



Personal Financial Questionnaire **Strictly Confidential**

Financial Planning

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

Assets

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

NOTES

Wills & Inheritance Tax

MAIN WILL PROVISIONS

(Are you aware of the need to provide a will?)

	Client		Partner	
Have you made a will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Main provisions (Indicate to whom the assets are to go on death)				
Date last updated				
Have you made a Enduring Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, who are the Attorneys?				
Have you made a Discretionary Will Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTES REGARDING WILL (MATERIAL FACTS WE SHOULD BE AWARE OF)

GIFTS MADE / RECEIVED

	Client		Partner	
Have you made any potentially exempt transfers in the last 7 yrs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate the potentially exempt transfers made by you or your partner in the past 7 years

	Client		Partner	
	Year	Gift	Year	Gift
Total				

	Client		Partner	
Are you the beneficiary of a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of entitlement*				
Type of trust				
Was the trust created in the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you benefit from a trust soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you receive an inheritance soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Capital or income receivable?				

* Details of the entitlement means your personal entitlement, expressed as a capital sum.
Note, under a discretionary trust there is no absolute entitlement to any capital amount

Wills & Inheritance Tax

ESTATE VALUE / LIABILITY

	Client		Partner	
Is your estate likely to be subject to IHT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you concerned about the implications of IHT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adviser comments				

PLANNING OBJECTIVES

	Client	Partner
Attitude to risk (1 lowest 5 highest)		
Over what term should cover extend?		

NOTES

Investment Risk

Please tick the box next to the portfolio which best reflects your attitude to risk

Growth Portfolio	Portfolio Select	Risk Profile	Description	Minimum Recommended Investment Period																									
1	<input type="checkbox"/>	Low	You accept exposing your investment to a small degree of risk, in return for an increased capital growth you would expect from cash savings accounts. You are more interested in preserving the value of your investment than receiving a return on your capital. These portfolios will largely invest in fixed interest and money market funds	At least 3 years																									
2	<input type="checkbox"/>				3	<input type="checkbox"/>	Low to Medium	You tend to prefer investments that expose your money to less risk of a decline in value. However, you recognise that in order to achieve higher returns than you could achieve from a savings account, you accept that you must take some additional risk by investing a small proportion in UK equities. You acknowledge that your investment is more likely to fluctuate in value during the investment period	At least 5 years	4	<input type="checkbox"/>	5	<input type="checkbox"/>	Medium	You are willing to place some reasonable emphasis on obtaining much higher capital growth than you would expect from a savings account and as such, you must be prepared to accept that any investment is more likely to fluctuate in value during the investment period. These portfolios will include a balance between fixed interest, property, UK & International equities	At least 7 years	6	<input type="checkbox"/>	7	<input type="checkbox"/>	Medium to High	You are willing to place a lot more emphasis on obtaining much higher capital growth than you would expect from a savings account and as such, you must be prepared to accept that any investment is more likely to fluctuate in value during the investment period, with much sharper gains and losses. These portfolios will concentrate less on fixed interest funds, with an increased weighting of UK & International equities	At least 10 years	8	<input type="checkbox"/>	9	<input type="checkbox"/>	High	You are willing to place a lot more emphasis on obtaining much higher capital growth than you would expect from a savings account and as such, you must be prepared to accept that any investment is more likely to fluctuate in value during the investment period, with much sharper gains and losses. These portfolios will have no exposure to fixed interest funds, less emphasis on UK equities and a much higher exposure to International equities
3	<input type="checkbox"/>	Low to Medium	You tend to prefer investments that expose your money to less risk of a decline in value. However, you recognise that in order to achieve higher returns than you could achieve from a savings account, you accept that you must take some additional risk by investing a small proportion in UK equities. You acknowledge that your investment is more likely to fluctuate in value during the investment period	At least 5 years																									
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10	<input type="checkbox"/>																												

Note: There is a gradual increase in risk from portfolio 1 (lowest risk) to portfolio 10 (highest risk)

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
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date: