

# **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

Event

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

Date

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			
	Self		Partner
Employment	Self		Partner
	Self		Partner
Employment Employment status Occupation	Self		Partner
Employment Employment status Occupation Occupation	Self		Partner
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Employment Employment status Occupation Occupation description Business name	Self		Partner
Employment Employment status Occupation Occupation description	Self		Partner
Employment         Employment status         Occupation         Occupation         description         Business name         Children / Dependants			
Employment Employment status Occupation Occupation description Business name	Self Birth date Dependant o	f Relationship	Partner
Employment         Employment status         Occupation         Occupation         description         Business name         Children / Dependants		f Relationship	

# Wills

Have you made a will	🗆 Yes 🗆 No	□ Yes □ No
What are its main provisions		

# 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

#### 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?		

Current employment	Self	Partner
Are you currently a member of an employer's pension scheme?	🗆 Yes 🛛 No	🗆 Yes 🛛 No
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	🗆 Yes 🛛 No	🗆 Yes 🛛 No
What percentage of salary do you contribute?		
Does your employer provide a company pension scheme for which you are currently ineligible?	🗆 Yes 🛛 No	🗆 Yes 🛛 No
If yes, what are the conditions for entry?		
Have you previously chosen not to join your company pension scheme?	🗆 Yes 🛛 No	🗆 Yes 🛛 No
Have you previously chosen not to join your company pension scheme?	🗆 Yes 🗆 No	🗆 Yes 🛛 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

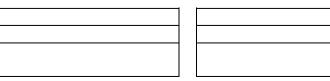
Partner

#### 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?		
If so, please provide details in the notes section		
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:**

SIGNED

DATED

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 Pease 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

Client	Partner

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