

Financial Planning Questionnaire

Title
Surname
Forenames
Preferred Name
Date of Birth
Place of Birth
National Insurance Number

Client 1	Client 2

Do you smoke?
If so, please give details
(cigarettes/cigars/pipe)

per day	per day

Married (date of marriage)
Surname Before Marriage

Client 1	Client 2

Legally Separated (dates)
Divorced (dates of marriage/divorce)
Widowed (dates of marriage/death)
Name & Date of Birth of Spouse

Home Telephone Number
Work Telephone Number
Mobile Telephone Number
Fax Number
E-mail Address

Children & Other Dependents

Full Name
 Usually Known As
 Date Of Birth
 Relationship To You

Dependent 1	Dependent 2	Dependent 3	Dependent 4

Full Name
 Usually Known As
 Date Of Birth
 Relationship To You

Dependent 5	Dependent 6	Dependent 7	Dependent 8

Are you currently receiving tax credits? If so, in whose name?

Are you considering any changes to your family situation? e.g. expecting child

Specific family priorities? e.g. providing assistance to a family member

Wills & Enduring Power of Attorney

Client 1

Have You Made a Will?
 Have You Appointed an EPA?

Yes/ No	Date	Up to Date?	Located

Client 2

Have You Made a Will?
 Have You Appointed an EPA?

Yes/ No	Date	Up to Date?	Located

Please provide us with a copies of your existing Wills and Power of Attorney agreements
 If you do not have copies of your Wills or Power of Attorney agreements, please give details

Employment Details

Client
 Job Title
 Employers Name
 Employers Address

 Telephone Number
 Fax Number
 Email Address

Employment 1	Employment 2	Employment 3	Employment 4

Start Date
 End Date / Expected Retirement Date
 Salary
 Bonus / Commission
 Dividends
 Expected Growth Rate of Income

£	£	£	£
£	£	£	£
£	£	£	£
	%	%	%

What percentage of this income would continue:

if Client 1 were to die?
 if Client 2 were to die?
 if Client 1 was seriously ill or disabled?
 if Client 2 was seriously ill or disabled?

Are you contracted out of S2P?
 Details

Taxable Benefits in Kind

Accommodation
 Childcare
 Clothing
 Travelling expenses
 Private medical insurance

Employment 1	Employment 2	Employment 3	Employment 4
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£

Other Income - e.g. Pension / Investment / Rental / Benefits

	Income 1	Income 2	Income 3	Income 4
Client				
Source				
Amount	£	£	£	£
Start Date				
End Date				
% Increases	%	%	%	%

What percentage of this income would continue:

if Client 1 were to die?	%	%	%	%
if Client 2 were to die?	%	%	%	%
if Client 1 was seriously ill or disabled?	%	%	%	%
if Client 2 was seriously ill or disabled?	%	%	%	%

	Income 5	Income 6	Income 7	Income 8
Client				
Source				
Amount	£	£	£	£
Start Date				
End Date				
% Increases	%	%	%	%

What percentage of this income would continue:

if Client 1 were to die?	%	%	%	%
if Client 2 were to die?	%	%	%	%
if Client 1 was seriously ill or disabled?	%	%	%	%
if Client 2 was seriously ill or disabled?	%	%	%	%

Are there any changes to your income that are likely to take effect in the near future?

Property

Address

Telephone No

Purchase Price

Purchase Date

Current Value

Owner

Basis

(Joint Tennants / Tennants in Common)

Main Residence	Other Property	Other Property	Other Property
£	£	£	£
£	£	£	£

Do you intend to ever sell this property?

If so, when?

How much might its replacement cost?

Would you sell this property:

if Client 1 were to die?

if Client 2 were to die?

if Client 1 was seriously ill or disabled?

if Client 2 was seriously ill or disabled?

How much might its replacement cost?

Mortgages & Loans

Purpose Of Loan
Mortgage / Loan Provider
Account Reference Number
Borrower(s)
Start Date
End Date
Amount Originally Borrowed
Amount Currently Outstanding
Amount & Frequency Of Payments
Capital Repayment / Interest Only
Current APR %

Loan 1	Loan 2	Loan 3	Loan 4
£	£	£	£
£	£	£	£
£	£	£	£
%	%	%	%

Would you want to repay this loan:
if Client 1 were to die?
if Client 2 were to die?
if Client 1 was seriously ill or disabled?
if Client 2 was seriously ill or disabled?
as soon as possible?
on retirement?

Credit Cards

Credit Card Company
Type of Card
Card Holder(s)
Start Date
Current Balance
Monthly Repayments
Current APR %

Credit Card 1	Credit Card 2	Credit Card 3	Credit Card 4
£	£	£	£
£	£	£	£
%	%	%	%

Private Motor Vehicles

Make and Model
 Owner
 Date of Purchase
 Proposed Date of Sale
 Business Miles
 Current Value
 Purchase Cost

Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
p.a.	p.a.	p.a.	p.a.
£	£	£	£
£	£	£	£

Would you sell this vehicle:
 if Client 1 were to die?
 if Client 2 were to die?
 if Client 1 was seriously ill or disabled?
 if Client 2 was seriously ill or disabled?
 on retirement?

Do you intend to upgrade/downgrade?
 If so, when?
 How much might the replacement cost?

Company Motor Vehicles

Make and Model
 Employer
 Date acquired
 End date
 Date of registration
 List price when new
 Contribution to purchase cost
 Fuel type
 Engine capacity
 Business mileage
 CO₂ Emmissions

Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
£	£	£	£
£	£	£	£
c.c	c.c	c.c	c.c
p.a.	p.a.	p.a.	p.a.
gms/km	gms/km	gms/km	gms/km

Bank & Building Society Accounts

Name Of Bank/Building Society
 Name Of Account *e.g. Mini ISA*
 Owner Of Account
 Balance

Account 1	Account 2	Account 3	Account 4
£	£	£	£

Name Of Bank/Building Society
 Name Of Account *e.g. Mini ISA*
 Owner Of Account
 Balance

Account 5	Account 6	Account 7	Account 8
£	£	£	£

What is the minimum amount would you like to keep for emergencies?

Client 1	Client 2
£	£

Have you contributed to ISAs in this tax year?

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If you are a non-taxpayer, have you given your bank a R85 form to receive your interest tax-free?

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Heathcare, Income Protection & Long Term Care

	Policy 1	Policy 2	Policy 3	Policy 4
Insurance Company Name				
Policy Holder				
Policy Type (e.g. Income Protection)				
Policy Number				
Details:				

Life Assurance & Critical Illness Policies

	Policy 1	Policy 2	Policy 3	Policy 4
Insurance Company Name				
Policy Holder				
Policy Type (e.g. Mortgage Protection)				
Policy Number				
Details:				

Savings Policies & Endowments

	Policy 1	Policy 2	Policy 3	Policy 4
Insurance Company Name				
Policy Holder				
Is This Policy Mortgage-Linked?				
Policy Number				
Details:				

Other Assets

Personal Chattels & Effects
 Private Company Shares
 Directors Loan Accounts
 Partnership Shares
 Partners Capital Accounts
 Other Business Interests
 National Savings
 Premium Bonds
 Other
 Other

Client 1	Client 2	Joint
£	£	£
£	£	£
£	£	£
£	£	£
£	£	£
£	£	£
£	£	£
£	£	£
£	£	£
£	£	£

Gifts / Lifetime Transfers

Description of Gift
 Transferor
 Beneficiary
 Value of Gift
 Date of Gift
 Do you now have any interest in the gift,
 e.g. an income for your benefit?

Gift / Transfer 1	Gift / Transfer 2	Gift / Transfer 3	Gift / Transfer 4

Possible Future Inheritances to be Received

Beneficiary
 Source (e.g. Mother)
 Possible Date (at your age)
 Expected Value (net of Inheritance Tax)
 Would you like Inheritance Tax Advice?

Inheritance 1	Inheritance 2	Inheritance 3	Inheritance 4

Professional & Medical Advisers - Client 1

	Accountant	Solicitor	Financial Adviser	Other
Name				
Practice Name				
Practice Address				
Annual Fees Paid Personally	£	£	£	£

	Doctor	Dentist	Optician	Other
Name				
Practice Name				
Practice Address				
Annual Fees Paid Personally	£	£	£	£

Professional & Medical Advisers - Client 2

	Solicitor	Accountant	Financial Adviser	Other
Name				
Practice Name				
Practice Address				
Annual Fees Paid Personally	£	£	£	£

	Doctor	Dentist	Optician	Other
Name				
Practice Name				
Practice Address				
Annual Fees Paid Personally	£	£	£	£

Send copy of financial plan / investment report to accountant or other(s)?

Financial Review Questions

What do you feel are the positives and negatives about your financial position?

Positives	Negatives
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What would need to happen in order for you to feel financially secure and independent?

Risk Management Objectives

Are you happy to rely on the NHS for all of your healthcare needs?
 Would you like us to provide a quote for Private Medical Insurance?

Client 1	Client 2
Yes / No	Yes / No
Yes / No	Yes / No

If you were to become in need of long term medical care (at any age),
 would you want to receive care:

At home Residential home Nursing home	At home Residential home Nursing home
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In the event of death or serious illness, would you like all loans to be repaid?

Yes / No	Yes / No
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In the event of death or serious ill health, would you or your partner stay in
 your current home, or would you move to a bigger/smaller house?
 If you would move, how much might your new home cost?

Stay / Move	Stay / Move
£	£

You would like your spouse/partner to be financially secure in the
 event of your premature death

Not relevant	Relevant	High priority
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You would like to be financially secure in the event of either of you
 becoming ill, disabled and/or in need of long term care

Not relevant	Relevant	High priority
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Notes / other relevant information

Asset Management Objectives

Client 1	Client 2
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What amount you comfortable holding on deposit for emergencies?
Would you like to invest your excess deposits?

£ Yes / No	£ Yes / No
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Do you have any goals or lifetime ambitions that you would like to save for?
If so, how much would it cost and when would you like to achieve it?

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Are you interested in refinancing your mortgages/loans?

Yes / No	Yes / No
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Do you have any charitable intentions that you would like to be included?
e.g. gifting to children or grandchildren, parental pension, charity

Yes / No	Yes / No
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You would like to review the suitability, risks and returns of your investments

Not relevant	Relevant	High priority
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You would like advice on the investment of a lump sum amount or regular amounts

Not relevant	Relevant	High priority
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You would like to ensure sufficient resources to fund your children's education

Not relevant	Relevant	High priority
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You would like to arrange your loans in as efficient and appropriate a manner as possible

Not relevant	Relevant	High priority
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Notes / other relevant information

Retirement Planning Objectives

Client 1	Client 2
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At what age do you intend to retire?

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Do you intend to work on a part-time basis?

If so, from when until when?

For what percentage of your current earnings?

Yes / No	Yes / No
%	%

Would you like your retirement income to increase with inflation?

Yes / No	Yes / No
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If you were to die, what percentage of your pension would you like your spouse to get?

%	%
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Would you like to receive a tax-free lump sum payment on retirement?

Yes / No	Yes / No
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You would like to ensure that you have sufficient resources to fund your desired lifestyle throughout retirement

Not relevant	Relevant	High priority
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You would like to review the performance and suitability of your existing pension arrangements

Not relevant	Relevant	High priority
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Notes / other relevant information

Estate Planning Objectives

Client 1	Client 2
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Are you concerned about your family having to pay inheritance tax?

Yes / No	Yes / No
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Have you taken any steps to reduce the inheritance tax liability of your estate?
If so, please give details

Yes / No	Yes / No

You would like to review your Wills and Powers Of Attorney to ensure they are up to date and suitable

Not relevant	Relevant	High priority
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You would like to minimise inheritance tax as far as possible, without affecting your own standard of living

Not relevant	Relevant	High priority
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Notes / other relevant information

Assumptions

Unless otherwise stated, the following assumptions shall be made. Please amend these if you would prefer to make alternative assumptions:

Annual Inflation

Cost of living	3.00%
Earnings	4.00%
Business values	5.00%
Property values	5.00%
Vehicle depreciation	10.00%

Gross Returns

(income re-invested)

Cash deposits	5.00%
Life assurance funds	5.00%
Shares	6.00%
Unit trusts & OEICs	6.00%
Pension funds	6.00%

Planning Assumptions

Age at which you will stop driving	80
Financial plan to age	100

Knowledge & Experience

Which types of financial services, transactions and investments are you familiar with?

Bank accounts		Bank accounts	
Stocks&shares ISAs		Stocks&shares ISAs	
Investment bonds		Investment bonds	
Shares		Shares	
Pensions		Pensions	
Other (specify)		Other (specify)	

Nature of previous investment transactions
 Volume of previous investment transactions
 Frequency of previous investment transactions
 Period over which investment transactions have been carried out

Researched own	IFA advised	Non-IFA advised
None	Few	Many
Never	Occasional	Regular
N/A	During last 5 years	Longer than 5 years

What level of professional or educational experience of financial matters do you have?

Very little	Basic	High level
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Cilbenrick Payment Options

Please select your preferred option for the payment of advice:

	Fee	Commission
Non Investment (Protection, Annuities etc)	Hourly rate (£120 financial planner, £80 paraplanner, £40 administrator) payable for work undertaken, payable regardless of whether a financial product is provided	As determined by the provider, depending on policy premium and term. Details provided in illustrations
Investment (ISA's, Bonds, Unit Trusts, Pensions)	Hourly rate (£120 financial planner, £80 paraplanner, £40 administrator) payable for work undertaken, payable regardless of whether a financial product is provided	2% of the initial investment plus 1% of fund value per annum for ongoing management and advice

Client Declaration

I agree with the information and assumptions contained in this questionnaire are correct and accurate.

If you do not wish to receive any promotional literature, please tick here []

Please note that we are required to take copies of identification documents, such as passport & driving license.

Signed :

Date :