

Personal Objectives

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.

Client 1 Priority

Client 2 Priority

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Notes:

Specific future events for which you wish to plan: - if none, please confirm here

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

Date	Event	Anticipated Cost	Any Existing Provision

Are your circumstances likely to change in the foreseeable future?

Yes

No

e.g. employment, moving abroad, inherit wealth, etc)

Notes:

Personal Details

	Client 1	Client 2
Title		
Surname	.	
Forename(s)		
Salutation	.	
Address		
Postcode		
Home Telephone		
Mobile		
Work Telephone		
Email Address		
Date of Birth		
Place of Birth		
Age Next Birthday	0	0
Sex		
Marital Status		
Date of Marriage		
State of Health		
Hazardous sports?		
Smoker		
NI Number		
Nationality		
Domicile		
Resident Abroad		

Do you have any children / dependants Yes No

Dependent's Name	Date of Birth	Dependent of	Relationship	Reason for Dependency

Personal Finances

Occupation and Income

Client 1

Employment Status	
Occupation	
Job Description	
Employer/Firm Name	
Controlling Director	
Shareholding	
Value of Business Share	

Client 2

Employment Status	
Occupation	
Job Description	
Employer/Firm Name	
Controlling Director	
Shareholding	
Value of Business Share	

Notes:

	Gross	Net		Gross	Net
Highest rate of tax	Nil	<input type="checkbox"/>	Lower	<input type="checkbox"/>	
	Basic	<input type="checkbox"/>	Higher	<input type="checkbox"/>	

Summary of income and expenditure

Monthly take home income	£0.00	£0.00
Total monthly outgoings		
Net monthly disposable income		
Budget for planning needs		

Please confirm if a full breakdown of expenditure is required :-

Yes

(4a to be completed in full)

Personal Finances

Full breakdown of monthly expenditure

Household	Client 1	Client 2	Joint
Total	£0.00	£0.00	£0.00

Summary of Financial Position

Emergency fund

	Client 1	Client 2	Joint
What do you require as an emergency fund	£	£	£

Why is this amount appropriate?

Assets

Client	Partner	Joint
/	/	/
//	//	//
//	//	//
//	//	//
Total - client	Total - partner	Total - joint
£0.00	£0.00	£0.00

Liabilities

///	///	///
Total - client	Total - partner	Total - joint
£0.00	£0.00	£0.00

	Client 1	Client 2	Joint
Total Net Worth	£0.00	£0.00	£0.00
Value of Estate on Death	£	£	£

Notes:

Mortgages and Loans

Current or New Mortgage(s): - If none, please confirm here

Current or New Mortgage	Current <input type="checkbox"/>	New <input type="checkbox"/>
Ownership (joint etc)		
Tenants in common %		
Property value	£	
Amount of loan		
Lender		
Payment		
Original term of mortgage		
Final Repayment Date		
Repayment Type		
Current Rate of Interest		
Fixed/Tracker/Disc/Base		
Deal Expiry Date		
Redemption Expiry Date		

Secured or unsecured loans(s): - If none please confirm here

Owner	Lender	Cost	Start date	End date	Amount owing	Secured

Pension Details

	Client 1	Client 2
At what age do you want to retire	0	0
Does your employer run (or expect to run) a pension scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of joining (or date expected to join)		
Are there additional employee benefits (if yes see over)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you imminently expect to leave your employer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential leaving date		
Will you be entitled to join new employer's pension scheme If so - when	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever chosen NOT to join a company pension scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Occupational Scheme: - If none, please confirm here

Scheme name		
Scheme normal retirement date		
*Scheme type (final salary, etc)		
Accrual rate of scheme		
Level of PERSONAL contribution		
Is the scheme contracted out of S2P?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an AVC scheme available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any incentives to join the AVC?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Early retirement penalties		
Definition of pensionable salary		

***If occupational money purchase:**

Level of EMPLOYER contribution		
Product Provider		

GPP/GSHP/Designated SHP: - If none, please confirm here

Type of pension scheme available		
Scheme normal retirement date		
Employer contribution		
Employee contribution		
Waiver/PPI included	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes:

Pension Details Cont....

Deferred occupational pensions

	Client 1		Client 2	
Any pension scheme benefits in the scheme of a previous employer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Scheme/Employer Name				
Scheme retirement age				
Date of joining scheme				
Date of leaving scheme				
Current deferred pension (p.a.)				

Additional Employee Benefits: - please confirm here

	Client 1		Client 2	
Are you entitled to any lump sum death in service benefits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will your spouse or dependents be entitled to any pension benefit in the event of your death in service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you entitled to critical illness cover	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you entitled to income protection cover	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you entitled to medical insurance cover	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Details of cover:

Death in service

Dependent's benefits

Critical illness cover

Income protection

PMI

Existing Policy Schedule

Existing Pension Policies: - If none, please confirm here

Details

Policyholder	
Type	
Provider	
Policy Number	
Status	
NRD of policy	
Employee premiums	
Premium frequency	
Employer premiums	
Premium frequency	
Start date	
Indexed	
Waiver Included	
Extra death benefit	
Current value	

Notes:

Existing Policy Schedule Cont....

Existing Protection Policies: - If none, please confirm here

Policyholder	
Type	
Provider	
Policy Number	
Lives assured	
Sum assured	
Premium	
Start date	
End date	
Status	
Premium type	
Indexed	
Waiver Included	
In Trust	
Current Value	

Existing Policy Schedule Cont....

Existing PHI Policies: - If none, please confirm here

Policyholder	
Provider	
Policy Number	
1st Deferred Period (mths)	
Benefit	
2ndDeferred Period (mths)	
Benefit	
Premium	
Indexed	
Start date	
End date	
Status	
Premium type	
Occupation	
Definition	
Current Value	

Existing Policy Schedule Cont....

Existing Regular Savings policies: - If none, please confirm here

Policyholder	
Type	
Provider	
Policy Number	
Lives assured	
Sum assured	
Premium	
Start date	
End date	
Status	
Indexed	
Waiver Included	
In Trust	
Current Value	

Existing Investments: - If none, please confirm here

Policyholder	
Type	
Provider	
Policy Number	
Lives assured	
Initial Investment	
Start date	
Maturity date	
Status	
Withdrawals	
In Trust	
Current Value	

Attitude to Investment Risk

Category	Description
Risk Averse	You are not prepared to invest in any area where your capital is at risk. You accept that this limits the scope of investment to deposit-based products and that returns on such products are typically at lower levels. This would typically mean a portfolio invested predominantly in cash or some other minimal risk asset such as government bonds, or money-market instruments.
Cautious	You would prefer not to take any risk with your investments, but you can be persuaded to do so to a limited extent. You would prefer to keep your money in the bank, but realise that other types of investments give better potential for longer term returns. This would typically mean a portfolio invested mainly in cash and fixed income, to include government stocks (gilts) and corporate bonds. There may be a small equity component to enhance returns on longer-term investments.
Conservative	You understand that you need to take investment risk in order to be able to meet your long-term goals. On this basis, you are willing to take risk with at least part of your available assets. This would typically mean a portfolio invested in a combination of government bonds and there would be an equity component to enhance longer term returns which would vary dependent on the intended investment term.
Moderate	You are happy to take on investment risk and understand that this is the crucial in terms of generating long-term return. You are willing to take risk with most of your available assets. This would typically mean a portfolio invested partly in fixed income (to include government stocks (gilts) and corporate bonds) and in equities, with broadly equal distribution between these asset types.
Moderately Aggressive	You are happy to take on investment risk and understand that this is the crucial in terms of generating long-term return. You are willing to take risk with most of your available assets. This would typically mean a portfolio invested partly in fixed income (to include government stocks (gilts) and corporate bonds), but with a larger equity component.
Aggressive	You are seeking higher potential returns on your investments, and are willing to invest in areas that carry greater risk, using all of your assets in this way. This would typically mean a portfolio invested completely in equities. An aggressive investor seeking higher returns, but with a short investment term may choose to allocate a proportion of their assets in more liquid, lower risk assets such as corporate bonds.

** Please note that the investment make up of each attitude to risk is merely indicative and these can and no doubt will vary based upon the time horizon of the investment goal **

Please indicate which single category best reflects your attitude to risk or which has been indicated by the questionnaire results:

Attitude to Risk - Client 1

Category

Rating

Attitude to Risk - Client 2

Category

Rating

Planning Objectives - Life & Critical Illness Assurance

Please note that all reference to previous sections and separate analysis may be needed.
All figures should be quoted on today's terms.

Life & Critical Illness Assurance - Needs and Expectations

	Client 1	Client 2
Priority compared to other needs		
Is advice required in this area now	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require advice on existing protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes - ensure existing policy details completed and provide an explanation below		
Would you want to clear all debt in the event of your death	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you want to clear all debt in the event of a serious illness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Should benefits be paid as a lump sum or regular income	Lump Sum* <input type="checkbox"/> Reg Income** <input type="checkbox"/>	Lump Sum* <input type="checkbox"/> Reg Income** <input type="checkbox"/>
*Additional capital to be provided for your family	£	£
**Additional income to be provided for your family	£	£
Over what term is cover required		
Potential Shortfalls		
Current Liabilities	£	£
Current Life Cover	£	£
TOTAL LIFE COVER REQUIRED	£	£

Notes:

Planning Objectives - Health

Please note that reference to previous sections and separate analysis calculations may be needed.
All figures should be quoted on today's terms.

Permanent Health Insurance - Needs and Expectations

Priority compared to other needs		
Is advice required in this area now	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require advice on existing protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes - ensure existing policy details completed and provide an explanation below

Would you be provided with sick pay in the event of long term illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe current provision		
Net monthly take home	£	£
Monthly expenditure	£	£

What income would be required to maintain standard of living	£	£
How many months could you manage before requiring income		
To what age is cover required		

Potential Shortfalls

Income required	£	£
Deferred period (months)		
Income required (if changes)	£	£
2nd Deferred Period (months)		
Income from other policies	£	£
SHORTFALL	£	£

Notes:

Planning Objectives - Pensions for Retirement

Please note that reference to previous sections and separate analysis calculations may be needed.
All figures should be quoted on today's terms.

	Client 1	Client 2
Priority compared to other needs		
Is advice required in this area now	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require advice on existing pensions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes - ensure existing policy details completed and provide an explanation below

	Client 1	Client 2
Target retirement age		
What is the income you require in today's terms	£	£
Does your employer contribute to a pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a controlling director	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Maximum pension contribution permitted (M/A/S)	£	£
How much could you set aside for pension planning (M/A/S)	£	£

	Client 1	Client 2
Potential Shortfalls		
Income required	£	£
Estimated Income from existing plans	£	£
PENSION SHORTFALL	£	£

Notes:

Planning Objectives - Income in Retirement

Please note that reference to previous sections and separate analysis calculations may be needed.
All figures should be quoted on today's terms.

	Client 1	Client 2
Priority compared to other needs		
Is advice needed in this area now	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require advice on vesting existing pensions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes - ensure existing policy details completed and provide an explanation below

Target retirement age		
Total pension funds available	£	£
Amount of tax free cash available	£	£
Amount of tax free cash required	£	£
Annuity payable for spouse	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annuity payable for dependants	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are payments required to increase	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long are payments needed to continue after death (years)		

Health conditions - which may possibly affect annuity rates

Client 1

Client 2

Notes :- detail potential benefits from existing provider

Planning Objectives - Savings

Regular Savings

	Client 1	Client 2
Priority compared to other needs		
Is advice needed in this area now	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require advice on existing provision	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes - ensure existing policy details completed and provide an explanation below		
How much do you want to save		
How long do you want to save for		

In the event of death would you wish your family to benefit from the intended savings

Yes No

Planning Objectives - Investments

Lump Sum Investments

	Client 1	Client 2
Priority compared to other needs		
Is advice required in this area now	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require advice on existing provision	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes - ensure existing policy details completed and provide an explanation below

Please confirm the source of funds for proposed investment(s)

How much do you want to invest		
Do you want access to the capital	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long do you want to invest for (years)		
Have ISAs allowances been fully used	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you accept capital volatility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want to invest for	Growth <input type="checkbox"/>	Growth <input type="checkbox"/>
Growth / Income	Income <input type="checkbox"/>	Income <input type="checkbox"/>
Level of income required	£	£

Planning Objectives - Wills/Inheritance Tax

Will

	Client 1	Client 2
Have you made a will	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When was it last updated		

What are its main provisions:

Beneficiaries:

Gifts made / received:

	Client 1	Client 2																														
Have you made or received any gifts in the last 7 years	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																														
Please indicate the gifts made in the last 7 years	<table border="1"> <thead> <tr> <th>Year</th> <th>£</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> </tbody> </table>	Year	£											TOTAL		<table border="1"> <thead> <tr> <th>Year</th> <th>£</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> </tbody> </table>	Year	£													TOTAL	
Year	£																															
TOTAL																																
Year	£																															
TOTAL																																
Are you the beneficiary of a trust	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																														
Please give details of the entitlement																																
Was it credited in the last 7 years	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																														
Will you benefit from a trust soon	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																														
Capital or income receivable	£	£																														

Notes:

Planning Objectives - Inheritance Tax cont....

Estate Value / Liability

	Client 1	Client 2	Joint	Total
Total Assets on Death	£	£	£	£
Total Assets in Trust	£	£	£	£
Total Liabilities	£	£	£	£
Current INH nil band	£	£	£	£
Exemptions	£	£	£	£
Total liable to tax	£	£	£	£
TAX LIABILITY	£	£	£	£

	Client 1	Client 2
Priority compared to other needs		
Is advice required in this area now	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require advice on existing provision	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes - ensure existing policy details completed and provide an explanation below

	Client 1	Client 2
Is mitigating IHT an issue	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes:

Planning Objectives - Long Term Care

Needs and Expectations

	Client 1	Client 2
Priority compared to other needs		
Is advice required in this area now	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you want to protect your estate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much income would you need to fund care costs	£	£
Would you realise assets to provide income to fund care costs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What level of assets would you be prepared to realise	£	£
What monthly contribution is affordable	£	£
What type of care would you want to receive	Home <input type="checkbox"/>	Home <input type="checkbox"/>
	Residential <input type="checkbox"/>	Residential <input type="checkbox"/>
	Nursing <input type="checkbox"/>	Nursing <input type="checkbox"/>
What is the income you would require for LTC in today's terms	£	£
What income could you expect from your LTC policies/investments	£	£
Shortfall	£	£

Notes:

General Notes / Recommendations

Client Declaration - please read carefully and then sign and date below

I confirm that the information I have provided 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 recommendations made to me and that I am not under any obligation to take up any recommendation made.

I understand that the recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I understand that I must be sure of the 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 and a Terms of Business letter. I understand that the Terms of Business letter should be read carefully.

I/We understand that _____ is collecting all data contained in this form as a Data Controller in relation to the data supplied. I/We consent to the transfer to and processing of all the personal data and sensitive data (as defined in the Data Protection Act 1998) which I/we have submitted in this form by this company for the purpose of receiving advice in relation to Financial planning requirements and for no other purpose.

I/We consent to _____ contacting me/us in the future in order to make me/us aware of any products, financial planning requirements or other information that they believe may be of interest to me/us.

ADDITIONAL CLIENT DECLARATION (Please tick this box if the following is applicable)

I further declare that I did not want to disclose certain personal/financial information and I am aware that this may prevent an Adviser from being able to identify areas where it might have been appropriate to make recommendations, or which could have an effect on the recommendations that have been made.

NB: Please understand that we reserve the right to decline to give advice if full information is not provided.

Client 1	Client 2	Adviser
Date	Date	Date