



Financial Review Questionnaire

Since we last met, have there been any changes to:

- | | | |
|---|------------------------------|-----------------------------|
| 1. your personal and/or family circumstances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. your health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. your occupation or business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you taken on any new insurance, pension or investment policies? Yes No

Have you cancelled any insurance, pension or investment policies? Yes No

Have your mortgages, loans or other liabilities changed since we last met? Yes No

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?

Income - e.g. Employments, Self Employments, Pensions Investments, Rent, Benefits

	Income 1	Income 2	Income 3	Income 4
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 / disabled?	%	%	%	%
if Client 2 was seriously ill / disabled?	%	%	%	%

Bank & Building Society Accounts

	Account 1	Account 2	Account 3	Account 4
Name Of Bank/Building Society				
Name Of Account e.g. Mini ISA				
Owner Of Account				
Balance	£	£	£	£

Motor Vehicles

Make and Model

Owner

Date of Purchase

Current Value

Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
£	£	£	£

Would you sell this vehicle:

if Client 1 were to die?

if Client 2 were to die?

if Client 1 was seriously ill / disabled?

if Client 2 was seriously ill / disabled?

When do you intend to sell this car?

Anticipated replacement cost?

Motor Vehicle Expenses

Road Tax

Petrol & Oil

Insurance

Annual Reduction in Vehicle Value

Servicing

Recovery Subscription

Other

Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£

At what age, do you assume, you would give up driving?

e.g. at age 85

Client 1	Client 2

Children's Expenses

First Child:

Childcare Fees
 Pocket Money
 Clothing & Footwear
 Other Expenses
 Future Wedding Expenses
 Current or Future University Costs

Last Year £	This Year £	Frequency	Until Age:
£	£	annual	
£	£	annual	
£	£	annual	
£	£	annual	
£	£	single	at age ____
£	£	for ____ years	from age ____

Second Child:

Childcare Fees
 Pocket Money
 Clothing & Footwear
 Other Expenses
 Future Wedding Expenses
 Current or Future University Costs

Last Year £	This Year £	Frequency	Until Age:
£	£	annual	
£	£	annual	
£	£	annual	
£	£	annual	
£	£	single	at age ____
£	£	for ____ years	from age ____

Third Child:

Childcare Fees
 Pocket Money
 Clothing & Footwear
 Other Expenses
 Future Wedding Expenses
 Current or Future University Costs

Last Year £	This Year £	Frequency	Until Age:
£	£	annual	
£	£	annual	
£	£	annual	
£	£	annual	
£	£	single	at age ____
£	£	for ____ years	from age ____

Notes / Additional Information

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Main Residence Expenses

	Last Year £	This Year £	Frequency
Electricity	£	£	
Gas	£	£	
Water Rates	£	£	
Council Tax	£	£	
Telephone	£	£	
Repairs & Renewals	£	£	
Solid Fuel	£	£	
Oil	£	£	
Garden/Gardener	£	£	
Help In House	£	£	
Building & Contents Insurance	£	£	
TV License	£	£	
Satelite/Cable	£	£	
Internet	£	£	
Other	£	£	

Approximate Property Value

£

Other Property Expenses

	Last Year £	This Year £	Frequency
Electricity	£	£	
Gas	£	£	
Water Rates	£	£	
Council Tax	£	£	
Telephone	£	£	
Repairs & Renewals	£	£	
Solid Fuel	£	£	
Oil	£	£	
Garden/Gardener	£	£	
Help In House	£	£	
Building & Contents Insurance	£	£	
TV License	£	£	
Satelite/Cable	£	£	
Internet	£	£	
Other	£	£	

Approximate Property Value

£

Other Ongoing Expenditure

	Last Year £	This Year £	Frequency
Housekeeping (food etc)	£	£	
Wines & Spirits	£	£	
Laundry/Dry Cleaning	£	£	
Clothing & Footwear	£	£	
Cigarettes/Tobacco	£	£	
Eating Out	£	£	
Mobile Phones	£	£	
Christmas & Birthdays	£	£	
Holidays	£	£	
Subscriptions	£	£	
Sports & Hobbies	£	£	
Pocket Money	£	£	
Gifts To Charities	£	£	
Unforeseen Expenditure	£	£	
Other	£	£	
Other	£	£	
Other	£	£	

Other One-Off Expenditure

Details	Last Year £	This Year £	When?
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	

Planning Assumptions

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?

In the event of death or serious illness, would you like loans to be repaid?

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?

How much might your new home cost?

How much are you comfortable holding on deposit for emergencies?

Would you like to invest your excess deposits?

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?

At what age do you intend to retire?

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

If so, from when until when?

For what percentage of your current earnings?

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

Have you taken any steps to reduce the inheritance tax liability of your estate?

Up to what life expectancy age would you like us to calculate your cashflow?

Client 1	Client 2
<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
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stay <input type="checkbox"/> Move £ _____	<input type="checkbox"/> Stay <input type="checkbox"/> Move £ _____

Client 1	Client 2
£ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	£ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

Client 1	Client 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
%	%

Client 1	Client 2
<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