



## **Personal Financial Questionnaire**

### **Strictly Confidential**

**Financial Planning**

**Protection Planning**

#### **Financial Services & Markets Act 2000**

Financial Advisers are required to have a proper regard for a client's best interests in any advice given. They must therefore do their utmost to ensure that they are aware of your personal and financial circumstances so that their advice is the most suitable for your needs. The questions here have been specifically designed to help your adviser provide advice that meets your needs. If, for any reason, you decline, to answer any or all of the questions or if you fail to provide true and accurate information to the best of your knowledge, the advice given subsequently may not be best advice, as it can only be based on the information provided.

#### **Data Protection Act 1998**

The information given in this document will be retained on computer for reference purposes and will be held in accordance with the Data Protection Act 1998. The information may also be used to provide you with detail of products suitable to your requirements



# Personal Details

	Client	Partner
Title / Surname		
Forename(s)		
Previous name		
Address		
Postcode		
Home telephone		
Mobile telephone no.		
Home Email address		
Residential status		
Living with partner		
Marital status / Date of marriage	/	/
Married to partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nationality		
Residency		
Tax domicile		
Gender (male/female)		
Date of birth		
Place of birth		
Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cigars only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cigars only
Height / Weight / Alcohol (units)	Mtrs Kg P/wk	Mtrs Kg P/wk
State of health		
Details		
Do you engage in hazardous sports/pastimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details		
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when was it last reviewed?		
Employment status		
Occupation		
Occupation description		
Business name		
Business address		
Business post code		
Business Email address		
Business telephone no. / fax no.		
Date employment commenced		
NI Number		
Tax Office		
Tax reference no.		

# Family & Dependants

## FAMILY AND DEPENDANTS

Is there anyone over the age of 17 who is resident with you?  Yes  No

Is there anyone who is financially dependant on you?  Yes  No

Dependant's name	Date of birth	Dependant of	Relationship	Reason for dependency	Living at home
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

	Both	
Is anyone in the family getting married in the near future?		
Are any children or grandchildren going to fee paying schools now or in the future?		
Do any of your children have income or capital ? If so, approximately how much?		
Have you any dependants other than those listed above?		
Are any dependants mentally or physically ill?		
	Client	Partner
Do you intend to leave the UK?		
Are your parents UK nationals?		

## NOTES

# Planning Objectives & Priorities

Please indicate the relative importance of the following needs/objectives on a scale of 1 to 5. Insert 1 to indicate very important and 5 to indicate that you attach little importance to that item.

	Clients priorities		Adviser's priorities		Agreed priorities	
	Client	Partner	Client	Partner	Client	Partner
Mortgage planning						
Life assurance						
Critical Illness Cover						
Permanent Health Ins.						
Private Medical Ins.						
Pension planning						
Lump sum investments						
IHT planning						
Long Term Care						
Regular savings						

**NOTES REGARDING YOUR PRIORITY NEEDS INCLUDING OTHER FINANCIAL PRIORITIES NOT LISTED ABOVE.**

**How much can you afford to contribute towards your financial planning needs?**

	Client	Partner
Monthly		
Lump sum		

**SPECIFIC FUTURE EVENTS FOR WHICH YOU WISH TO PLAN**

(E.G. holiday home, early retirement, inheritance tax, school fees, children's wedding, new car, Long Term Care.)

Date	Event	Any existing provision

**KEY PLANNING ASSUMPTIONS**

	% Growth
Inflation	
Increase in total income	
Investment return for pension funds	
Investment return for non pension fund assets	
Increase in residential property values (excl. income)	
Investment return for cash	
Effective rate of tax before retirement	
Effective rate of tax after retirement	
Reduction in expenditure on first death	
Reduction / increase in expenditure on incapacity	

## Income Analysis

### EARNED INCOME

	Client		Partner	
	Amount	Freq.	Amount	Freq.
<b>Basic Annual Income</b>				
<b>State, Personal &amp; Occupational Pension Income</b>				
<b>Investment Income</b>				
<b>Tax Free Income</b>				
<b>Total Income</b>				
<b>Do you anticipate any significant changes in your income?</b> (if so, please give details in the notes section)	Yes	No	Yes	No
<b>Rate of Income Tax paid</b>	0% 10% 20% 40%		0% 10% 20% 40%	

## Assets

	Client	Partner	Joint
<b>Cash Accounts (Non ISA)</b>			
<b>Cash ISAs</b>			
<b>Property</b>			
<b>Investments (Non ISA)</b>			
<b>Stocks &amp; Shares ISAs</b>			
<b>Pension Funds</b>			
<b>Other (Personal Effects &gt; £6,000 eg. Car, Boat, Art)</b>			
<b>Total Assets</b>			

### NOTES

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# Protection

## IN THE EVENT OF DEATH

	Client	Partner
Is life assurance a current priority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		
In the event of death would you want to clear all debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lump sum required on death		
Do you wish for the lump sum to increase ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes %		
Do you require additional capital - beyond debt repayment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much additional capital would you require?		
Over what term is cover required ? (yrs)		
Would you want to supplement income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target income in today's terms		
Do you wish for the income to increase ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes %		
Over what period should the income be payable (years)		
Attitude to risk (1 lowest 5 highest )		

## CURRENT OCCUPATIONAL PROVISION

	Client	Partner
Are you entitled to any lump sum death in service benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of cover		
Nominated beneficiaries		
Do you want to exclude this benefit from the calculations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your spouse or dependants be entitled to any pension benefit in the event of your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of cover per annum		

## NOTES

# Protection

## IN THE EVENT OF CRITICAL ILLNESS

	Client	Partner
Do you consider critical illness cover a current requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		
Would you want to clear all debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lump sum required on the critical illness		
Do you wish for the lump sum to increase ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes %		
Do you require additional capital - beyond debt repayment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much additional capital would you require?		
Over what term is cover required (years)?		
Would you want to supplement income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target income in today's terms		
Over what period should the income be payable (years)?		
Attitude to risk (1 lowest 5 highest)		

## CURRENT OCCUPATIONAL PROVISION

	Client	Partner
Are you entitled to critical illness cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of cover		
Amount of cover		

## NOTES

# Protection

## IN THE EVENT OF LONG TERM ILLNESS

(Consider the financial impact of inability to work)

	Client	Partner
Is Permanent Health Insurance a current priority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adviser comments		
Would you want to maintain income in the event of illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the income you would require in today's terms?		
For how long could you support yourself / spouse before the income was required (answer in weeks)?		
Are any of your committed monthly outgoings protected in the event of long term illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details		
To what age should protection be in place?		
Attitude to risk (1 lowest 5 highest)		

## CURRENT OCCUPATIONAL PROVISION

	Client	Partner
Would your employer pay your salary in the event of you being absent from work due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the income you would receive from your employer?		
For how long would your employer pay your salary in the event of you being absent from work due to illness?		
Are you entitled to income protection cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of cover		

## NOTES

# Protection

## PRIVATE MEDICAL EXPENSES - NEEDS AND EXPECTATIONS

	Client	Partner
Do you consider private medical insurance a current requirement?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Now	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Now
Is family cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What level of excess are you prepared to pay?		
Adviser comments		

## CURRENT OCCUPATIONAL PROVISION

	Client	Partner
Are you entitled to medical insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of cover		

## NOTES

## PLANNING PRIORITIES

Please show the comparative importance of the following needs / objectives on a scale of 1 to 5. Insert 1 to indicate very important and 5 to indicate that you attach little importance to that item.

	Client's priorities		Agreed priorities	
	Client	Partner	Client	Partner
Ensure that your debts are repaid in the event of death				
Ensure that your debts are repaid in the event of a serious illness				
Ensure that in the event of your death your family will be able to maintain their current standard of living				
Ensure that your outgoings are maintained in the event of you being unable to work due to long term illness				
Protect against the cost of medical or hospital bills				

## Client Declaration – please read carefully and then sign and date below

I confirm that the information I have provide is, to the best of my knowledge, correct. I have provided this information understanding that it is used to form the basis of any advice and recommendation made to me and that I am not under any obligation to take up any recommendations made.

I understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I understand that I must be sure of my ability to meet that commitment having given consideration to all other expenditure and the provision for any emergencies, which may require access to funds.

I confirm that I have received a business card, a Client Agreement and a written statement of the services provided.

I consent to being contacted in the future to review my arrangements.

ADDITIONAL CLIENT DECLARATION (delete if not applicable)

I further declare that I did not wish to disclose certain personal/financial information and I am aware that this may prevent my Adviser from being able to identify areas where it might have been appropriate to make recommendations.

Client	Partner	Consultant
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Signature:</b>	<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>