



Inspiring Financial Planning  
The Financial Planning Practice Ltd

# Client Questionnaire

**Client(s):**

**Date:**

**Completed By:**

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**This represents an accurate picture of my/our circumstances as well as aims and objectives.**

**Signed:** .....

**Signed:** .....

**Date:** .....

**PERSONAL DETAILS**

	<b>SELF</b>	<b>PARTNER</b>
<b>Surname</b>		
<b>Forenames</b>		
<b>Title</b>		
<b>Sex</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Telephone Home</b>		
<b>Mobile</b>		
<b>Email Address</b>		
<b>Date of Birth</b>		
<b>NI Number</b>		
<b>Marital Status</b>		
<b>Occupation</b>		
<b>Self-Employed?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Employer' Name</b>		
<b>Address</b>		
<b>Smoker</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Good Health</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

**Do you have a partner you are not including?**    **Yes**     **No**

**Additional Information**

**YOUR CHILDREN AND OTHER DEPENDENTS**

<b>Do you have any children or other dependents?</b>	<b>SELF</b>	<b>PARTNER</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Name</b>	<b>Sex</b>	<b>DOB</b>	<b>Relationship</b>

**Additional Information**

**WILLS AND INHERITANCE**

<b>Have you made a Will?</b>	<b>SELF</b>	<b>PARTNER</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Brief Details of your Will(s)**

**INCOME AND EXPENDITURE**

**Gross Annual Income**

**SELF**

**PARTNER**

Income from main employment

Other Earned Income

Pensions

Investment Income

Other Sources

**Total Gross Income  
(monthly/ annually)**

**Total Net Monthly Income**

**Essential Monthly Outgoings**

Mortgage/rent

Energy (gas, electric & water)

Local taxes & Home insurance

Life Insurance & Pensions

ISA's (& repayment vehicles)

Cars and travel costs

Loans (HP etc.)

TV, Phones & Broadband(inc licence)

Variable outgoings

Food and Clothing

Other essential expenditure

**Total Monthly Outgoings**

**Net Discretionary Income**

**Additional Information**

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**BALANCE SHEET****ASSETS**

	<b>SELF</b>	<b>PARTNER</b>
<b>Property</b>		
Your Home		
Other Property		
Personal Possessions		
<b>Cash and Deposits</b>		
Cash		
Current Account		
Deposit Account		
Other deposits		
<b>Investments</b>		
Stocks and Shares		
Bonds		
OEIC's		
PEP's		
Other Investments		
<b>Other Assets</b>		
Trusts		
Business Interests		
Other Assets		
<b>Total Assets</b>		

**Additional Information**

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<b>BALANCE SHEET</b>
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**LIABILITIES**

	<b>SELF</b>	<b>PARTNER</b>
<b>Mortgages and Loans</b>		
Your Home		
Other Property		
Personal Possessions		
<b>Bank Loan and HP</b>		
Bank Overdraft		
Bank Loans		
Hire Purchase		
Payday Loan		
Other Loan		
<b>Taxes</b>		
Income Tax		
Tax on investments		
Other tax		
<b>Current Liabilities</b>		
Credit Cards		
Bills and Invoice		
Other Amounts owed		
<b>Total Liabilities</b>		

**Are your liabilities insured in the event of:-**

	<b>Death</b>	<b>Illness</b>
Mortgage		
Credit Cards		
Other Loans		

**Additional Information**

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## OBJECTIVES & PRIORITIES

### What are currently your highest priorities?

Financial security for your family in the event of premature death

Providing for you and your family during sickness or disability

Provide adequate provision for retirement

Efficient repayment of mortgages and loans

Ensure funds are available for children's education

Investing a lump sum

Investing on a regular basis

Over what period are you prepared to invest for?

Short (1-5 yrs)

Medium (6-15 yrs)

Long Term (15+ yrs)

Other (Please Specify)


### Investment attitude

How would you describe your attitude to risk?

Cautious

Conservative

Balanced

Adventurous

Speculative

Do you have strong views on where your money is invested?

Yes  No

If yes, please give details

### Additional Information

## MORTGAGE DISCLOSURE

### RESIDENTIAL MORTGAGE

Do you have an existing residential mortgage?

Yes  No

If yes, please give details below

Mortgage Provider

Monthly Mortgage Payment

Mortgage Account Number

Value of your existing property

Outstanding mortgage amount

Current Interest Rate

Known Interest Rate changes

Mortgage Type

Fixed	Tracker	Variable	Discount	Capped	Other

Are payments up to date?

Yes  No

If no, please state the amount of any arrears

£

Are you planning on changing your mortgage or moving home shortly?

Yes  No

If yes, please give details

Estimated completion date

Amount of loan required

£

Has a loan been agreed at this time?

Yes  No

### Additional Information

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## MORTGAGE DISCLOSURE

### BUY TO LET/ HOLIDAY HOME MORTGAGE

Do you have an existing Buy-to-Let or 2<sup>nd</sup> mortgage?

Yes  No

If yes, please give details below

Mortgage Provider

Monthly Mortgage Payment

Mortgage Account Number

Value of your property

Outstanding mortgage amount

Current Interest Rate

Known Interest Rate changes

Mortgage Type

Fixed	Tracker	Variable	Discount	Capped	Other

Are payments up to date?

Yes  No

If no, please state the amount of any arrears

£

Are you planning on changing your mortgage shortly?

Yes  No

If yes, please give details

Estimated completion date

Amount of loan required

£

Has a loan been agreed at this time?

Yes  No

### Additional Information

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## LIFE ASSURANCE POLICIES

Do you have any existing Life Assurance Policies?

Yes  No

If yes, please give details below

	<b>Policy 1</b>	<b>Policy 2</b>
Life assured		
Policyholder		
Policy Type		
Provider		
Policy Number		
Purpose of Policy		
Date Started		
Maturity /end date		
Sum Assured	£	£
Disability Benefit	£	£
Other principal benefits	£	£
Premium	£	£
Under trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is policy assigned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	<b>Policy 3</b>	<b>Policy 4</b>
Life assured		
Policyholder		
Policy Type		
Provider		
Policy Number		
Purpose of Policy		
Date Started		
Maturity /end date		
Sum Assured	£	£
Disability Benefit	£	£
Other principal benefits	£	£
Premium	£	£
Under trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is policy assigned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## EXISTING PENSION ARRANGEMENTS

### OCCUPATIONAL PENSION SCHEMES

	SELF	PARTNER
Are you currently a member of an Occupational Pension Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, does your employer operate one which you could join?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
If Yes, what are the entry conditions?		
What type of scheme is it and please indicate retirement benefits(eg 1/60 <sup>TH</sup> )		
What benefits are payable on death in service?		
How long do you expect to remain in your current employment?		
Do you have preserved benefits from an Occupational Pension Scheme?		

### PERSONAL PENSION SCHEME

Do you have any existing Personal Pension Policies? Yes  No

If yes, please give details below

	Policy 1	Policy 2
Policyholder		
Policy Type		
Company		
Policy Number		
Premium		
Value		

	Policy 3	Policy 4
Policyholder		
Policy Type		
Company		
Policy Number		
Premium		
Value		

#### Additional Information

## RETIREMENT NEEDS

	<b>SELF</b>	<b>PARTNER</b>
Have you and your partner already retired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If not, please complete the boxes below

When do you expect to retire		
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	<b>SELF</b>	<b>PARTNER</b>
Retirement Income (today)	£	£
Required monthly income	£	£
Monthly Income expected	£	£
State Pension	£	£
Occupational Scheme	£	£
Personal Pension	£	£
Investment Income	£	£
Other non-pension annuities	£	£
Other Income (please specify)	£	£
	£	£

<b>TOTAL EXPECTED INCOME</b>	£	£
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Shortfall on retirement	£	£
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Cash that can be raised		
Realisable personal assets	£	£
Cash	£	£
Investments	£	£
Realisable business interests	£	£
Cash sum at retirement	£	£
Other	£	£

<b>TOTAL</b>	£	£
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### Additional Information

**ADDITIONAL NOTES**

## How Our Process Works

**We have provided you with this initial consultation at our expense.**

We have gathered information through this fact find helping us to understand your financial objectives and how we can support you in working towards these.

We have also discussed the cost, and levels, of our services both initially and throughout our relationship with you.

We will now use this information to research the whole market of products and providers to find the right option for you.

### Initial Fee Agreement

**Whether you buy a product or not, on completion of our work, you will pay us a fee for our advice and services.**

**I/We would like for The Financial Planning Practice Ltd to prepare their recommendations and I/we agree to pay a fee of £500 should I/we decide not to proceed.**

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_