

STRICTLY CONFIDENTIAL

Personal Financial Planning Questionnaire

Client Name/s

In order that we may advise you regarding your financial planning requirements, it is essential that we obtain from you all current and relevant information - please therefore complete the following details as comprehensively as you are able.



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Planning Objectives

Please indicate the relative importance of the following needs/objectives on a scale of 1 to 5. Tick 1 to indicate very important and 5 to indicate that you attach little importance to that item.

	1	2	3	4	5
Protecting your dependants in the event of your death					
Providing for your retirement					
Buying/improving a home					
Saving for a special event					
Investment planning					
Inheritance Tax planning					
School Fees planning					
Protection of earnings/lifestyle following death					
Serious illness/disability					
Provision for Long Term Care in retirement					

Which of the above needs/objectives do you wish to address immediately

Specific Future Events You Wish To Plan For

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

Date	Event	Any existing provision
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are your circumstances likely to change in the foreseeable future (e.g. employment, moving abroad, inherit wealth, etc.)

PERSONAL DETAILS

	Self	Partner
Title / Surname		
Forename (s)		
Date of birth		
National Insurance No		
Marital status		
Nationality / Domicile		
Address		
Postcode		
Contact Numbers		
Personal Email address		
State of health		

Employment	Self	Partner
Employment status		
Occupation		
Occupation description		
Business name		

Children / Dependants

Dependants name	Birth date	Dependant of	Relationship	Reason for dependency

Wills

Have you made a will Yes No Yes No

What are its main provisions

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Income & Expenditure

	Self	Partner
Total Gross Annual Employed Earnings		
Total Annual Self Employed Earnings		
Total annual unearned income not taxable		
Total annual P11D taxable		
Monthly take home income		
Total monthly outgoings		
Net monthly disposable income		
Monthly amount available for saving		

Assets & Liabilities

Assets

	Self	Partner	Joint
Main Residence			
Investments			
Cash accounts			
Business shares			
Personal assets			
Other (please specify)			
Total			

Liabilities

Mortgages			
Loans			
Credit cards			
Overdraft			
Other (specify)			
Total			

Mortgage and Loans

Are you planning or do you have a mortgage?		
Property value		
Ownership (joint, etc)		
Held as tenants in common (%)		
Amount of loan outstanding		
Mortgage repayment date		
Mortgage type		
Mortgage in joint names		
Rate of interest		
Fixed or variable		
If fixed Fixed rate expiry date		
Redemption period (months)		
Personal loans		
Personal loan purpose		
Do you expect any inheritance		
If so - please indicate amount		

Financial Protection – Needs and Expectations

Life assurance

	Self	Partner
In the event of death would you want to clear all debt?		
Would you want to supplement income?		
Income required in today's terms		
Over what period would you want the income payable (years)?		
Do you require additional capital - beyond debt repayment?		
If so, how much additional capital would you require?		
Over what period is cover required?		

Permanent Health Insurance

	Self	Partner
If in employment, what entitlement to sick pay do you have?		
Would you want to replace income?		
How many weeks could you support yourself / spouse before income is required?		
To what age should protection be in place?		

Critical Illness

	Self	Partner
Would you want to clear all debt?		
Do you require additional capital - beyond debt repayment?		
If so, how much additional capital would you require?		
Over what period is cover required?		

Private Medical Expenses

	Self	Partner
Do you require private medical insurance?		

Long Term Care

	Self	Partner
Would you want to completely protect your estate?		
How much income would you need to fund care cost?		
Would you realise assets to provide income to fund care costs?		
Would you want to receive care at home or in a nursing / residential home?		

Notes

Pension Arrangements

Current employment

Are you currently a member of an employer's pension scheme?
 Is the scheme Final Salary/Money purchase/GPP/EPP?
 Date of joining the scheme
 Scheme retirement age
 What percentage of salary do you contribute/frequency?
 How much does your employer contribute
 If "Final Salary" what is the accrual rate (e.g. 80ths/60ths)?
 Widow/Widower's death in retirement benefits
 Does the company scheme allow you to retire early/late?
 Expected years of service
 Do you make additional voluntary contributions? If yes please record under Personal and Other Pension Provision table
 What percentage of salary do you contribute?
 Does your employer provide a company pension scheme for which you are currently ineligible?
 If yes, what are the conditions for entry?
 Have you previously chosen not to join your company pension scheme?

Self

<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No

Partner

<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No

Deferred occupational pensions

Do you have pension scheme benefits in the scheme of a previous employer?

If so, please confirm with whom, benefit type and Normal Retirement Date

Self

Partner

Personal Pensions / AVCs

Company	Policy type	Policyholder	Policy number	Premium & freq.	Current value

Target retirement age

What is the income you require in today's terms?

Would you expect your retirement income to keep pace with inflation

Investment - needs and objectives

	Self	Partner
Are you saving for a specific purpose? <i>If so, please provide details in the notes section</i>		
How much capital should be retained for emergencies?		
How much do you have to invest?		
Lump sum or regular contribution?		
How long do you want to invest for?		
Do you want access to capital?		
Do you want to invest for income?		
Can you accept income volatility?		
Do you want to invest for capital growth?		
Can you accept capital volatility?		
Do you want to simply save excess income?		

Please note:

If advice is required on the following areas, additional supplementary/attitude questionnaires will require completion

- Pension / Investment Consolidation and Transfers
- Retirement Income Planning
- Investment and Tax Planning
- Inheritance Tax Planning
- School Fees Planning

Client Declaration - Please Read Carefully Before Signing

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 understand that additional information may be required before advice can be provided.

ADDITIONAL CLIENT DECLARATION (delete if not applicable)

I further declare that, where I did not wish to disclose certain personal/financial information, I am aware that this may prevent my adviser from being able to identify areas where it might have been appropriate to make recommendations and that this could impact negatively upon the advice provided.

N.B Please be aware that we do reserve the right to decline to give advice if full information is not provided.

We will be storing the information from this document on our files for our reference. You may instruct us to remove your details from our records at any time - please refer to our Privacy Policy

PLEASE CHECK THE INFORMATION RECORDED WITHIN THIS DOCUMENT CAREFULLY BEFORE SIGNING

SIGNED	Client	Partner
DATED		

Additional Notes