into a single product or fund to 10% of the total portfolio available, and 25% into a single product type or asset class is adopted for all investment recommendations? ☐ Yes ☐ No

If you have exceeded them historically or have circumstances where you may consider exceeding them please provide details below, along with any other steps you take to minimise risk by diversifying investment portfolios and a copy of the risk warnings utilised for such a recommendation:

- 4.4 Please confirm that you have NOT provided any advice or services to any clients in respect of ANY investments where either the counterparty, product provider, bank, any other financial institution or fund/investment is insolvent, has a known liquidity problem, has redemptions suspended, asset re-evaluation or has otherwise failed and/or is under investigation by any regulatory authority? ☐ Yes ☐ No

If 'YES' please complete the table below or provide details by Appendix 2:

- 4.5 In terms of total client funds currently under management, please provide the top 3 investment funds

Investment Fund	Total client funds invested	Number of investments

SECTION 5: Mortgage Activities

- 5.1 Please provide an estimate of the total number of transactions carried out in the last 10 years in connection with:

	Transaction	% of Income last year
Residential mortgages		
Sub-prime mortgages		
Self-certification mortgages		
Buy to Let mortgages		
Commercial mortgages (excluding Buy to Let)		
Equity Release/Home Reversion/Lifetime mortgages/Sale and Rent Back		

- 5.1 In respect of Equity Release advice

- a) Are all providers of the schemes referred to above members of the Equity Release Council (formerly Safe Home Income Plans Ltd)? ☐ Yes ☐ No
- b) Were all other means of raising the capital/income required by the client investigated prior to making the recommendation to release capital from their property? ☐ Yes ☐ No
- c) Were the beneficiaries of the client's estate informed and is evidence of this recorded on file for each of the plans arranged? ☐ Yes ☐ No

SECTION 6: Regulation/Compliance/Risk Management

- 6.1 Is your compliance managed in-house or outsourced? ☐ In-house ☐ Outsourced

If **in-house**, please provide qualifications, experience and commentary on any external sources utilised to adhere to the FCA requirements and guidelines:

If **outsourced**, please provide details below:

Name of compliance firm:

Date of Appointment:

How often do they visit your offices?:

Proportion of files checked by firm:

- 6.2 Please indicate whether you have received, or are on notice of a visit from the FCA, or have ever received an intervention notice from the FCA or warning relating to rule breaches? ☐ Yes ☐ No

If 'YES', please confirm date of the visit and enclose a copy of the report, along with confirmation that any recommendations made have been implemented.

- 6.3 Are you authorised to receive/hold/control client monies? ☐ Yes ☐ No
- If 'YES', do you keep client monies in properly designated client accounts, completely separate from the company's own monies? ☐ Yes ☐ No
- 6.4 Are you able to confirm that all client paper records or electronic data are retained indefinitely? ☐ Yes ☐ No
- If 'NO' please explain how you would protect your position in the event of a potential claim?
-
- 6.5 Have you sustained any loss through the dishonesty or fraud of an employee or representative? ☐ Yes ☐ No
- If 'YES' please provide details.
-
- 6.6 Has any insurer ever cancelled or refused to renew your Professional Indemnity Insurance? ☐ Yes ☐ No
- If 'YES' please provide details.
-

SECTION 7: Claims Information

- 7.1 After full enquiry has any claim or potential claim been made against the business, or any principal, partner, director or employee within the last 10 years? ☐ Yes ☐ No
- If 'YES', please provide details separately, including details of the allegation, dates intimated and paid amounts, If the matter remains outstanding, please advise of reserves and the maximum potential loss.
- 7.2 After enquiry are you aware of any circumstance which has or could result in a claim being made against the proposer, or any principal, director or employee of the business? ☐ Yes ☐ No
- If 'YES', please provide details separately, including details of the allegation, dates and the amounts involved.
- 7.3 What remedial action has taken place to ensure notified matters, whether settled or not, do not occur again or the likelihood of them re-occurring have been reduced?
-
- 7.4 Please confirm all matters referred to in questions 7.1 and 7.2 have been notified (separately to this proposal form) and accepted by previous or current insurers? ☐ Yes ☐ No

SECTION 8: Insurance Coverage (Please complete if not currently insured by Lockton)

8.1 Does you currently have Professional Indemnity Insurance in force?

☐ Yes ☐ No

If 'YES', please provide the following details (please leave blank if currently insured via Lockton):

a) Insurer

b) Limit

c) Excess

d) Renewal Date

e) Number of years cover has been continuously in force

f) Expiring Premium

8.2 Do you currently have an office policy in force?

☐ Yes ☐ No

If 'YES', please provide the renewal date:

(dd/mm/yyyy)

SECTION 9: Declaration and Data Protection

Confidentiality and Security of information

Please read the following carefully as it contains important information relating to the details you have given us. You should show this notice to any other party related to this insurance

We are registered with the Information Commissioner and any information that you provide to us will not be used or intentionally disclosed outside Lockton Companies LLP by us except in the normal course of underwriting or renewing insurance policies, or for handling any claims, unless:

- a) we have obtained the necessary consent from you;
- b) we are required to disclose the information by a court of competent jurisdiction or governmental or regulatory body having the requisite authority over us; or
- c) the information is already in the public domain or has been received by us from a third party not under any duty of confidentiality.

We will take appropriate steps to maintain the security of your confidential documents and information which are in our possession. Certain insurance documentation, in the London Market, is lodged on, or communicated by, or through the Insurer's Market Repository in accordance with current market practice and we take all reasonable care to ensure documentation added onto the Repository is true, fair and complete.

Data Protection

The information, which you provide to us, along with other related information, will be held by Lockton Companies LLP and/or its agents and used to administer your insurance requirements.

Some of the information you provide may be sensitive personal data as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to carry out the services described in your policy documents. Please ensure that you only provide us with sensitive information about other people with their agreement.

Any enquiries about our data protection policy or practices should be addressed to: The Company Secretary, Lockton Companies LLP, The St Botolph Building, 138 Houndsditch, London, EC3A 7AG.

Declaration

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 Insurer's consideration of this proposal form and 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 I/We provide 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 any policy provided.

Print Name:

Signature:

(partner/principal/director)

Date:

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal questionnaire. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Practice to complete the insurance. We recommend that you keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.

APPENDIX 1: Esoteric Investment Exposure

- 1 If indicated in question 2.5b, please complete the following table in respect of these investments, or attach your own table ensuring all the information fields detailed below are included:

Name of Investor	Date of Investment	Value of Client's investment portfolio	Original investment value	Product	Current value	Date of valuation

- 2 Have you indicated in the table above that you have promoted or advised on or recommended any unregulated collective investment schemes (UCIS)? ☐ Yes ☐ No

If 'YES', please confirm:

- a) the relevant exemption/s have been identified and verified, and all conditions of the relevant exemption/s complied with in full (Articles 21,23,23A of the PCIS order and/or COBS 4.12)? ☐ Yes ☐ No
- b) you have reviewed The Perimeter Guidance Manual (PERG) Chapter 8.20 (Additional restriction on the promotion of collective investment schemes)? ☐ Yes ☐ No
- c) you are able to demonstrate adequate procedures are in place that document the exemption/s which have been relied on when promoting a UCIS, and the reasons why the exemption/s apply? ☐ Yes ☐ No
- d) all suitability obligations (including but not limited to COBS 9) have been adhered to in respect of the investment recommendation? ☐ Yes ☐ No
- e) access (or lack of access) to the Financial Ombudsman Service (FOS) or the Financial Services Compensation Scheme (FSCS) has been documented in writing to the investor as applicable? ☐ Yes ☐ No
- f) That due diligence has been conducted on each UCIS that has been promoted and is sufficiently documented. Please provide a copy of the due diligence for each UCIS that is detailed in the table above? ☐ Yes ☐ No

- 3 Have you indicated in the table above that you have advised on or recommended any investment into any product that invests into unquoted companies that qualify under the rules relating to Business Property Relief (BPR)? ☐ Yes ☐ No

If 'YES', please provide a copy of the suitability letter, including any product literature referred to within the suitability letter.

- 4 Has the HMRC indicated that they intend to challenge the tax status of any of the above products arranged on behalf of any of the above? ☐ Yes ☐ No

If 'YES' please provide details.

- 5 In respect of **Esoteric Funds** only have you ever arranged for investments accounting for more than 25% of the client's overall investment portfolio at the time of advice (excluding wraps)? ☐ Yes ☐ No

If 'YES' please provide details.

Investment Date	Investor Name	Investment Value	Type of Fund	% of Clients investment portfolio

APPENDIX 2: Downgraded/Insolvent or Suspended Investment Exposure

Please complete the following table if you have been directed to do in Question 4.4

Investment Date	Original Investment Value	Current Investment Value	Provider/Fund	Product	% of Clients investment portfolio

OUR MISSION

To be the worldwide value and service leader in insurance brokerage and risk management

OUR GOAL

To provide the most uncommon results and service in a most common business



Lockton Companies LLP

Authorised and regulated by the Financial Conduct Authority. A Lloyd's broker
Registered in England & Wales at St Botolph Building, 138 Houndsditch, London, EC3A 7AG,
Company No.OC353198

www.lockton.com