

**Vulnerable   
Client   
Checklist**

Client Name: [insert client name]

Date of Meeting (s): [insert date(s)]

The below checklist should be used as an additional section to the fact find. This will help ensure appropriate measures were adopted and fully recorded.

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| **Vulnerable Client Checklist** | | |
| Adviser observation | Yes/No | Comments |
| Is this your first meeting with the client? |  |  |
| Was a 3rd party present? If so, who? |  |  |
| Did you request a colleague to attend the meeting? |  |  |
| Did the client understand your conversation and engage back? |  |  |
| What illnesses, health conditions or other vulnerabilities does/might the client have? Please be specific. |  |  |
| Have there been any recent changes to client’s personal or financial situation? i.e. redundancy |  |  |
| Has the client invested before? |  |  |
| Has client suffered recent bereavement? |  |  |
| Has client recently divorced/separated? |  |  |
| Did the client understand your recommendations? Did you seek clarity and understanding? |  |  |
| Is the client over the age of 75? |  |  |

General Notes

Please use the below section to clearly outline why you have classified the client as vulnerable and what steps you took to ensure a robust process was adopted.

Declaration

Adviser Name: [insert name] Senior Manager Name: [insert name]

Signature: Signature:

Dated: [insert date] Dated: [insert date]