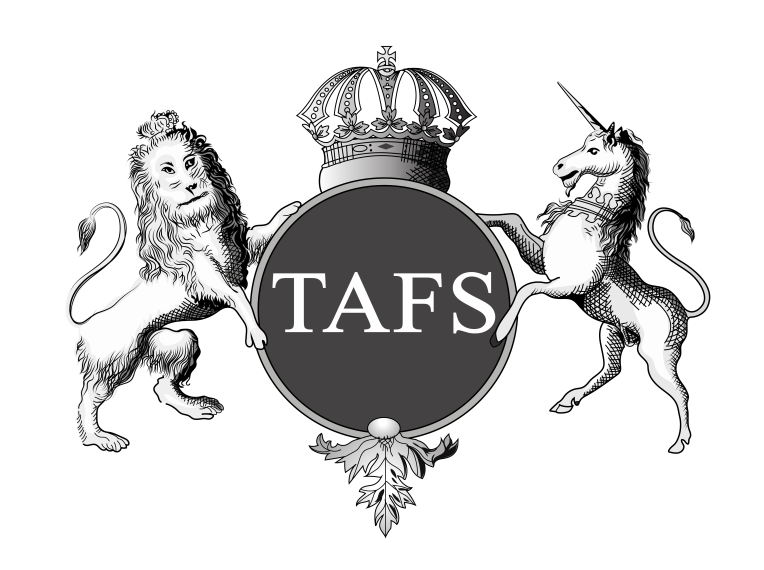
**FINANCIAL PLANNING QUESTIONNAIRE**

****

|  |  |
| --- | --- |
| Client(s) Name |  |
| Adviser Name |  |
| Date Completed |  |

|  |  |  |
| --- | --- | --- |
| **Need Area** | **Required for advice on:** | |
| **Investing Effectively** | Required where clients are looking to invest outside of a pension wrapper. This could be regular savings, lump sums or a combination of both. | ☐ |
| **Planning for Retirement** | Required where clients are planning for retirement and may be making capital or income contributions, have inherited pension funds or making decisions that involve switches or transfers of existing pension funds. | ☐ |
| **Living in Retirement** | Required where clients are immediately prior to (e.g. within 6 months), at or in retirement. | ☐ |
| **Estate Planning** | Required for clients who wish to address Estate Planning issues. | ☐ |

# Personal & Family Details

## Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Client 1 | | Client 2 | |
| Title | Mr / Mrs / Miss / Ms / Dr | | Mr / Mrs / Miss / Ms / Dr | |
| First Name(s) |  | |  | |
| Surname |  | |  | |
| Marital Status |  | |  | |
| Date of Birth / Age | / / |  | / / |  |
| Gender |  | |  | |
| Nationality |  | | | |
| 3 Years’ Address History |  | |  | |
| Postcode |  | |  | |
| Home Telephone |  | |  | |
| Mobile Telephone |  | |  | |
| Email Address |  | |  | |

## 1.1 Dependant’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Dependent Upon  (J=Joint, C1=Client 1, C2 = Client 2) | Age | Relationship to Client(s) |
|  | J ☐ / C1 ☐ / C2☐ |  |  |
|  | J ☐ / C1 ☐ / C2 ☐ |  |  |
|  | J ☐ / C1 ☐ / C2 ☐ |  |  |
|  | J ☐ / C1 ☐ / C2 ☐ |  |  |
|  |  |  |  | |
| **Additional Notes** | | | |
|  | | | |

# Health, Power of Attorney & Wills

## Health

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Client 1 | | Client 2 | |
| How would you describe your general health? | Excellent | ☐ | Excellent | ☐ |
| Good | ☐ | Good | ☐ |
| Average | ☐ | Average | ☐ |
| Poor | ☐ | Poor | ☐ |
| Do you suffer from any medical condition that might mean you have to consider retiring early?  *(If ‘yes’ please provide additional details in Notes)* | Yes ☐ No ☐ | | Yes ☐ No ☐ | |
| Are you a smoker?  *(This includes cigarettes, cigars, pipes, or any nicotine replacement products)* | Yes ☐ No ☐ | | Yes ☐ No ☐ | |

## Power of Attorney

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Client 1 | | Client 2 | |
| Do you have an LPA? | Yes ☐ No ☐ | | Yes ☐ No ☐ | |
| What does it cover? | Financial | ☐ | Financial | ☐ |
| Health & Wellbeing | ☐ | Health & Wellbeing | ☐ |
| Both | ☐ | Both | ☐ |
| When was it made? |  | |  | |
| Who has the Power of Attorney? |  | |  | |

## Wills

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Have you made a will? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| When was it made? |  |  |
| When was it last reviewed? |  |  |
| Does it reflect your current wishes? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Name(s) of Executors: |  |  |
| Name(s) of children’s guardians: |  |  |
| Details of Beneficiaries: |  |  |

|  |
| --- |
| Additional Notes |
|  |

# Employment Details

## Employment Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Client 1 | | Client 2 | |
| Employment Status |  | |  | |
| National Insurance No |  | |  | |
| Current Employer |  | |  | |
| Occupation / Job Title |  | |  | |
| Basis of Employment |  | |  | |
| Employer Address |  | |  | |
| Business Status | Sole Trader | ☐ | Sole Trader | ☐ |
| Limited Company | ☐ | Limited Company | ☐ |
| Partnership | ☐ | Partnership | ☐ |
| Limited Liability Partnership | ☐ | Limited Liability Partnership | ☐ |
| Shareholding in Business | % | | % | |

## Future Changes to Employment

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Do you expect your employment circumstances to change, either in the short term or longer term?  *(If yes please provide details in Notes)* | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Planned Retirement Date |  |  |

|  |
| --- |
| Additional Notes |
|  |

# Earnings & Income

## Gross Employment Income (Annual)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Client 1 | | Client 2 | |
| Basic Salary | £ p.a. | | £ p.a. | |
| Bonus | £ p.a. | | £ p.a. | |
| Overtime | £ p.a. | | £ p.a. | |
| Other | £ p.a. | | £ p.a. | |
| Benefits in Kind (P11D) | £ p.a. | | £ p.a. | |
|  | | | |
| Total Employment Income | **£ p.a.** | **£ p.a.** | |

## Self-Employment Income (Annual)

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Net Profit (before taxation) | £ p.a. | £ p.a. |
| Net Dividend *(if Ltd)* | £ p.a. | £ p.a. |
| Director’s Remuneration *(if Ltd)* | £ p.a. | £ p.a. |
|  | | |
| Total Self-Employed Income | **£ p.a.** | **£ p.a.** |

## Other Gross Income (Annual)

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Tax Free Income (e.g. ISA) | £ p.a. | £ p.a. |
| Deposit Interest | £ p.a. | £ p.a. |
| Investment Income | £ p.a. | £ p.a. |
| Rental Income | £ p.a. | £ p.a. |
| Pension (State) | £ p.a. | £ p.a. |
| Pension (Private) | £ p.a. | £ p.a. |
| Child Benefit | £ p.a. | £ p.a. |
| Tax Credits | £ p.a. | £ p.a. |
| Disability Benefits | £ p.a. | £ p.a. |
| Other | £ p.a. | £ p.a. |
|  |  |  |
| Total Other Gross Income | **£ p.a.** | **£ p.a.** |
|  |  |  |
| Total Income | **£ p.a.** | **£ p.a.** |

# Expenditure & Affordability

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Client 1 | Client 2 | | Joint |
| Essential Expenditure | Mortgage/Rent | £ | £ | | £ |
| Loans | £ | £ | | £ |
| Life/Pension Policies | £ | £ | | £ |
| Council Tax | £ | £ | | £ |
| Gas/Electric/Water | £ | £ | | £ |
| Telephone | £ | £ | | £ |
| TV/Subscriptions | £ | £ | | £ |
| Car Ins./Road Tax | £ | £ | | £ |
| Petrol/Travel Expenses | £ | £ | | £ |
| Food& Housekeeping | £ | £ | | £ |
| Clothes | £ | £ | | £ |
| Other ( ) | £ | £ | | £ |
| Other ( ) | £ | £ | | £ |
| Other ( ) | £ | £ | | £ |
| Total Essential Expenditure | | £ | £ | | £ |
| Desirable | Socialising | £ | £ | | £ |
| Holidays | £ | £ | | £ |
| Interests & Hobbies | £ | £ | | £ |
| Other ( ) | £ | £ | | £ |
| Other ( ) | £ | £ | | £ |
| Other ( ) | £ | £ | | £ |
| Other ( ) | £ | £ | | £ |
| Total Desirable Expenditure | | £ | £ | | £ |
|  | |  |  | |  |
| Total Expenditure | | **£** | **£** | | **£** |
| Will any of the above financial commitments cease in the future? | | Yes ☐ No ☐  *(if yes, please provide details below)* | | Yes ☐ No ☐  *(if yes, please provide details below)* | |
| How much money would you need as an emergency fund? | | £ | | | |
|  | |  | | | |

|  |
| --- |
| Additional Notes |
|  |

# Assets & Liabilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Client 1 | Client 2 | Joint |
| Assets | Main Residence | £ | £ | £ |
| Holiday Homes | £ | £ | £ |
| Buy To Lets | £ | £ | £ |
| Bank Accounts | £ | £ | £ |
| Building Society Accounts | £ | £ | £ |
| Cash ISAs | £ | £ | £ |
| NS&I | £ | £ | £ |
| Unit Trusts/OEICs | £ | £ | £ |
| Direct Equities | £ | £ | £ |
| Investment Bonds | £ | £ | £ |
| Business Interests | £ | £ | £ |
| Personal Possessions | £ | £ | £ |
| Life Policies not in Trust | £ | £ | £ |
| Other ( ) | £ | £ | £ |
| Total Assets | | £ | £ | £ |
| Liabilities | Mortgages | £ | £ | £ |
| Secured Loans | £ | £ | £ |
| Unsecured Loans | £ | £ | £ |
| Overdrafts | £ | £ | £ |
| Credit Cards | £ | £ | £ |
| Other ( ) | £ | £ | £ |
| Other ( ) | £ | £ | £ |
| Total Liabilities | | £ | £ | £ |
|  | | | | |
| Estate Value | | **£** | **£** | **£** |

|  |
| --- |
| Additional Notes |
|  |

# Plan Details

## Mortgages & Debts

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Owner** | **Product Type** | **Lender** | **Repayment Method** | **Original Amount** | **Current Balance Outstanding** | **Date of Borrowing** | **Original Term** | **Monthly Payment** | **Current Interest Rate/ APR** |
| J ☐ C1 ☐ C2 ☐ |  |  |  | £ | £ |  |  | £ | % |
| J ☐ C1 ☐ C2 ☐ |  |  |  | £ | £ |  |  | £ | % |
| J ☐ C1 ☐ C2 ☐ |  |  |  | £ | £ |  |  | £ | % |
| J ☐ C1 ☐ C2 ☐ |  |  |  | £ | £ |  |  | £ | % |
| **Total Outstanding** | | | | | **£** | **Total Monthly** | | **£** |  |

## Defined Contribution Plans (Personal Pensions, Auto Enrolment etc.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner | Provider | Policy Number | Policy Type  (e.g. PP, SIPP) | Start Date | Individual  Contribution  & Frequency  (£ / %) | Employer  Contribution & Frequency  (£ / %) | Current Value | Any benefits been taken? |
| C1 ☐ C2 ☐ ☐ |  |  |  |  |  |  | £ | Y☐ N ☐ |
| C1 ☐ C2 ☐ |  |  |  |  |  |  | £ | Y☐ N ☐ |
| C1 ☐ C2 ☐ |  |  |  |  |  |  | £ | Y☐ N ☐ |
| C1 ☐ C2 ☐ |  |  |  |  |  |  | £ | Y☐ N ☐ |
| C1 ☐ C2 ☐ |  |  |  |  |  |  | £ | Y☐ N ☐ |
| C1 ☐ C2 ☐ |  |  |  |  |  |  | £ | Y☐ N ☐ |

## Defined Benefit Pensions (e.g. Final Salary)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner | Employer | Scheme Name | Scheme Retirement age | (Expected) Years’ Service | Are you an Active Member | Any benefits taken? | Death  In service | Spouse’s pension on Death | Expected/ Received Tax Free Cash | Expected /Received Annual Pension |
| C1 ☐ C2 ☐ |  |  |  |  | Y☐ N ☐ | Y☐ N ☐ | £ | % | £ | £ |
| C1 ☐ C2 ☐ |  |  |  |  | Y☐ N ☐ | Y☐ N ☐ | £ | % | £ | £ |

## Savings Plans (Deposit Based including Cash ISAs and NSI&I)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner | Account Type | Provider | Amount | Regular Cont & Frequency | Maturity Date | Notice Penalty | Interest Rate % | Specific Purpose? |
| J ☐ C1 ☐ C2 ☐ |  |  | £ | £ |  |  |  |  |
| J ☐ C1 ☐ C2 ☐ |  |  | £ | £ |  |  |  |  |
| J ☐ C1 ☐ C2 ☐ |  |  | £ | £ |  |  |  |  |
| J ☐ C1 ☐ C2 ☐ |  |  | £ | £ |  |  |  |  |

## Investments (including Investment Portfolios, Shares, Investment Bonds etc.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner | Type  (e.g. Shares, Onshore Bond) | Provider | Start Date | Initial Investment | Regular Contribution & Frequency | Current Value | Fund(s) | In Trust? |
| J ☐ C1 ☐ C2 ☐ |  |  |  | £ | £ | £ |  | Y☐ N ☐ |
| J ☐ C1 ☐ C2 ☐ |  |  |  | £ | £ | £ |  | Y☐ N ☐ |
| J ☐ C1 ☐ C2 ☐ |  |  |  | £ | £ | £ |  | Y☐ N ☐ |
| J ☐ C1 ☐ C2 ☐ |  |  |  | £ | £ | £ |  | Y☐ N ☐ |

|  |
| --- |
| Additional Notes |
|  |

# Investing Effectively

## Investment Allowances

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| How much of your annual Income Tax allowance have you utilised this year? | £ | £ |
| How much of your annual CGT allowance have you utilised this tax year? | £ | £ |
| Are you planning to utilise your CGT allowance with the disposal of assets in future years? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| If ‘yes’ to the above, how much and approximately when? | £ Tax year: | £ Tax year: |
| Do you have any CGT losses from this or previous years? | £ | £ |
| What ISA allowance have you used this tax year? | £ | £ |

## Existing Investments

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Are you happy with your existing holdings? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you feel they are suitable with regard to:    Charges  Performance  Investment Strategy  Risk |  |  |
| Would you like a full review of your current plans? | Yes ☐ No ☐ | Yes ☐ No ☐ |

## Investment Goals

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Do you have plans for the future that will require lump sums of money? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you have a specific target sum that you feel you will need? | £ | £ |
| When will you need it? |  |  |
| Are you happy that your existing arrangements will meet your requirements? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you have new money to invest? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Please confirm the amount | £ | £ |
| Please confirm the frequency |  |  |
| What are the sources of these funds? |  |  |

## Investment Considerations

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Tax Efficiency | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Growth | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Income | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Access to Funds | Yes ☐ No ☐ | Yes ☐ No ☐ |

## Investment Wrappers

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Would you consider investing in an ISA? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Would you consider investing in a GIA? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Would you consider investing in a Bond? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Would you consider an investment that is aimed at mitigating Tax? | Yes ☐ No ☐ | Yes ☐ No ☐ |

|  |
| --- |
| Additional Notes |
|  |

1. **Planning for Your Retirement**
   1. **Pension Income and Capital**

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| What would be your ideal retirement age? |  |  |
| If the above could not be achieved, what is the latest age you would wish to retire? |  |  |
| In today’s money, what would be your desired annual income in retirement? | £ | £ |
| What would be your minimum essential net annual income in retirement? | £ | £ |
| Are you likely to require a capital sum in retirement? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| If so, how much do you estimate in today’s terms you might require? | £ | £ |

## Existing Pensions

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Are you happy with your existing holdings? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you feel they are suitable with regard to:    Charges  Performance  Investment Strategy  Risk  Pension Flexibility |  |  |
| Would you like a full review of your current plans? | Yes ☐ No ☐ | Yes ☐ No ☐ |

* 1. **Defined Contribution Schemes**

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Is your preference to make regular and / or single contributions to your pension arrangements? | Regular ☐ Single ☐ | Regular ☐ Single ☐ |
| Please confirm the amount | £ | £ |
| Please confirm the frequency |  |  |

|  |
| --- |
| Additional Notes |
|  |

# Living in Retirement

## Pension Income and Capital Requirements

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| What is your planned retirement date? |  |  |
| Are you planning to fully retire at that point? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you require a capital sum in retirement? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| If so, how much do you require? | £ or % | £ or % |
| What is the purpose of the money? |  |  |
| Do you anticipate any capital needs in the future? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you require an income from your Pensions now? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| What is your desired annual income in retirement? | £ | £ |
| What is your minimum essential annual income in retirement? | £ | £ |
| Do you anticipate any changes to your income needs in the future? | Yes ☐ No ☐ | Yes ☐ No ☐ |

## Income Preferences

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Client 1 | | Client 2 | |
| What are your income preferences in relation to: | Essential Expenditure | Guaranteed | ☐ | Guaranteed | ☐ |
| Flexible | ☐ | Flexible | ☐ |
| Desirable Expenditure | Guaranteed | ☐ | Guaranteed | ☐ |
| Flexible | ☐ | Flexible | ☐ |
| What frequency of income would you prefer? | | Monthly | ☐ | Monthly | ☐ |
| Half Yearly | ☐ | Half Yearly | ☐ |
| Annually | ☐ | Annually | ☐ |

## Dependant Provision

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Does your spouse/partner/dependant have adequate pension provision in his/her own right? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you wish to provide for your spouse/partner/ dependant in the event of your death? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you wish to make provision for anyone else on your death? | Yes ☐ No ☐ | Yes ☐ No ☐ |

## Existing Pensions

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Are you happy with your existing holdings? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you feel they are suitable with regard to:    Charges  Performance  Investment Strategy  Risk  Pension Flexibility |  |  |
| Would you like a full review of your current plans? | Yes ☐ No ☐ | Yes ☐ No ☐ |

|  |
| --- |
| Additional Notes |
|  |

# Planning Your Estate

## Nil Rate Band

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Do you have a deceased spouse / civil partner? | Yes ☐ / No ☐ | Yes ☐ / No ☐ |
| If so, on their death, did they leave their entire estate to you? | Yes ☐ / No ☐ | Yes ☐ / No ☐ |
| If some of their estate was left to other beneficiaries, how much and what proportion of IHT nil rate band was used? | £ / % | £ / % |
| Have you made any gifts that would impact your NRB? | Yes ☐ / No ☐ | Yes ☐ / No ☐ |
| How much and when? |  |  |

## Main Residence

|  |  |  |
| --- | --- | --- |
| Owner of Property | Joint ☐ / Client 1 ☐ / Client 2 ☐ | |
| If joint, please state type of ownership | Joint Tenants ☐ / Tenants in Common ☐ | |
| What is the percentage split of ownership | % / % | |
| What is the current value of the property? | £ | |
| What was the purchase price? | £ | |
| What date was the residence purchased? |  | |
| To whom is this property bequeathed on death? |  | |
| Was the main residence sold post 8 July 2015? | Yes ☐ No ☐ | |
| If yes, what was the sale value of this property? | £ | |
| Is the beneficiary a direct descendant? | Yes ☐ No ☐ |

## Receipts into Estate

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Have you inherited any funds from someone who died within the last two years? | Yes ☐ / No ☐ | Yes ☐ / No ☐ |
| Do you expect to receive any inheritance or lump sums in the future? | Yes ☐ / No ☐ | Yes ☐ / No ☐ |
| Do you expect to receive any tax free cash from your pension arrangements? | Yes ☐ / No ☐ | Yes ☐ / No ☐ |
| Do you have any outstanding debts / loans owed to you? | Yes ☐ / No ☐ | Yes ☐ / No ☐ |

## Outgoings from Estate

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Are you planning any major expenditure in the future? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you anticipate the need to release any equity from your home? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Do you anticipate needing to fund care home fees in the future? | Yes ☐ No ☐ | Yes ☐ No ☐ |

## IHT Liability

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| 1. Estate Value | £ | £ |
| (B) Available Nil Rate Band | £ | £ |
| (C) Available Residential Nil Rate Band | £ | £ |
| ((A minus B minus C) X 40%) Total IHT Liability | £ | £ |

## Estate Planning Solutions

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Would you consider making outright gifts to reduce the value of your estate? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Would you consider making gifts into trusts to reduce the value of estate? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Would you consider making loans to trust to mitigate any future growth in IHT? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Would you consider using life assurance products to protection beneficiaries against any IHT liability? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Would you consider an investment that is aimed at mitigating IHT by benefiting from Business Property Relief? | Yes ☐ No ☐ | Yes ☐ No ☐ |

|  |
| --- |
| Additional Notes |
|  |

# Priorities

## Order

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Regular Premium Investment |  |  |
| Lump Sum Investment for Growth |  |  |
| Lump Sum Investment for Income |  |  |
| Planning for Retirement |  |  |
| Living in Retirement |  |  |
| Estate Planning |  |  |
| Other |  |  |
|  |  |  |

|  |
| --- |
| Additional Notes |
|  |