

Source of Wealth



Policy number

**Source of wealth
(please tick)**

Information required

Details

**Savings from
income**

Amount of income per annum

Employer's name and address

Job title/role

**Employer
paying
premium**

Employer's name and address

Job title/role

Reason for payment

**Maturity or
surrender of
a policy**

Policy provider's name

Policy number/reference

Date of maturity/surrender

D		D		M		M		Y		Y		Y		Y
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**Sale of shares
or other
investments**

Description of shares/units/deposits

Name of seller

How long held

Sale amount

**Sale of
property**

Sold property address

Date of sale

D		D		M		M		Y		Y		Y		Y
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Total sale amount

<input type="checkbox"/> Inheritance	Name of deceased	<input type="text"/>
	Date of death	<input type="text" value="D D M M Y Y Y Y"/>
	Relationship to applicant	<input type="text"/>
	Date inheritance received	<input type="text" value="D D M M Y Y Y Y"/>
	Total amount	<input type="text"/>
	Solicitor's details	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Gift	Date received	<input type="text" value="D D M M Y Y Y Y"/>
	Total amount	<input type="text"/>
	Reason for gift	<input type="text"/>
	Relationship to applicant	<input type="text"/>
<input type="checkbox"/> Other	Please give details	<input type="text"/>

| Retirement | Investments | Insurance | Health |

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