

# TENETCONNECT

PRIVATE & CONFIDENTIAL

## FINANCIAL PLANNING QUESTIONNAIRE

Client 1

Tel No: \_\_\_\_\_  
Home \_\_\_\_\_  
Work \_\_\_\_\_ Ext \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

Current  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Previous  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Firm  
Adviser

Client 2

Tel No: \_\_\_\_\_  
Home \_\_\_\_\_  
Work \_\_\_\_\_ Ext \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

New Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

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## SECTION 1: ATTITUDE TO INVESTMENT RISK

Risk Category	Description
<b>1 Conservative</b>	In general, Conservative investors prefer knowing that their capital is safe rather than seeking high returns. They are not comfortable with the thought of investing in the stockmarket and would rather keep their money in the bank. Conservative investors usually avoid anything that looks like a gamble. They can take a relatively long time to make up their mind on financial matters and will usually suffer from severe regret when their decisions turn out badly. Conservative investors typically are unlikely to have much experience of investment beyond bank and building society accounts.
<b>2 Moderately Conservative</b>	In general, Moderately Conservative investors prefer knowing that their capital is safe rather than seeking higher returns. They are not comfortable with the thought of investing in the stockmarket and would rather keep their money in the bank, but would be willing to invest in other types of investments if they were likely to be better for the longer term. Moderately Conservative investors usually avoid anything that looks like a gamble. They can take a long time to make up their mind on financial matters and will likely suffer from regret when their decisions turn out badly. Moderately Conservative Investors are unlikely to have much investment experience beyond bank and building society accounts.
<b>3 Cautious</b>	In general, Cautious investors would prefer not to take any risk with their investments, but they can be persuaded to do so to a limited extent. They would prefer to keep their money in the bank, but may realise that other types of investments are likely to be better for the longer term. Cautious investors typically prefer certain outcomes to gambles. They can take a relatively long time to make up their mind on financial matters and can often suffer from regret when decisions turn out badly. Cautious investors may have some limited experience of investment products, but will be more familiar with bank and building society accounts than other types of investments.
<b>4 Moderately Cautious</b>	In general, Moderately Cautious investors are uncomfortable taking risk with their investments, but would be willing to do so to a limited extent. They realise that risky investments are likely to be better for longer-term returns. Moderately Cautious investors typically prefer certain outcomes to gambles. They can take a relatively long time to make up their mind on financial matters and may suffer from regret when decisions turn out badly. Moderately Cautious investors may have some experience of investment products, but will be more familiar with bank and building society accounts than other types of investments.
<b>5 Cautious Balanced</b>	In general, Cautious Balanced investors understand that they have to take some investment risk in order to be able to meet their long-term goals. But are likely to only take risks with a small part of their available assets. Cautious Balanced investors will usually be prepared to give up a certain outcome for a gamble provided that the potential rewards from the gamble are high enough. They will usually be able to make up their minds on financial matters relatively quickly, but do still suffer from feelings of regret when their decisions turn out badly. Cautious Balanced investors may have some experience of investment, including investing in products containing risky assets such as equities and bonds.
<b>6 Balanced Growth</b>	In general, Balanced Growth investors understand that they have to take investment risk in order to be able to meet their long-term goals. They are likely to be willing to take risk with a small to medium part of their available assets. Balanced Growth investors will usually be prepared to give up a certain outcome for a gamble provided that the potential rewards from the gamble are high enough. They will usually be able to make up their minds on financial matters relatively quickly, but do still suffer from some feelings of regret when their decisions turn out badly. Balanced Growth will usually have experience of investment, including investing in products containing risky assets such as equities and bonds.
<b>7 Moderate Growth</b>	In general, Moderate Growth investors are willing to take on investment risk and understand that this is crucial in terms of generating long-term return. They are willing to take risk with a large proportion of their available assets. Moderate Growth investors will occasionally take gambles where they see the potential rewards as being attractive. They will usually be able to make up their minds on financial matters quite quickly. While they can suffer from regret when their decisions turn out badly, they are usually able to accept that occasional poor outcomes are a necessary part of long-term investment. Moderate Growth investors typically will usually be fairly experienced investors, who have used a range of investment products in the past.
<b>8 Growth</b>	In general, Growth investors are happy to take on investment risk and understand that this is crucial in terms of generating long-term return. They are willing to take risks with most of their available assets. Growth investors will readily take gambles where they see the potential rewards as being attractive. They will usually be able to make up their minds on financial matters quite quickly. While they can suffer from regret when their decisions turn out badly, they are usually able to accept that occasional poor outcomes are a necessary part of long-term investment. Growth investors will usually be experienced investors, who have used a range of investment products in the past.
<b>9 Moderately Aggressive</b>	In general, Moderately Aggressive investors are happy to take on investment risk and understand that this is crucial in terms of generating long-term return. They are willing to take risk with most of their available assets. Moderately Aggressive investors will readily take gambles where they see the potential rewards as being attractive. They will usually be able to make up their minds on financial matters quickly. While they can suffer from regret when their decisions turn out badly, they are able to accept that occasional poor outcomes are a necessary part of long-term investment. Moderately Aggressive investors will usually be experienced investors, who have used a range on investment products in the past, and who may take an active approach to managing their investments.
<b>10 Aggressive</b>	In general, Aggressive investors are looking for the highest possible return on their capital and are willing to take considerable amounts of risk to achieve this. They are usually willing to take risk with all of their available assets. Aggressive investors can easily be persuaded to take a gamble rather than a certain outcome and enjoy gambling as an activity. They have firm views on investment and will make up their minds on financial matters quickly. They do not suffer from regret to any great extent and can accept poor outcomes without much difficulty. Aggressive investors typically have substantial amounts of investment experience and will typically have been active in managing their investment arrangements.

Risk Category	1	2	3	4	5	6	7	8	9	10
Client 1 Client 2	Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client 1 Client 2	Pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client 1 Client 2	Investments & Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client 1 Client 2	Mortgages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 2: PERSONAL DETAILS**

	Client 1	Client 2
Surname	_____	_____
First Names	_____	_____
Date of Birth	_____	_____
Nationality/Residency	_____	_____
Marital Status	_____	_____
Living with Partner	_____	_____
Smoker/Good Health	/	/
National Insurance	_____	_____

**CHILDREN AND DEPENDANTS**

Name	Relationship	Date of Birth	Age	Marital Status	Living at home?
_____	_____	_____	_____	_____	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"/>

**SECTION 3: OCCUPATION**

	Client 1	Client 2
Employment Status - <i>Temporary/Permanent</i> <i>Employed/Self</i> <i>Employed/Unemployed/ Retired, etc</i>	_____	_____
Occupation	_____	_____
Start Date *If less than 1 year please give previous employment details in notes	_____	_____
Employer (if applicable)	_____	_____
Business Address	_____	_____
Post Code	_____	_____

**SECTION 3: OCCUPATION CONTINUED**

**EARNINGS AND INCOME**

	Client 1	Client 2
Gross Earned Income (Basic)	Basic Salary    £ _____	Basic Salary    £ _____
	Guaranteed        £ _____	Guaranteed        £ _____
	Overtime/Bonus /Commission	Overtime/Bonus/ Commission
	Regular            £ _____	Regular            £ _____
	Bonus/Overtime	Bonus/Overtime
	Other                £ _____	Other                £ _____
Value of Fringe Benefits ( <i>including company car and private health, etc</i> )	£ _____	£ _____
Gross Annual Deposit Income	£ _____	£ _____
Gross Annual Investment Income	£ _____	£ _____
Gross Annual Pension Income	£ _____	£ _____
Other Gross Income <b>*Please give details in notes</b>	£ _____	£ _____
Total Gross Income	£ _____	£ _____
If Self Employed state Net Relevant Earnings	£ _____	£ _____
Total Monthly Net Income (if known)	£ _____	£ _____
Tax Free Income (please specify)	£ _____	£ _____
Tax Rate %	_____	_____
Date Commenced Self-employment	_____	_____
Accounts Available	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Profit Past 3 Years		
Do you have an Accountant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details	_____	_____
Do you expect your employment circumstances to change?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	_____	

**NOTES:** \_\_\_\_\_

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**LIFE ASSURANCE, CRITICAL ILLNESS, PRIVATE MEDICAL INSURANCE & INCOME PROTECTION POLICIES**  
(Including mortgage related)

Owner	Life Assured	Provider	Policy Number	Policy Type	Start Date	Maturity Date	Premium/Freq	S/A Income Benefit	C I Cover	WOP	Index Linked	In Trust	Status

**SECTION 4: PROTECTION NEEDS**

Client 1

Client 2

How much do you need in the event of your death?

\_\_\_\_\_

\_\_\_\_\_

How much do you need in the event of suffering a Critical Illness?

\_\_\_\_\_

\_\_\_\_\_

How much do you need in the event of being unable to work due to accident or illness?

\_\_\_\_\_

\_\_\_\_\_

How much do you need in the event of being unemployed?

\_\_\_\_\_

\_\_\_\_\_

**Shortfalls**

Client 1

Client 2

In the event of your death

\_\_\_\_\_

\_\_\_\_\_

In the event of suffering a critical illness

\_\_\_\_\_

\_\_\_\_\_

In the event of being unable to work due to accident or illness

\_\_\_\_\_

\_\_\_\_\_

In the event of being unemployed

\_\_\_\_\_

\_\_\_\_\_

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**SECTION 5: LIFE ASSURANCE & CRITICAL ILLNESS PLANNING**

**SPECIFIC CONDITIONS / ILLNESS TO BE COVERED:**

Condition / Illness	Covered under existing contract		Required under new contract?	
	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"/>
	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"/>
	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"/>
	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"/>
	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"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SECTION 6: PRIVATE MEDICAL INSURANCE**

Client 1

Client 2

Do you have any form of private medical insurance?

Yes  No

Yes  No

If yes please specify

<b>NOTES</b>

**SECTION 7: INCOME PROTECTION**

Client 1

Client 2

Does your company provide any benefits in the event of sickness?

Yes  No

Yes  No

Company	Owner	SSP Only	Period Full Pay	Period Half Pay	Other

SELF

PARTNER

Do you have any form of income protection insurance in the event of sickness?

Yes  No

Yes  No



**RETIREMENT CONTRACTS**

<b>Owner</b>	<b>Provider</b>	<b>Policy Numbers</b>	<b>Policy Type</b>	<b>Start Date</b>	<b>Ret Age</b>	<b>Prem/ Freq</b>	<b>Gross E'ee Contribution</b>	<b>Employer Contribution</b>	<b>Life Cover</b>	<b>WOP</b>	<b>Index Linked</b>	<b>Status</b>

## SECTION 8: RETIREMENT PLANNING

	Client 1	Client 2
Preferred Retirement age	_____	_____
Realistic Retirement age	_____	_____
Years remaining	_____	_____
Annual Income required in retirement in today's terms	£ _____	£ _____
Approximate capital sum required at retirement	£ _____	£ _____
Does your employer provide a company pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently eligible?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>YES</b> , what are the conditions for entry?	_____	_____
Have you previously chosen not to join your company pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently a member of an Employer's Pension Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the scheme Final Salary/Money Purchase/GPP/EPP/Stakeholder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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. 80 <sup>th</sup> s, 60 <sup>th</sup> s?	_____	_____
Widow/widower's death in service benefits	_____	_____
Widow/widower's death in retirement benefits	_____	_____
Does the company scheme allow you to retire early/late?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Expected years of service	_____	_____
Are you contracted out of State Second Pension(S2P)? If YES, please record under Personal and Other Pension Provision Table if Via APP.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you make additional voluntary contributions? If YES please record under Personal and Other Pension Provision Table.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What percentage of salary do you contribute?	_____	_____
Do you have any alternative pension arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been a member of a Company Pension Scheme of a previous Employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Employer	_____	_____
Address	_____	_____
	_____	_____
	_____	_____
Date left scheme	_____	_____
Date joined scheme	_____	_____
Age pension payable	_____	_____

**NOTES:** \_\_\_\_\_

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**INVESTMENT CONTRACTS, SAVINGS PLANS & LONG TERM CARE POLICIES**

Owner	Life Assured	Provider	Policy/Contract No	Policy Type	Start Date	Maturity Date	Premium/Freq	Current Value	Sum Assured	WOP	Income Taken	Status	In Trust

## SECTION 9: INVESTMENTS

### PORTFOLIO

	Client 1	Client 2	JOINT
Current Portfolio value	£ _____	£ _____	£ _____
Current Account balance	£ _____	£ _____	£ _____
Deposit Account balance	£ _____	£ _____	£ _____
Building Society balances	£ _____	£ _____	£ _____
CASH ISA	£ _____	£ _____	N/A
How much money would you need as an emergency fund (excluding (ISA's) deposited at the bank or building society before investing elsewhere?	£ _____	£ _____	£ _____
What are you aiming for from your investments; growth, income or both?	_____	_____	_____

## SECTION 10: SAVINGS PLANS

	Client 1	Client 2	JOINT
Have you any plans for the future that require a large sum of money?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Purpose	_____	_____	_____
Amount required in today's terms	£ _____	£ _____	_____
Date money required	_____	_____	_____
Years to event	_____	_____	_____

## SECTION 11: LONG TERM CARE PLANNING

	Client 1	Client 2
Do you wish to have advice on Long Term Care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### NOTES

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**SECTION 12: HOME & MORTGAGE**

	Client 1	Client 2
Purpose of Loan	_____	_____
Buyer Type	_____	_____

**EXISTING MORTGAGE**

	Client 1	Client 2
Lender	_____	_____
Mortgage Account Number	_____	_____
Repayment Method	_____	_____
Current Property Valuation	£ _____	£ _____
Current outstanding Mortgage Amount	£ _____	£ _____
Current Mortgage Start Date	_____	_____
Product	_____	_____
Rate	_____	_____
Current Monthly Payment	£ _____	£ _____
Early Redemption Costs	£ _____	£ _____
Remaining Term	_____	_____
Are you willing to pay penalties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your mortgage portable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECOND MORTGAGE DETAILS**

	Client 1	Client 2
Lender	_____	_____
Mortgage Account Number	_____	_____
Repayment Method	_____	_____
Current Property Valuation	£ _____	£ _____
Current outstanding Mortgage Amount	£ _____	£ _____
Current Mortgage Start Date	_____	_____
Product	_____	_____
Rate	_____	_____
Current Monthly Payment	£ _____	£ _____
Early Redemption Costs	£ _____	£ _____
Remaining Term	_____	_____
Are you willing to pay penalties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your mortgage portable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(Give details of any further mortgages)

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**SECTION 12: HOME & MORTGAGE (CONTINUED)**

**NEW PROPERTY / REMORTGAGE**

	Client 1		Client 2
Will this property be your principal main residence?	Yes <input type="checkbox"/> No* <input type="checkbox"/>		Yes <input type="checkbox"/> No* <input type="checkbox"/>
	* Please provide details		*Please provide details
Type of Property	_____	Tenure	_____
Purchase Price	£ _____	Value	£ _____
Amount of Loan Required	£ _____	Term	_____
Right to Buy?	Yes <input type="checkbox"/> No* <input type="checkbox"/>	Shared Ownership?	Yes <input type="checkbox"/> No* <input type="checkbox"/>
Please confirm the maximum amount available for deposit	£ _____	Proportion as % of purchase	_____
Source of Funds	_____		
Are you borrowing additional amount over and above the amount needed to purchase the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please state purpose eg home improvements	_____		

**Attitude to Mortgage Repayment Risk**

	Capital & Interest Repayment	<input type="checkbox"/>
Do you prefer a particular mortgage repayment method:	Interest Only	<input type="checkbox"/>
	Combination (Indicate Split)	<input type="checkbox"/>
If interest only what is the repayment strategy	_____	

**SECTION 12: HOME & MORTGAGE (CONTINUED)**

**FUTURE CONSIDERATIONS**

Given that your circumstances may change subsequent to taking out a new mortgage:

	Client 1	Client 2
<b>Income</b> Do you expect your income to change within the foreseeable future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details		
<b>Expenditure</b> Do you expect your regular outgoings to change in the foreseeable future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details		
<b>Early Repayment</b> Do you expect to pay off part or all of your mortgage early?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details		
<b>Moving Home</b> Do you expect to move home again?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details, including how long you expect to stay in the property you are considering mortgaging now		
<b>Equity Release</b> Do you expect to release capital from your home in retirement? NB: if yes, complete the Lifetime Mortgage fact find.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Repayment holiday features	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you want to add fees to the loan	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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**SECTION 12: HOME & MORTGAGE (CONTINUED)**

**MORTGAGE REQUIREMENTS**

Your personal circumstances may change throughout the life of your mortgage, with this in mind please consider the following

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Monthly mortgage repayment which cannot go above a set amount within a specified period                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fixed Monthly mortgage which means that repayments will not change over a specified period                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please state period you would ideally like to fix your monthly repayments                               | Years                        | Months                      |
| The cheapest mortgage over the entire term of the loan  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| A cash back based on the amount of mortgage   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Discounted mortgage payments in the early years of your mortgage  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Tracker Mortgage  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ability to vary the repayment   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ability to make over payments   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ability to make underpayments or take repayment holidays  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ability to link your mortgage to your savings or current accounts   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Free Legal fees   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| No valuation fee  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Valuation fees refunded   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| No booking or arrangement fee   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| No higher lending charge  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Speed of mortgage completion  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Repayment holiday features  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ability to add fees to the loan   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Early repayment charges on your new mortgage – having discussed these with your advisor, do you require:</b> |                              |                             |
| No early repayment charge on your mortgage  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| No early repayment charge overhang  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Maximum early repayment charge period   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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## SECTION 13: GENERAL INSURANCE REQUIREMENTS

### Details of the Property to be Insured

<p>Buildings Sum Insured (Rebuild/Reinstatement) £ _____</p> <p>Accidental Damage: (Extended) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Buildings cover type _____</p> <p>Type of Property _____</p> <p>If Flat, what floor _____</p> <p>Number of Garages _____</p> <p>Year Built: _____</p> <p>Alarm System Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes NACOSS Approved? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Number of Occupants: _____</p> <p>Is Property to be Let: (Prof / Student / DSS) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Smokers: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Previous Insurer: _____</p> <p>No. of Claims: _____</p> <p>Details of claim(s): _____</p> <p>Voluntary Excess: _____</p> <p>Compulsory Excess £ _____</p> <p>Personal Possessions-Unspecified: £ _____</p> <p>Valuables/High Risk-Unspecified £ _____</p> <p>Is property in an area free from Flooding Pedal Cycle Limits: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Caravan Cover: £ _____</p> <p>Legal Expenses: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes Amount £ _____</p> <p>Money / Credit Card Cover: £ _____</p> <p>Any renovation works planned? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Contents Sum Insured (Standard Contents) £ _____</p> <p>Accidental Damage: (Extended) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Contents cover type _____</p> <p>If Terrace Mid <input type="checkbox"/> End <input type="checkbox"/></p> <p>Number of Flats in Block _____</p> <p>Building Construction: _____</p> <p>Current Security arrangements _____</p> <p>No. of Bedrooms: _____</p> <p>Mortgage Lender: Account No: _____</p> <p>Smoke Alarms: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Purpose of Insurance _____</p> <p>Date Policy to Commence: _____</p> <p>Neighbourhood Watch Area: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Payment Method Annual <input type="checkbox"/> Monthly <input type="checkbox"/></p> <p>Personal Possessions-Specified (&gt;£1,500): _____</p> <p>Valuables/High Risk-Specified (&gt;£1,500): _____</p> <p>Overseas cover: Duration limits _____</p> <p>Has property ever suffered subsidence or heave? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Garden Cover: £ _____</p> <p>College Cover Limits: £ _____</p> <p>Unoccupied Limits: (More than 30 days) _____</p> <p>Convictions: (Other than standard Motoring Offences) _____</p> <p>If property let – Using Managing Agents? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**SECTION 15: LOANS/HIRE PURCHASE/CREDIT CARDS**

	LOAN 1	LOAN 2	LOAN 3
Name of Lender	_____	_____	_____
Borrower	_____	_____	_____
Type	_____	_____	_____
Purpose	_____	_____	_____
Original Term	_____	_____	_____
Amount Borrowed	£ _____	£ _____	£ _____
Term Remaining	_____	_____	_____
Monthly Payment	£ _____	£ _____	£ _____
Amount Outstanding	£ _____	£ _____	£ _____
A.P.R. (if known)	_____	_____	_____

**Loans continued**

	LOAN 4	LOAN 5	LOAN 6
Name of Lender	_____	_____	_____
Borrower	_____	_____	_____
Type	_____	_____	_____
Purpose	_____	_____	_____
Original Term	_____	_____	_____
Amount Borrowed	£ _____	£ _____	£ _____
Term Remaining	_____	_____	_____
Monthly Payment	£ _____	£ _____	£ _____
Amount Outstanding	£ _____	£ _____	£ _____
A.P.R. (if known)	_____	_____	_____

	Client 1		Client 2	
Are all these loans protected by Life Assurance? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all these loans protected by Critical Illness Cover? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Add to final mortgage amount?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\* If not protected by Life Assurance or Critical Illness Insurance please provide details below

**NOTES**

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## SECTION 16: INHERITANCE TAX PLANNING

	Client 1		Client 2		JOINT	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Main residence	£	_____	£	_____	£	_____
Personal Effects	£	_____	£	_____	£	_____
Current Account	£	_____	£	_____	£	_____
Deposit Account	£	_____	£	_____	£	_____
Building Society Account	£	_____	£	_____	£	_____
Insurance policies not in trust	£	_____	£	_____	£	_____
Other Property	£	_____	£	_____	£	_____
Gilts	£	_____	£	_____	£	_____
Shares	£	_____	£	_____	£	_____
National Savings	£	_____	£	_____	£	_____
Other (please state)	£	_____	£	_____	£	_____
Unit Trusts	£	_____	£	_____	£	_____
Bonds	£	_____	£	_____	£	_____
ISA's – Stocks and shares	£	_____	£	_____	£	_____
ISA's – Cash	£	_____	£	_____	£	_____
Any other possessions or valuables (please list below)	£	_____	£	_____	£	_____
<b>Monthly Savings Plans</b>		_____		_____		_____
Building Society	£	_____	£	_____	£	_____
Other	£	_____	£	_____	£	_____
What is the total value of your Estate, less Liabilities	£	_____	£	_____	£	_____
Potential Inheritance Tax Liability	£	_____	£	_____	£	_____
Have you made a Will?		_____		_____		N/A

**NOTES**      WILL - what are its main provisions?

## SECTION 17: EXPENDITURE

### STATEMENT OF AFFORDABILITY

Is your current level of income sufficient, insufficient or more than sufficient to meet your expenditure?    Insufficient     Sufficient     More than Sufficient

If more than sufficient please state monthly surplus £ \_\_\_\_\_

I confirm that I have sufficient surplus funds to fund the cost of any financial advice that I may decide to implement.

Client 1

PARTNER

Date

Date

### EXPENDITURE ANALYSIS

	Client 1	Client 2	JOINT
Mortgage	£ _____	£ _____	£ _____
Loans	£ _____	£ _____	£ _____
Life/Pension	£ _____	£ _____	£ _____
Policies	£ _____	£ _____	£ _____
Council Tax	£ _____	£ _____	£ _____
Gas/Electric/Water	£ _____	£ _____	£ _____
Telephone	£ _____	£ _____	£ _____
TV/Subscriptions	£ _____	£ _____	£ _____
Car Ins./Road Tax	£ _____	£ _____	£ _____
Petrol/Travel Exp	£ _____	£ _____	£ _____
Food	£ _____	£ _____	£ _____
Socialising	£ _____	£ _____	£ _____
Clothes	£ _____	£ _____	£ _____
Holidays	£ _____	£ _____	£ _____
Others	£ _____	£ _____	£ _____

### Total Expenditure

Net Income P.M.	£ _____	£ _____	£ _____
Surplus P.M.	£ _____	£ _____	£ _____
Budget P.M.	£ _____	£ _____	£ _____

Please Provide details of regular liabilities – e.g. Maintenance payments etc.(Do not include voluntary commitments such as membership fees etc)	Type	Amount £		Type	Amount £
Total		£	Total		£
Do you expect your financial commitment will continue?	Please provide details		Please provide details		

## SECTION 18: CURRENT FINANCIAL PRIORITIES

	Client 1		Client 2		NOTES
	Adviser's assessment	Client's assessment	Adviser's assessment	Client's assessment	
1 Family Protection (on your or your dependent's death)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Income Protection (during accident/illness/redundancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Critical Illness Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Private Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Mortgage/Loan Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Regular Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Planning for Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Inheritance Tax Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 Lump Sum Investment for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 Lump Sum Investment for Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 School Fees/Planning for Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 Reduce Income Tax (e.g. Independent Taxation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Business Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15 Other (Please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## SECTION 19: TO DO NOW

**THE FOLLOWING SHOULD BE GIVEN PRIORITY:**

**SECTION 20: OTHER**

Areas of need brought to Client's attention to be covered in Suitability Letter that is not be addressed at this stage:

**SECTION 21: DECLARATION**

To be completed by Client. Please read this document carefully before signing.

I confirm that I have provided this information on the understanding that it will be used in the strictest confidence and that it does not place me under any obligation to take up any recommendation which may be made.

Client 1	Client 2
Signed _____	Signed _____
Date _____	Date _____

**Additional Declaration** (Delete if not applicable)

I further declare that I have withheld certain details and that I am aware that this may prevent my adviser from being able to provide the best possible advice for my circumstances.

Client 1	Client 2
Signed _____	Signed _____
Date _____	Date _____

**If you would like us to keep in touch after we have arranged your mortgage finances we shall need your permission. Please certify your authority for us to contact you with details of mortgages and offers which we believe are likely to be of interest to you by signing the declaration below:**

Client 1	Client 2
Signed _____	Signed _____
Date _____	Date _____



**SECTION 22: RECOMMENDATIONS MADE**

To be completed by the Financial Adviser

Recommendations and reasons

Company	Product	Prem/ Cont	Term	Benefit	Reason

Has any contract/policy been amended, converted, cancelled, lapsed or realised, directly or indirectly, by the proposed transaction?      Yes     No

If you answered YES, state reasons:

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Was the cancellation referred to above the result of your advice?    Yes     No

If you answered YES, state reasons:

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**SECTION 23: ACTIONED**

Signed: Consultant \_\_\_\_\_ Dated \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dated \_\_\_\_\_