



**FINANCIAL PLANNING QUESTIONNAIRE**

In order to assist us in advising you accurately we need to know as much about your finances as possible. Please therefore complete this form as fully as you can. The details you provide are held on your file and kept confidential. We are required to obtain this information in compliance with the regulations of the Financial Services Authority.

Please note that in providing the information below you are consenting to us holding the information on computer and/or in paper files under the Data Protection Act 1998. This information will be used to administer your application, to deal with queries and to assist us in providing our services to you. The information that you give us may be disclosed to third parties, such as product providers and credit reference agencies for the purpose of processing your application, to our Regulators, the Financial Services Authority, and to our Compliance Advisers. You have the right of access under the Data Protection Act 1998 to your personal records held on our files.

**PERSONAL DETAILS**

Name: ..... Spouse/Partner: .....  
 Address: .....  
 .....  
 ..... Post Code: .....

Contact Details:

Home Tel: ..... Spouse/Partner: .....  
 Work Tel: ..... Spouse/Partner: .....  
 Mobile Tel: ..... Spouse/Partner: .....  
 Email: ..... Spouse/Partner: .....  
 (Please indicate preferred choice of contract \*):

Dates of Birth: ..... Spouse/Partner: .....  
 State of health: ..... Spouse/Partner: .....  
 Smoker: ..... Spouse/Partner: .....

Marital Status: Married/Divorced/Living-together/Single/Civil-Partnership (select appropriate)

Occupation  
 (including former): ..... Spouse/Partner: .....  
 Employer name: ..... Spouse/Partner: .....  
 Address: ..... Spouse/Partner: .....  
 .....

	Employed	Self Employed	Retired
Self			
Spouse/Partner			

Level of Education .....

Spouse/Partner .....

**DEPENDENTS**

**Name**

**D.O.B**

**Relationship**

.....

.....

.....

.....

<b>Income &amp; Expenditure</b>		
<b>Gross Annual Income</b>	<b>SELF</b>	<b>SPOUSE/PARTNER</b>
Basic Salary		
Guaranteed Bonuses/Overtime		
Non-Guaranteed Bonuses/Overtime		
Pension Income		
State Benefits		
Investment Income		
Rental Income		
Maintenance		
Other (specify)		
<b>Net Monthly Income (after tax)</b>		
<b>MONTHLY EXPENDITURE</b>		
Mortgage/ Rent		
Domestic Bills-Gas, Electric etc		
Loans / credit cards		
Life assurances, PHI		
Regular savings plans		
Pension contributions		
Motor Expenses		
Food		
Leisure and general cash expenditure		
Maintenance		
Other		
<b>TOTAL EXPENDITURE</b>		
<b>SURPLUS/ DEFICIT</b>		
<b>How much can you afford per month to put towards your financial objectives?</b>		
<b>Do you have any emergency funds put aside?</b>		
<b>Do you expect any significant changes in future income or expenditure?</b>		

**CURRENT TAX POSITION**

Income Tax Top Rate: .....%

Spouse/Partner: .....%

Any Capital Gains in current year: .....

ASSETS	SELF	SPOUSE/ PARTNER	JOINT	
<b>Fixed Assets</b>				
Main Home				
Secondary Home(s)				
Jewellery, Works of Art				
<b>Investments</b>				
Trusts/Settlements				
UK Shares				
Gilts and UK Fixed Interest Stock				
Unit Trusts/OEICs				
Single Premium Investment Bond				
ISA /TESSA /PEPs				
Cash on deposit				
National Savings				
Unquoted Shares (e.g. BES, EZTs etc)				
<b>TOTALS</b>				
<b>Have you used your ISA allowance for this tax year?</b>				
<b>LIABILITIES</b>				
	<b>SELF</b>	<b>SPOUSE / PARTNER</b>	<b>AMOUNT</b>	<b>Monthly Payments &amp; Remaining term</b>
Mortgage				
Hire Purchase / Loans				
Uncleared Credit Card Balance				
Overdraft				
Other Liabilities				
<b>TOTAL LIABILITIES</b>				

**MORTGAGE:**

Provider: ..... Interest Rate: .....%

Type: Fixed/standard variable/tracker/other (specify)

Date of expiry of any 'lock in'/discounted period/fixed rate period etc: .....

When is your mortgage due to be repaid? Date:.....

Type of Mortgage:  Repayment  Interest Only with Endowment  Interest Only with Pension/ISA savings

PENSION ARRANGEMENTS								
	Self			Spouse/Partner				
<b>At what age would you like to retire?</b>								
Are you a member of a Company pension Scheme?								
Type of Scheme & Retirement Age								
Employer Contributions (% of salary or amount)								
Employee Contributions (% of salary or amount)								
Level of Death In Service benefit (if known)								
Level of Widow's benefit (if known)								
If not in an Employer's scheme, can you join one?								
	<b>Self</b>			<b>Spouse / Partner</b>				
Are you making your own provisions for retirement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If 'Yes' please give details:

**Company Contributions                      Policy Number                      Pension**

**Self:**  
 .....  
 .....  
 .....

**Spouse/Partner:**  
 .....  
 .....  
 .....

**Self                      Spouse / Partner**

Do you have pension benefits with previous employers?  Yes  No  Yes  No

If Yes, give details (name of company, dates of service, etc):  
 .....  
 .....  
 .....

DETAILS OF EXISTING LIFE ASSURANCE AND PROTECTION POLICIES (including any benefits provided by your Employer)						
Life Assured	Insurance Company	Sum Assured	Type of Policy	Premium	End Date	In Trust?

**WILL PROVISIONS & TRUSTS**

Have you made a Will? .....Have you set up any Trusts? .....

Does your will reflect your current wishes? .....

Are you expecting to be a beneficiary under a Will? .....

Have you set up an EPA or LPA, and has this been explained .....

<b>AMOUNT AVAILABLE FOR INVESTMENT:</b>	Self	Spouse/Partner
	Regular Saving £	£
	Lump Sum £	£

SOURCE(S) OF LUMP SUM	Self	Partner	Joint

FINANCIAL OBJECTIVES (tick more than one if applicable)					
<input type="checkbox"/>	Capital Growth	<input type="checkbox"/>	Maximise Income	<input type="checkbox"/>	Retirement Planning / Pensions
<input type="checkbox"/>	Inheritance Tax Planning	<input type="checkbox"/>	Income Tax Planning	<input type="checkbox"/>	Mortgages
<input type="checkbox"/>	Capital Gains Tax Planning	<input type="checkbox"/>	Family protection (Life Assurance, Critical Illness Cover, Income Protection)	<input type="checkbox"/>	Other (please specify)

**NOTES:**

How would you describe your level of investment knowledge and experience? Please tick the most appropriate box below and add any additional notes that you wish to be taken into account.

<input type="checkbox"/>	Inexperienced. I have little or no knowledge / experience of investments.
<input type="checkbox"/>	I have some knowledge and experience of different types of investments.
<input type="checkbox"/>	Experienced. I have a good understanding of investments and have had considerable previous experience of different types of investments.

How often have you made investments in the past? Please tick the most appropriate box below and add any additional notes that you wish to be taken into account.

<input type="checkbox"/>	None
<input type="checkbox"/>	Three or less
<input type="checkbox"/>	More than Four

**NOTES:**

**ATTITUDE TO INVESTMENT RISK**

When investing out of deposit based investments or National Savings you should be aware that investments which are backed by Stocks, Shares and other Securities will contain a degree of "risk". The amount of risk that you are prepared to accept is important to the recommendations we will make. Lower risk investments may not offer the same potential long term gain as higher risk investments.

**No Risk:** You are unwilling to take a risk that the value of your invested funds may go down due to performance.

**Cautious:** You are only willing to take a limited degree of risk with your investments and would prefer most of your monies to be in assets which are unlikely to suffer any significant falls in value.

**Balanced:** You are willing to take some degree of risk with your investments and accept that, with the aim of achieving increased returns in the longer term, the value of your investments may suffer reasonable levels of fluctuation.

**Speculative:** You are willing to take high levels of risk with your investments, with the aim of achieving higher returns in the longer term, and understand that this may mean that the value of your investments may fluctuate significantly over time.

**Please indicate your appetite for "Investment Risk"**

**Self:** ..... **Partner:** .....

Are there any specific areas you wish to include/exclude?

.....  
.....

**Please indicate your preferred term for investment.**

Short term (Less than 5 years)	Medium Term (5 to 10 years)	Longer Term (10 years plus)

I/We confirm that the information provided is to the best of my/our knowledge accurate. I/we have provided this information understanding that it is used to form the basis of any advice and recommendations made to me/us and that I/we are not obliged to take up the recommendations provided.

I/We understand that recommendations may be made which involve a regular monetary commitment or the investment of a lump sum investment of capital. I/we must be sure that we are able to afford the level of the regular payment or lump sum investment having given consideration to all other expenditure and the provision for any emergencies which may require access to funds.

**Signed:** ..... **Dated:** .....

**Signed:** ..... **Dated:** .....