

## Confidential Client Questionnaire

The information requested is entirely confidential and is essential in enabling us to offer you comprehensive advice. You are not obliged to give full information but if you do not, then our advice may not be appropriate. If you still wish to omit information having taken this into account please mark the section "not disclosed". Please confirm which of the following are your priorities by placing a "1" next to the most important, a "2" next to the next important and so on.

	Self	Partner
Full financial planning review		
Planning Retirement		
Management of Investment Portfolio		
Protection against death / ill health		
Mitigating inheritance tax liability		

### Personal Details

	Self	Partner																	
Full name (and Maiden Name if applicable)																			
National Insurance No																			
Address																			
Postcode																			
Telephone																			
Home																			
Mobile																			
Work																			
Email																			
2nd Address Employer/ Business																			
I/we prefer to correspond by	1st / 2nd address / fax / email	1st / 2nd address / fax / email																	
Date of Birth	Smoker Y/N	Smoker Y/N																	
What is the state of your health?	Good / previous illness/ current illness	Good / previous illness/ current illness																	
Marital Status	Married/Divorced/Widowed/Single/Cohabiting	Married/Divorced/Widowed/Single/Cohabiting																	
Are you.....	Employed/self-employed/not employed/retired	Employed/self-employed/not employed/retired																	
What is your occupation?																			
Please detail any hazardous job or hobby																			
Do you have a will and if so who are the beneficiaries?	Yes / No	Yes / No																	
Solicitors Name																			
Address & Tel. No.																			
Are you the beneficiary of a trust or have you set up a trust?	Yes / No	Yes / No																	
Accountants Name																			
Address & Tel. No.																			
Children and any other dependants	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Name</th> <th style="width: 10%; text-align: left;">Marital Status</th> <th style="width: 10%; text-align: left;">Financially dependent?</th> <th style="width: 30%; text-align: left;">Date of birth</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">M / S</td> <td style="border: 1px solid black; text-align: center;">Y / N</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">M / S</td> <td style="border: 1px solid black; text-align: center;">Y / N</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">M / S</td> <td style="border: 1px solid black; text-align: center;">Y / N</td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>			Name	Marital Status	Financially dependent?	Date of birth		M / S	Y / N			M / S	Y / N			M / S	Y / N	
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	M / S	Y / N																	
	M / S	Y / N																	
	M / S	Y / N																	

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**ASSETS**

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**Property**

Value of your main home?  
any second property or  
rental property?

**Self**

£
£

**Partner**

£
£

**Deposits**

Interest bearing Accounts

Bank/Building Society

£
£
£

Bank/Building Society

£
£
£

TESSA / TESSA-only ISA

£
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£
---

Mini Cash ISAs

£
£

£
£

Is your current account kept in credit?

Yes / No
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Yes / No
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National Savings Certs or Premium Bonds

£
£

£
£

**Investments**

Unit Trusts/ OEICs

Manager Name and fund

£
£
£
£

Manager Name and fund

£
£
£
£

PEPs and ISAs

£
£
£
£
£

£
£
£
£
£

Investment Bonds

Manager Name and fund

£
£
£

Manager Name and fund

£
£
£

Share Portfolio

Share Name and No of shares

£
£
£
£

Share Name and No of shares

£
£
£
£

**LIABILITIES**

Do you have a mortgage?

Yes/No	Repayment amount	£
	Interest Only amount	£

Yes/No	Repayment amount	£
	Interest Only amount	£

Lender

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Term/ Start / End date

yrs	/ /	/ /
-----	-----	-----

yrs	/ /	/ /
-----	-----	-----

Scheme type

Fixed rate / Ordinary variable / Capped @	%
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Fixed rate / Ordinary variable / Capped @	%
---	---

Repayment vehicle if interest-only loan

Endowment / Pension / PEP / Other
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Endowment / Pension / PEP / Other
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Current cost pm

£
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£
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**Other liabilities**

Overdraft

Y/N	£
-----	---

Y/N	£
-----	---

Bank loan

Y/N	£
-----	---

Y/N	£
-----	---

Hire Purchase

Y/N	£
-----	---

Y/N	£
-----	---

Credit Cards

Y/N	£
-----	---

Y/N	£
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**PROTECTION PLANNING AGAINST DEATH AND/OR ILLNESS**

Have you already taken steps to provide protection in the event of your death?

Have you already taken steps to provide protection in the event of your ill health?

Self	Partner
Y/N If yes please list all cover including benefits from an employer	Y/N If yes please list all cover including benefits from an employer
Y/N If yes please list all cover including benefits from an employer	Y/N If yes please list all cover including benefits from an employer

Existing Policies	Self/Partner	Self/Partner	Self/Partner	Self/Partner
Insurer				
Type				
Policy No.				
On the life of				
Owned by				
Sum Assured or monthly benefit				
Waiting Period before benefit paid				
Premium				
Start Date				
End Date				
Under Trust				

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**RETIREMENT PLANNING**

Have you already accrued benefits to provide an income at retirement?

Are you presently a member of, eligible to join or will you become eligible to join an Employers Pension Scheme?

At what age you do wish to retire?

Self	Partner
Y/N If yes please list these below including benefits payable from an employer's scheme	Y/N If yes please list these below including benefits payable from an employer's scheme
Y/N If yes please attach a Pension Scheme Booklet or Explanatory Announcement	Y/N If yes please attach a Pension Scheme Booklet or Explanatory Announcement
_____ years	_____ years

	Self/Partner	Self/Partner	Self/Partner	Self/Partner
Scheme Name				
Insurer's name				
Policy or Ref No.				
Final Salary or Money Purchase				
Current Value if app				
Employer contribution				
Your contribution				
Date started				
Date stopped				
Retirement Age				
Investment Fund				

# INCOME

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	Self	Partner
Employer's name & address	<input type="text"/>	<input type="text"/>
Employment Start Date	<input type="text"/>	<input type="text"/>
Employed Earnings:	Salary <input type="text"/>	Salary <input type="text"/>
	Bonus/overtime <input type="text"/>	Bonus/overtime <input type="text"/>
	Benefits in kind <input type="text"/>	Benefits in kind <input type="text"/>
Self Employed Earnings	<input type="text"/>	<input type="text"/>
Rental Income	<input type="text"/>	<input type="text"/>
Investment Income	<input type="text"/>	<input type="text"/>
State Benefits	<input type="text"/>	<input type="text"/>
Other Income eg pensions	<input type="text"/>	<input type="text"/>
Income Tax Rate	<input type="text"/>	<input type="text"/>
If ill for how long does your income continue?	<input type="text"/> weeks	<input type="text"/> weeks

## Your Future Plans

How are your careers likely to progress -

Over the next 5 years

Over the next 10 years

How are your personal lives likely to progress -

Over the next 5 years

Over the next 10 years

## Other important questions we need to ask

	Self	Partner
What is the minimum income you need now to cover daily living expenses in cash terms each month?	<input type="text"/>	<input type="text"/>
What surplus funds, if any, do you have each month after paying for usual bills and expenses?	<input type="text"/>	<input type="text"/>
What income in today's terms would you like to receive in retirement?	<input type="text"/>	<input type="text"/>
What rate of future inflation should we assume if we need to project this?	<input type="text"/>	<input type="text"/>
What rate of increase in your earnings should we assume if we need to project this?	<input type="text"/>	<input type="text"/>

Is there anything else special about your personal circumstances which could have a bearing on any report or advice we might give you?

Questionnaire completed by:	<input type="text"/>	<input type="text"/>
	Client	Adviser
	<input type="text"/>	<input type="text"/>
	Date of completion	Date of meeting