

LV= Platform Services

Client Data Capture Form

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Client Data Capture Form

This form

- has been produced to help financial advisers obtain client information for Account opening on the LV= platform
- is not an application form and should not be returned to us. Information must be recorded onto the LV= platform

If you have any questions regarding the LV= platform, or you are uncertain about the information contained in this form, please do not hesitate to contact us on the details at the end of this form

Important

Any data you collect on this form is your sole responsibility. You need to ensure you obtain all necessary rights and permissions to disclose any of the data in this form to us on the LV= platform. Please ensure that your client has checked the data that is captured in this form.

1. Client Details

Title	Permanent Residential Address
Mr Mrs Miss Ms Dr	_____
Other (please give details)	_____
_____	_____
Date of Birth	Postcode
____ / ____ / _____ (DD/MM/YYYY)	_____
First name(s)	Is the UK the main tax country of residency*
_____	Yes No
Surname	UK primary citizen*
_____	Yes No
Gender	* Please note, we are only able to accept individuals who respond 'yes' to this question
Marital Status	If you would like to receive promotional emails about the LV= platform's products and services, which we think will be of interest to you, please tick the appropriate boxes below. This will not affect our day-to-day email correspondence. You can unsubscribe to these communications or update your personal details at any time. For further information on how we hold and use your details please read our Privacy Notice.
Town of Birth	Communication preferences
Country of Birth	Email Phone
Nationality	Post SMS
Phone Number	_____
National Insurance number?	

Email Address	

2. Name of Account

Name you wish the account to be called

(This is usually the client's name but can be anything to help identify this Account)

Employment status

Employed	Retired	Other
Self employed	Student	Unemployed

Name of employer

Employer address

Postcode

Job Title

Total income earned £

Estimation of net worth £

Source of wealth

Salary	Inheritance
Investments	Othe

3. Bank Account Details

Owner

Individual	Joint	Employer
Partner	Third party	

Account name

Account number

Roll number (for building society accounts)

Sort code

- -

Bank/Building society name

Bank/Building society address

Postcode

Use Account for Direct Debits

Yes

No

Nominated Account for withdrawals

Yes

No

4. ISAs

ISA Transfer

Product / Provider Manager			Transfer of Flexible ISA	Yes	No
Account Number			Date of first subscription		
Transfer type	Cash	In-specie	/ / (DD/MM/YYYY)		
Tax Year	Current	Previous	Valuation date		
Subscriptions this Tax Year	£		/ / (DD/MM/YYYY)		
			Estimated transfer value at valuation date		
			£		

Name of investment	Sedol	Number of units held

ISA Contribution

Payment method	Single	Regular
Payment type	Direct Credit	Direct Debit
Amount	£	

ISA Investment Allocation

Name of investment	Allocation
	% £
	% £
	% £
	% £
	% £
	% £
	% £
	% £
	% £
	% £

ISA Remuneration

Initial charge	% £
Ongoing charge	% £

ISA Distribution and Dividend Destination

Income strategy		
Natural income	Product cash	
Re-invest		

5. Personal Pension

Personal Pension Transfer

Existing provider _____

Existing provider address _____

Postcode _____

Scheme type

Final salary Section 32

Group Personal Pension SIPP

Executive Pension Plan Section 226/226A

Stakeholder Pension Other Personal Pension

SSAS Other Money Purchase Scheme

Account Number _____

Transfer type

Cash In-specie _____

Full/partial

Full Partial _____

Does the transfer have a crystallised element?

Yes No _____

Value/percent crystallised

£ (%)

Does the transfer have an uncrystallised element?

Yes No _____

Value/percent uncrystallised

£ (%)

Valuation date

/ / (DD/MM/YYYY)

Estimated transfer value £ _____

Name of investment	Sedol	Number of units held

Personal Contribution

Source of payment Individual Third Party Employer _____

Payment type Single Regular _____

Amount £ _____

Payment method Direct Credit Direct Debit _____

This pension is eligible for tax relief Yes No _____

Relevant earnings £ _____

Personal Pension Third Party Contribution

Type of Third Party

Individual Power of Attorney
 Premium Payer Corporate
 Controller Payee

Title

Mr Mrs Miss Ms Dr
 Other (please give details)

Date of Birth

____ / ____ / _____ (DD/MM/YYYY)

First name(s)

Surname

Name of principle beneficial owners (over 25%)

- 1 _____
- 2 _____
- 3 _____

Personal Pension Investment Allocation

Name of investment	Allocation
_____	% £
_____	% £
_____	% £
_____	% £
_____	% £
_____	% £
_____	% £
_____	% £

Gender _____

Nationality _____

UK resident Yes No

Address _____

Postcode _____

Type of entity (corporate, trusts etc)

Registered office _____

Registered number _____

Relevant company registry _____

Personal Pension Remuneration

Initial charge

£ _____ (_____ %)

Ongoing charge

£ _____ (_____ %)

Personal Pension Distribution and Dividend Destination

Income Strategy Product cash

Re-invest

Personal Pension Details

Intended retirement date

_____ / _____ / _____ (DD/MM/YYYY)

Pension protection information

Type of protection

Certificate number

PCLS entitlement (where applicable)

Enhancement factor (where applicable)

Individual protection (where applicable)

Personal Pension Expression of Wish

Title

Mr Mrs Miss Ms Dr

Other (please give details)

Date of Birth

_____ / _____ / _____ (DD/MM/YYYY)

First name(s)

Surname

Relationship

Address

Postcode

Proportion

Organisation name

Organisation Address

Postcode

6. General Investment Account (GIA)

Product / Provider Manager

Account Number

Transfer type Cash In-specie Full / partial Full Partial

Subscriptions this Tax Year £

Transfer of Flexible ISA Yes No

Valuation date / / (DD/MM/YYYY)

Estimated transfer value £

Name of investment	Sedol	Number of units held

GIA Contribution

Source of payment Individual Joint Third party

Payment type Single Regular

Amount £

Payment method : Direct Credit Direct Debit

GIA Third Party Contribution

Type of Third Party

First name(s)

Individual Power of Attorney

Surname

Premium Payer Corporate

Controller Payee

Gender

Title

Mr Mrs Miss Ms Dr

Nationality

Other (please give details)

Address

Date of Birth

/ / (DD/MM/YYYY)

Postcode

For more information about LV= Platform Services

Please get in touch with your usual LV= contact, or



0800 032 8298



salessupport@LV.com

For customer and technical support please contact our Customer Service team



0800 032 9357



LVPlatformServices@LV.com

Lines are open 9am – 5pm Monday to Friday. Calls will be monitored and/or recorded for training and audit purposes.

If you'd like us to send you this document or any future correspondence in another format, such as Braille or large print, please just let us know.

Liverpool Victoria Financial Services Limited: County Gates Bournemouth BH1 2NF.

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