

ESTATE CAPITAL

Chartered Financial Advisers

FINANCIAL PLANNING QUESTIONNAIRE

CLIENT 1 NAME:

CLIENT 2 NAME:

COMPLETED BY:

PARAPLANNER/RESEARCHER NAME:

Date completed:

Joint Fact Find: Yes No

Date of update (if relevant):

Client Agreement issued to client:

Business card issued to client:

Fact find signed on:

Client type:

Retail Client Professional Client Eligible counterparty

Client servicing level:

Financial Services & Markets Act 2000

Independent Financial Advisers are required to have 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.

Lifestyles and financial priorities

	Client 1	Client 2	Notes
Lifestyle priorities			
Financial priorities			

Personal details

Client 1

Client 2

Notes

Title and surname

Forenames

Preferred name

Sex/date of birth

Male Female

Male Female

Marital Status

Permanent residential address & post code

Contact numbers

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	

Resident in UK

Yes No

Yes No

Domiciled in UK

Yes No

Yes No

Smoker

No Yes

No Yes

Are you in good health?

Yes No

Yes No

Offshore products?

Smoked tobacco in the last 12 months?

Dependants

Are there any financial dependants? (children, relatives etc.)

Names	Relationship	Date of birth	Financial dependant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Other children?

Occupation and income

	Client 1	Client 2	Notes	
Employment status	<input type="radio"/> Employed <input type="radio"/> Self Employed <input type="radio"/> Not Working <input type="radio"/> Retired	<input type="radio"/> Employed <input type="radio"/> Self Employed <input type="radio"/> Not Working <input type="radio"/> Retired	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Date joined current employer</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>View of increase in earnings?</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>View of future inflation?</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Financial year end</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Employer	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Employer address	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
Occupation	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Salary/net profit	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Any other earnings / benefits? (eg. pensions being received, dividends, bonuses, overtime, car, healthcare, etc)	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		
Total income	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Income tax position	<input type="radio"/> Higher rate <input type="radio"/> Basic rate <input type="radio"/> Age allowance <input type="radio"/> Starting rate <input type="radio"/> Non tax pay NI Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Tax Code <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="radio"/> Higher rate <input type="radio"/> Basic rate <input type="radio"/> Age allowance <input type="radio"/> Starting rate <input type="radio"/> Non tax pay NI Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Tax Code <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Income and expenditure	Client 1	Client 2		Joint
Monthly net income	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Regular monthly bills <i>(eg. mortgage, loans, etc)</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Irregular bills <i>(eg domestic bills, car etc)</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Necessities <i>(eg. food, clothing, etc)</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Monthly net expenditure	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Monthly surplus +/-	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Assets (including main residents, other property, land, chattels, bank/building society deposits, National Savings, TESSA, TOISA, PEPs, ISA, investment trusts, unit trusts, investment bonds, shares)

Land or property

Owner	Location	Asset	Purchase date	Purchase price	Income	Current Value
Total						

Deposit based accounts

Owner (self/ Partner/Joint)	Provider/ Institution	Account type	Start date	Term (if fixed)	Penalty / Notice Period	Interest rate % Gross/Net	Current balance
Total							

Assets (including main residents, other property, land, chattels, bank/building society deposits, National Savings, TESSA, TOISA, PEPs, ISA, investment trusts, unit trusts, investment bonds, shares)

Investments

Owner(Self/ Partner/Joint	Provider	Investment type	Plan No/ A/C No?	Fund	Start date	Maturity date (if relevant)	Sum invested	Current value
						Total		

Notes

Liabilities, mortgages and loans (including hire purchase, credit cards and overdrafts and tax)

In whose name	Type of liability	Secured	Lender	End date	Repayment method	Interest rate	Monthly repayment	Amount outstanding
Total								

Life assurance and critical illness plans (including Death in Service, benefits under Occupational Pension Scheme)

Life assured / Owner	Provider & policy number	Policy type	Premium & frequency	Start date	End date	Indexed	In trust / assigned	Life cover in place	CI cover in place
Total									

Income protection plans, accident sickness and unemployment schemes and company sickness benefits (including loan, credit card and mortgage payment protection arrangements)

In whose name	Provider/plan number	Plan type (for PHI include if employer or personal)	% earnings or benefit (£)	Contribution/frequency	Indexed	Deferred period	End date

Medical arrangements (private medical insurance and long term care)

Who is covered	Provider/plan number	Plan type	Employer or personal plan	Benefit scale

Notes

Current employer's pension schemes (occupational pension schemes including S2P, AVCs, EPPs, SSASs, Group Stakeholder, GPP and FURBS)

In whose name	Provider/plan number	Plan type	Final salary/ money purchase	Contracted out of S2P	Date joined/ eligible to join	Scheme retirement age	Employer contribution	Personal contribution	Retirement benefits:	
									Pension or	cash sum + reduced pension

When employers pension schemes are entered, please complete in-house scheme section below – Is Employers Scheme booklet available?

Employers in-house AVC scheme

In whose name	Provider/plan number	Unit-linked/ with profits/ building society	Date joined/ eligible to join	Scheme retirement age	Personal contribution	How much contribution is/ could the employer match?	What is the limit to the employer's contribution?	Can client buy added years?	Benefits

All other pension schemes (including all personal pension plans, Stakeholder, S226, S.32 buyouts, FSAVC, SIPPs and preserved benefits, including previous employer schemes)

In whose name	Provider/plan number	Plan type	Contracted out of S2P	Date joined\ start date of scheme	Date left scheme	Scheme retirement age	Contribution/ frequency	Net/Gross	Retirement benefits:	
									Current value	Date of valuation

Known changes to personal circumstances

Client 1

Client 2

Notes

Are there any known changes to the client's personal circumstances?

Yes

No

Yes

No

If 'yes' please specify.

Home purchase

Inheritance

Career change

Income change

Marital status

Liabilities

Children

Dependents

Current Taxable Assets

Main Residence	<input type="text"/>
Other Residential Property	<input type="text"/>
Buy to Let Property	<input type="text"/>
Commercial Property personally owned	<input type="text"/>
Commercial Property leased to your business (50%)	<input type="text"/>
Commercial Property owned by your business (100%)	<input type="text"/>
Business Value (100%)	<input type="text"/>
Land	<input type="text"/>
Chattels	<input type="text"/>
Value of Gifts made in the last 7 years	<input type="text"/>
Director Loans / Private Loans to others / Loan Notes	<input type="text"/>
Deposit Accounts	<input type="text"/>
Gilts	<input type="text"/>
National Savings	<input type="text"/>
Equity ISA	<input type="text"/>
Collective Investments and Investment Trusts	<input type="text"/>
Equities	<input type="text"/>
Investment Bonds	<input type="text"/>
Pension Funds	<input type="text"/>
Endowments	<input type="text"/>
Life Insurance	<input type="text"/>
Total	<input type="text"/>

Allowances

Business Property Relief 100%	<input type="text"/>
Business Property Relief 50%	<input type="text"/>
Agricultural Property Relief	<input type="text"/>
Discounted Gift Trust Discount	<input type="text"/>
Potential Exempt Transfers	<input type="text"/>
Chargable Lifetime Transfers	<input type="text"/>
Pension Funds	<input type="text"/>
Total	<input type="text"/>

Liabilities

Mortgages	<input type="text"/>
Personal Loans	<input type="text"/>
Commercial Loans	<input type="text"/>
Credit	<input type="text"/>
Tax	<input type="text"/>
Total	<input type="text"/>

Net Estate Value

Gross Taxable Assets	<input type="text"/>
Liabilities	<input type="text"/>
Net Assets	<input type="text"/>
Net Assets	<input type="text"/>
Nil Rate Allowances	<input type="text"/>
Taxable Assets	<input type="text"/>
Tax Liability	<input type="text"/>
WOL Insurance	<input type="text"/>
Shortfall	<input type="text"/>

Inheritance Tax Liability

Notes

Savings and investment planning

Is investment or savings a current priority?

Do you wish to invest / save for a particular purpose?

If yes, provide details: eg. school fees, university fees, specific purchase

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Do you wish to save on a regular basis?

How much capital do you want available for emergencies?

Do you have a lump sum to invest?

Over what period do you wish to invest for?

1-3 years

3-5 years

5-10 years

10 years +

Do you wish to invest for capital growth?

Will you accept capital volatility?

Do you require income from your investment?

Amount of income required?

Do you want the income level guaranteed or will you accept variable income?

Client 1

Yes No

Yes No

Yes No

Yes No

1 to 3 Years

3 to 5 Years

5 to 10 Years

10 + Years

Yes No

Yes No

Yes No

Guaranteed

Variable

Client 2

Yes No

Yes No

Yes No

Yes No

1 to 3 Years

3 to 5 Years

5 to 10 Years

10 + Years

Yes No

Yes No

Yes No

Guaranteed

Variable

Notes

Protection planning

Is Life Assurance a current priority?

Do you want to ensure your debts are repaid in the event of your death?

Do you want to ensure that in the event of your death your family will be able to maintain their current standard of living?

Life Assurance need

Lump sum required to repay debts?

Additional capital required beyond debt repayment?

Period of cover required?

Do you wish for the lump sum to increase?

If yes, provide details:

Do you require waiver of premium benefit?

Do you require a policy to provide your spouse/dependents an income in the event of your death

Amount of income required

Period over which income is needed?

Do you wish for the level of income benefit to increase?

Total life cover needed (lump sum/income)

Attitude to risk

Client 1

Yes No

Yes No

Yes No

years

Yes No

Yes No

Yes No

years

% p/a

Reviewable

Guaranteed

Client 2

Yes No

Yes No

Yes No

years

Yes No

Yes No

Yes No

years

% p/a

Reviewable

Guaranteed

Notes

Is critical illness protection a current priority?

Do you want to ensure your debts are repaid in the event of a critical illness?

Do you want to have a lump sum in addition to one that will repay your debts in the event of a critical illness?

Critical Illness Cover need

Lump sum required in the event of diagnosis of a critical illness to repay debts?

Additional capital required beyond debt repayment?

Period of cover required?

Do you wish for the cover to increase?

If yes, provide details

Do you require waiver of premium benefit?

Total critical cover need

Attitude to risk

Client 1

- Yes No
- Yes No
- Yes No

 years

- Yes No

- Yes No

- Reviewable
- Guaranteed

Client 2

- Yes No
- Yes No
- Yes No

 years

- Yes No

- Yes No

- Reviewable
- Guaranteed

Notes

Employer benefits (other than pension)

Does your employer provide:

Life Assurance (death in service benefit)?

What is the amount?

Nominated beneficiaries?

Critical illness cover?

What is the amount?

Do you want to exclude these benefits from the calculations

Is income protection a current priority?

Do you want to ensure that your outgoings are maintained in the event of you being unable to work due to long term illness?

Income protection need

Length of time you could maintain outgoings with no benefit?

Total income required in the event of long term illness?

To what age should cover be in place

Do you want the benefit to increase?

If yes, provide details:

Attitude to risk

Is private medical insurance a current priority?

Do you want to ensure that private medical expenses are covered in the event of ill health?

Medical insurance need

Level of cover required for medical insurance?

Basis of medical insurance required (e.g standard)

Client 1

Client 2

Notes

Yes No

x salary

Yes No

x salary

Include Exclude

Yes No

Yes No

weeks

Yes No

% p/a

Reviewable

Guaranteed

Yes No

Yes No

Yes No

x salary

Yes No

x salary

Include Exclude

Yes No

Yes No

weeks

Yes No

% p/a

Reviewable

Guaranteed

Yes No

Yes No

Notes

Retirement planning

Is planning for your retirement a current priority?

At what age do you realistically plan to retire?

What is the minimum income you would want to receive in retirement?

Will you be contributing to your retirement plan on a regular basis?

If yes, will it be monthly or annually?

Would you like the monthly premiums to increase each year? If yes, provide details:

Do you require waiver of premium benefit?

Do you wish to contribute a lump sum to your retirement planning?

Will you be leaving your employer imminently?

Date expected to leave?

Does your new employer offer a pension arrangement

If yes, provide details:

Retirement income need

Would you like to fund your retirement planning to reach a specified level of income in today's terms?

If yes, provide amount:

What pension could you expect to receive in today's terms?

Do you wish to have control over your investment

Client 1

Yes No

PA

Yes No

Monthly Annually

% p/a

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Client 2

Yes No

PA

Yes No

Yes No

% p/a

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Notes

Wills & Inheritance Tax Planning

Wills

Have you made a will?

What are the main provisions of the will?

Date will made?

Date last updated?

Does an enduring power of attorney exist?

Are there any material facts to be made aware of?

Is Inheritance Tax Planning a current priority?

Are you a beneficiary of a trust?

Name of trust?

Date the trust was created

Do you receive capital or income from the trust or have any other entitlement?

If so, what amount?

Gifts made/received

Have you made any gifts in the last 7 years?

Have you received any gifts in the last 7 years?

Client 1

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Client 2

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Notes

Date of gift	Gift made by	Gift received by	Amount of gift
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Long Term Care priorities

Is Long Term Care a priority?

Would you want to protect your estate in the event of LTC being required?

Level of income needed to fund care costs

Would you realise any assets to provide income for the cost of care?

If yes, provide details

Do you have any existing provision?

Do you have a lump sum available to invest for Long Term Care planning?

If so , how much

Do you wish to save on a regular basis towards Long Term Care planning?

If so , how much

What type of care do you wish to plan for (home, nursing, residential)?

Client 1

Client 2

Notes

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Attitude to risk

Investor Profile	Risk Category	Risk you are prepared to take with your money	Potential Reward	Potential Loss	Typical Investment Type	Explanation of Circumstances
1.	No Risk	You are not prepared to lose any of your money.	Potential to earn interest on the money you deposit.	You understand your money might be worth less in the future because of inflation. You understand you may lose interest if you take out money early from a fixed term account.	<ul style="list-style-type: none"> Cash Deposits (includes bank/building society accounts and most National Savings and investment products) Gilts 	<ul style="list-style-type: none"> Losing any money would significantly affect your financial security You do not take risks – you are very cautious You have limited income which is unlikely to increase in the future You are likely to require access to your money in the short term Repayment of debt is a priority to you You have not invested in the past and you do not have significant experience or understanding of investment markets
2.	Very Cautious	You accept the risk of losing a small amount of your money if you access your investment early.	Potential to earn more than cash based investments.	You understand there is limited opportunity for significant growth above the rate of inflation.	<ul style="list-style-type: none"> Cash Funds Gilt Funds Guaranteed and Protected Funds UK Corporate Bond Funds Global Bond Funds Capital Protected Structured Products 	<ul style="list-style-type: none"> Losing any money would significantly affect your financial security You do not generally take risks – you are cautious You have limited income You are prepared to invest for the medium term Repayment of debt is not a priority to you You have not invested in the past and you do not have significant experience or understanding of investment markets
3.	Cautious	You accept the risk of a small loss to your money.	Potential to match or beat the rate of inflation.	You understand that under some circumstances you could lose a small amount of your money. Taking an income stream reduces the potential long term return on your investment – proportional to how much income is taken.	<ul style="list-style-type: none"> High Yield Corporate Bond Funds Cautious Managed Funds UK Property Funds (directly held commercial property) With Profit Funds 	<ul style="list-style-type: none"> Your financial security would be affected if you lost anything other than a small amount of your money You are prepared to accept a degree of risk Your financial position is such that immediate access to your money is not essential You are prepared to invest for the longer term You have some experience and understanding of how investment markets work

Attitude to risk

Investor Profile	Risk Category	Risk you are prepared to take with your money	Potential Reward	Potential Loss	Typical Investment Type	Explanation of Circumstances
4.	Cautious to Balanced	You accept the risk of a small loss to your money.	Potential to match or beat the rate of inflation.	<p>You understand that under some circumstances you could lose a small amount of your money.</p> <p>Taking an income stream reduces the potential long term return on your investment – proportional to how much income is taken.</p>	<ul style="list-style-type: none"> • Distribution Funds • Global Property Funds (directly held commercial property) • UK Equity Income Funds 	<ul style="list-style-type: none"> • Your financial security would be affected if you lost some of your money • You are prepared to accept a degree of risk • Your financial position is such that immediate access to your money is not essential • You are prepared to invest for the longer term • You have some experience and understanding of how investment markets work
5.	Balanced	You accept the risk of a moderate loss to your money.	Potential for growth above inflation.	<p>You understand that under some circumstances you could lose quite a lot of money but such circumstances will arise quite rarely but small losses might occur quite often.</p> <p>Taking an income stream reduces the potential long term return on your investment – proportional to how much income is taken.</p>	<ul style="list-style-type: none"> • Balanced Managed Funds • UK Equity Funds (mainstream) • Active Managed Funds 	<ul style="list-style-type: none"> • Your financial security wouldn't be affected if you lost some of your money • You are prepared to accept a degree of risk • Your earning capacity is such that you can absorb this risk • You are prepared to invest for the longer term and do not require access to your money in the medium term • You have some experience of how investment markets work
6 - 7.	Balanced to Speculative	You accept the risk of a loss to your money.	Potential for growth above inflation.	<p>You understand that under some circumstances you could lose quite a lot of money but such circumstances will arise quite rarely but small losses might occur quite often.</p> <p>Taking an income stream reduces the potential long term return on your investment – proportional to how much income is taken.</p>	<ul style="list-style-type: none"> • Global Growth Funds • European Funds (mainstream) • North American Funds (mainstream) 	<ul style="list-style-type: none"> • Your financial security wouldn't be affected if you lost some of your money • You are prepared to accept a degree of risk • Your earning capacity is such that you can absorb this risk • You are prepared to invest for the longer term and do not require access to your money in the medium term • You have some experience of how investment markets work

Attitude to risk

Investor Profile	Risk Category	Risk you are prepared to take with your money	Potential Reward	Potential Loss	Typical Investment Type	Explanation of Circumstances
8.	Speculative	You accept risk of a significant loss to your money.	Potential for growth significantly above inflation.	You understand that under some circumstances you could lose a lot of your money and that there is a medium chance of these circumstances arising but moderate losses might occur quite often. Taking an income stream reduces the potential long term return on your investment – proportional to how much income is taken.	<ul style="list-style-type: none"> • UK Equity Funds (specialist) • UK Smaller Companies • European Smaller Companies • North American Smaller Companies • Japanese Funds (mainstream) • Asia Pacific Funds • Property Funds (equity holdings/Real Estate Investment Trusts) • Special Funds (narrow themes) 	<ul style="list-style-type: none"> • You can afford to lose a large proportion of your money without your financial security being affected • You are prepared to accept a high degree of risk • Your earning capacity is such that you can absorb this risk • You are prepared to invest for the long term and do not require access to your money in the medium to long term • You have existing investments and you have a good understanding of how investment markets work
9 - 10.	Highly Speculative	You accept the risk of losing most or all of your money.	Potential for substantial long-term growth.	You understand that under some circumstances you could lose all of your money but big losses might occur quite often. Taking an income stream reduces the potential long term return on your investment – proportional to how much income is taken.	<ul style="list-style-type: none"> • Technology and Telecoms Funds • Emerging Markets Funds • Venture Capital Trusts • Enterprise Investment Schemes 	<ul style="list-style-type: none"> • You can afford to lose a large proportion of money without your financial security being affected • You are prepared to accept a very high degree of risk • Your earning capacity is such that you can absorb this risk • You are prepared to invest for the long term and do not require access to your money in the medium to long term • You have existing investments, you have a very good understanding of how investment markets work

Client 1

I confirm that my attitude to risk is:

Investment out of 10

Regular savings out of 10

Pension out of 10

I confirm that I have read, understood and agree with the assessment and explanation of my Investor Profile as above. Please now process to implement your recommendations based on this assessment.

Signed _____

Date _____

Client 2

I confirm that my attitude to risk is:

Investment out of 10

Regular savings out of 10

Pension out of 10

I confirm that I have read, understood and agree with the assessment and explanation of my Investor Profile as above. Please now process to implement your recommendations based on this assessment.

Signed _____

Date _____

Financial planning priorities

Client 1

Client 2

Notes

Protection against financial consequences of death

Need	Interested now	Future interest	Date of future interest
<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Need	Interested now	Future interest	Date of future interest
<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial protection against specific illnesses

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Protecting earnings against the consequences of illness/disability

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Providing or increasing retirement income

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Investing capital for growth, income

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Buying or extending property or remortgaging

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Regular savings School fee planning

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inheritance tax mitigation

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Private medical care

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Long term care

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Monthly budget available in order to meet clients financial needs

Lump sum available to meet clients financial needs

Next service date

Declaration

Client Declaration – please read carefully then sign and date below

I/We confirm I/We have received a Business Card and Client Agreement Letter. I/We understand that the Client Agreement Letter should be read carefully.

I/We confirm that the information I/We have provided is to the best of my/our knowledge correct. 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 am/are not under any obligation to take up any recommendations made.

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

Additional Client Declaration (delete if not applicable)

I/we further declare that I/We do not wish to disclose certain personal/financial information and I/We am/are aware that this may prevent my/our Adviser from being able to identify areas where it might have been appropriate to make recommendations, or which could have an effect on any recommendations made.

NOTE: please understand your advisers reserve the right to decline to give advice if full information is not provided.

The information from this document may be stored on a computer, which will be subsequently covered by the provisions of the Data Protection Act, the purpose being to enable accurate advice to be offered to you. We may wish to write to you informing you of other products or services available.

However, if you do not wish to benefit from this service, please tick this box

Client 1
Name
Signature
Date

Client 2
Name
Signature
Date

Adviser
Name
Signature
Date

Are any policies being replaced or cancelled?

If yes, provide details on the replacement questionnaire

Client 1
<input type="radio"/> Yes <input type="radio"/> No

Client 2
<input type="radio"/> Yes <input type="radio"/> No

Replacement questionnaire

Client name(s)

Transfer Type

Consultant

Circumstances and proposed action	
What are the advantages gained by this action?	
What disadvantages and consequences are likely to be incurred by this action?	
What other options are available or have been considered?	

Declaration

I have made a comprehensive study of the client's needs and financial resources and also discussed the consequences of the proposed action, which I believe to be in the client's interest.

Consultant

Consultant signature

Date

Client

Client signature

Date

Client

Client signature

Date

Money Laundering Regulations Identity Verification Certificate

Please complete a separate certificate for all parties to the contract (e.g. joint applicants, trustees, settlors and third parties) where you have been required to undertake identification.

Name of applicant/trustee/ third party

Address

Date of birth

Amount of investment

Identity should be verified by obtaining one from A and one from B

Part A: Evidence obtained to verify name

Full UK/EU signed Passport	Ref No	<input type="text"/>	Date of issue / expiry	<input type="text"/>
Full UK/EU signed Driving Licence*	Ref No	<input type="text"/>	Date of issue / expiry	<input type="text"/>
DSS Benefit Book/notification letter*	Ref No	<input type="text"/>	Date of issue	<input type="text"/>
Inland Revenue Tax Notification	Ref No	<input type="text"/>	Date of issue	<input type="text"/>
Marriage certificate (if applicable)	Ref No	<input type="text"/>	Date of issue	<input type="text"/>

Part B: Evidence obtained to verify address

Bank/Building Society statement/passbook	Acc No	<input type="text"/>	Date of Issue	<input type="text"/>
	Sort code	<input type="text"/>	Statement No	<input type="text"/>
Utility bill (not mobile phone)	Ref No	<input type="text"/>	Date of issue	<input type="text"/>
Council Tax demand	Ref No	<input type="text"/>	Date of issue	<input type="text"/>
Full UK/EU signed Driving Licence*	Ref No	<input type="text"/>	Date of issue / expiry	<input type="text"/>
Home visit	Date of visit	<input type="text"/>	Premises entered	<input type="text"/>
Confirmation of address from electoral register	Date confirmed	<input type="text"/>		
DSS Benefit Book/notification letter*	Ref No	<input type="text"/>	Date of issue	<input type="text"/>

Full name of regulated firm

Name of regulator

Regulator reference number

I confirm that I have seen the originals of the documents, checked that any requiring a signature are pre-signed and confirm that any associated photograph of the applicant bore a good likeness to the applicant and have identified the customer indicated and have identified the customer

Signed †

Name

Position

Date

Company stamp

† Note that this certificate must be signed by the person who has seen the original documentary evidence

* Can be used as evidence of name or address but not both