TAM CLIENT PROPOSAL REQUEST FORM



Company:					
Name:					
Email:					
Is this report required by a	specific date?:				
ORTFOLIO DETAILS					
Client Name (Full name in	cluding title):				
Life Company? (If yes pleas	se state):				
Via a Trust / Pension? (If ye	es please state):				
Individual Savings Account	(ISA)? Yes No (Pi	lease ensure the client si	gns the ISA declaration	on form provided with the re	equested proposal)
ease indicate currency and a	pproximate value of invest	ment: £	€ () \$	Value:	
ease select which TAM port	folio you would like a prop	osal for (please select	one only):		
	ACTIVE	INCOME	PASSIVE	SUSTAINABLE	SHARIA
Liquidity Plus	Ō				
Defensive	0	O	0		O
Defensive Cautious	0	0	0		0
	0	0	0	0	0
Cautious	O O O	0	0	0	0
Cautious Balanced					
Cautious Balanced Growth					
Cautious Balanced Growth Adventurous			O O O		
Cautious Balanced Growth Adventurous Speculative	O O O O O	O O O O	O	O O O O O O O O O O O O O O O O O O O	O O O O
Cautious Balanced Growth Adventurous Speculative Income requirement:				O O O O O O O O O O O O O O O O O O O	O O O O
Cautious Balanced Growth Adventurous Speculative Income requirement: Adviser fee requirements:				O O O O O O O O O O O O O O O O O O O	0 0 0 0

Please send completed forms to: portfoliorequest@tamassetmanagement.com

We aim to return your proposal within two working days. If your case is particularly urgent and you need it returned sooner then please let us know and we will endeavour to prioritise it for you.