

FINANCIAL PLANNING QUESTIONNAIRE

Ward Williams Financial Services Limited wish to give you the best possible financial advice. That is why our Financial Planning Questionnaire asks rather detailed questions. They help our adviser to understand your situation properly and to give you the most appropriate advice for your aims and needs. **Please check the information you provide on this form carefully before you consent to our use of it in providing financial advice.**

Introduced by / Source

PERSONAL DETAILS	
SELF	PARTNER
Title	Title
Surname	Surname
First Names	First Names
Salutation	Salutation
Address	Address
Post Code	Post Code

Tel Home	Tel Home
Tel Work	Tel Work
Tel Mobile	Tel Mobile
Work Email	Work Email
Home Email	Home Email

Date of Birth	Date of Birth
Marital Status	Marital Status
National Insurance No: / /	National Insurance No: / /

Domicile		Residence		Domicile		Residence	
Notes				Notes			

Do you smoke? YES NO Do you smoke? YES NO

What is your state of health?

What is your state of health?

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Have you been hospitalised? YES NO Notes	Have you been hospitalised? YES NO Notes
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Are you on any medication? YES NO Notes	Are you on any medication? YES NO Notes
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Occupation				Occupation			
Employed		Self Employed		Employed		Self Employed	

Name and Address of Employer				Name and Address of Employer			

Children / Dependants

Name	Date of Birth	Dependent	Marital Status	G/Children	Relationship

INCOME / EXPENDITURE

EARNED INCOME	SELF	PARTNER
Basic salary		
Bonus/overtime		
Dividends (from company)		
Drawings/NRE (Self-Employed)		
Business Profits (Self-Employed)		
Pension Income		
P11D (beneficial) income		

INCOME & UNEARNED INCOME

Rental Income		
Investment Bond Withdrawals		
Annuities		
Bank/Building Society Deposits		
Dividends (from investments)		
Notes		

EXPENDITURE

Mortgage & Loans		
Council Tax & Utilities		
Protection Policies & Insurance		
Pension Contributions		
General Living Expenses		
Notes		

EXCESS OF INCOME OVER EXPENDITURE		
At the end of each month how much surplus income (or deficit) do you have?		
Are there any changes likely?		
Notes		

CASH ACCOUNTS				
Bank/Building Society Name	Type of Account	Joint/Sole	Amount	Interest Rate

DEBTS & LIABILITIES

Do you have any of the following?

	Yes	No	Details
Bank Loans			
Hire Purchase / Unsecured			
Credit Cards / Store Cards			
Other Significant Liabilities			
Notes			

MORTGAGES/PROPERTY

Main Residence			
Purchase price		Purchase date	
Current value		Mortgage amount	
Lender		Repayment method	
Start/End Term		Type & Rate	
Penalties		Monthly payment	
How is the property owned?			
Do you expect to move house?			
Notes			

Buy to Let / 2nd Home			
Purchase price		Purchase date	
Current value		Mortgage amount	
Lender		Repayment method	
Start/End Term		Type & Rate	
Penalties		Monthly payment	
How is the property owned?			
Notes			

Buy to Let / 2nd Home			
Purchase price		Purchase date	
Current value		Mortgage amount	
Lender		Repayment method	
Start/End Term		Type & Rate	
Penalties		Monthly payment	
How is the property owned?			
Notes			

LIFE ASSURANCE

Do you or your partner have any provisions for lump sum payment in the event of death?

Yes		No	
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Do you have any Death in Service Benefits?

Yes		No	
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Amount?

£	
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Type of plan			
Provider		Policy number	
Start date		End date	
Lives assured		Sum assured	
Premium		Premium frequency	
Is it in Trust?			
Any other information			

Type of plan			
Provider		Policy number	
Start date		End date	
Lives assured		Sum assured	
Premium		Premium frequency	
Is it in Trust?			
Any other information			

Type of plan			
Provider		Policy number	
Start date		End date	
Lives assured		Sum assured	
Premium		Premium frequency	
Is it in Trust?			
Any other information			

CRITICAL ILLNESS COVER

Do you have any company Critical Illness Protection?

Yes		No	
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Type of plan			
Provider		Policy number	
Start date		End date	
Lives assured		Sum assured	
Premium		Premium frequency	
Premium type		Is it in Trust	
Any other information			

Type of plan			
Provider		Policy number	
Start date		End date	
Lives assured		Sum assured	
Premium		Premium frequency	
Premium type		Is it in Trust	
Any other information			

INCOME PROTECTION

Do you have any company Income Protection Benefits?

Yes		No	
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Type of plan			
Provider		Policy number	
Start date		End date	
Lives assured		Sum assured	
Premium		Premium frequency	
Premium type		Monthly benefit	
Deferment period		Indexation	
Any other information			

Type of plan			
Provider		Policy number	
Start date		End date	
Lives assured		Sum assured	
Premium		Premium frequency	
Premium type		Monthly benefit	
Deferment period		Indexation	
Any other information			

PRIVATE MEDICAL INSURANCE

Do you or your partner have any policies, which would pay for immediate medical treatment in the hospital of your choice?

Yes		No	
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Details	
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LONG TERM CARE

Do you or your partner have any policies, which would pay for nursing care should the need arise?

Yes		No	
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Details:

RETIREMENT PROVISION

	Self	Partner
What would represent a comfortable 'target' income for you to retire on?	£ pm	£ pm
At what age would you like to retire?		
Notes		

Private Pensions (Personal, Stakeholder; Retirement Annuities; Self Invested Personal Pensions)

Type of plan			
Name			
Provider		Policy number	
Start date		Normal retirement date/age	
Lives assured		Is it in Trust & for who	
Premium		Premium frequency	
Approx. value		In Drawdown?	
Funds selected			
Any other information			

Type of plan			
Name			
Provider		Policy number	
Start date		Normal retirement date/age	
Lives assured		Is it in Trust & for who	
Premium		Premium frequency	
Approx. value		In Drawdown?	
Funds selected			
Any other information			

Type of plan			
Name			
Provider		Policy number	
Start date		Normal retirement date/age	
Lives assured		Is it in Trust & for who	
Premium		Premium frequency	
Approx. value		In Drawdown?	
Funds selected			
Any other information			

Occupational Schemes (Final Salary; Money Purchase; SSAS; EPP)

Name			
Type of plan			
Provider		Member number	
Date joined		Normal retirement age	
Member contribution		Employer contribution	
Current value		Projected pension	
Inflation proofing		Is it in Trust & for who	
Funds selected			
Any other information			

Name			
Type of plan			
Provider		Member number	
Date joined		Normal retirement age	
Member contribution		Employer contribution	
Current value		Projected pension	
Inflation proofing		Is it in Trust & for who	
Funds selected			
Any other information			

Preserved Benefits

Name			
Type of plan		Employer name	
Provider		Member number	
Date joined		Date left	
Normal retirement age		Current value	
Transfer value		Projected pension	
Inflation proofing		Is it in Trust & for who	
Funds selected			
Any other information			

Name			
Type of plan		Employer name	
Provider		Member number	
Date joined		Date left	
Normal retirement age		Current value	
Transfer value		Projected pension	
Inflation proofing		Is it in Trust & for who	
Funds selected			
Any other information			

ESTATE PLANNING

Have you written Wills?

When was the Will executed?

If "No", do you understand the implications of dying intestate?

If "Yes" does it include Nil Rate Band Trusts?

Have you ever been widowed?

Is there likely to be an inheritance tax liability on your estate?

If "Yes" what amount would need to be paid to the Inland Revenue (at current values)?

Is this amount covered?

Do you expect to receive any Inheritance?

If so, approximately how much?

Do you have existing Power of Attorney?

Do you have Lasting Power of Attorney?

Do you give any Gift/Donations?

How are your assets likely to be distributed?
Please give additional details below

Do you have an Existing Solicitor?

If "Yes" please add your solicitors details below

Self			Partner		
Current	Old	None	Current	Old	None
Yes		No	Yes		No
Yes		No	Yes		No

Yes		No	Yes		No
Yes		No	Yes		No
Yes		No	Yes		No

Yes		No	Yes		No
Yes		No	Yes		No
Yes		No	Yes		No
Yes		No	Yes		No
Yes		No	Yes		No

Notes (Please explain answers above)

Appendix – Risk Definitions

The risk profiles associated with the 10 risk ratings are described in the following table. It might be that another risk profile description more accurately represents you. If this is the case, you should discuss this with your adviser.

These categories should be used as a guide to help you understand the potential risks and rewards involved in investing over the longer term (at least 10 years) which can assist your financial adviser in the recommendation and design of your investment portfolio.

Cash

You are not prepared to take any investment risk because it is very important that your capital is protected. Inflation may reduce the real value of your investment.

Cautious

Because you require some growth potential, you are prepared to move away from investing in cash and to accept some investment risk. Typically you are willing to invest in non-cash assets which will include some exposure to shares.

You accept that growth prospects are limited and understand your investment will fluctuate in value, meaning you could get back less than you invest.

Cautious Balanced

You are prepared to accept investment risk in return for growth potential. Typically you will invest in a wide variety of assets including exposure to shares.

This will increase the amount by which your investment will fluctuate in value. You could get back less than you invest.

Balanced

You are looking for a balance of risk and reward with the aim that, in the longer term, higher returns may result. You are willing to accept that the value of your investment will fall and rise in value and you could get back less than you invest.

Typically you will invest in a wide variety of assets.

Adventurous

You are willing to accept a high level of risk on your investment in order to seek high growth potential in the longer term. You are prepared to accept that this will increase the risk of large fluctuations in the value of your investment and of losing some or possibly all of your capital.

Typically you will invest in a wide variety of assets.

Aggressive

You accept a very high level of risk on your investment in order to seek very high growth potential in the long term. You are willing to accept sharp day to day fluctuations in the value of your investments and you accept the risk of losing some or all of your capital.

Very Aggressive

This is the highest level of risk in our model. Typically you are an experienced investor with a good understanding of the risk/reward balance and you are willing to accept significant and very sharp day to day fluctuations in the value of your investment. You accept this risk of losing some or all of your capital.

PRIORITIES

What is your order of priority for addressing your needs?

Life assurance	<input type="text"/>	School Fees	<input type="text"/>
Critical illness	<input type="text"/>	Mortgage	<input type="text"/>
Income protection	<input type="text"/>	Long term care	<input type="text"/>
Retirement provision	<input type="text"/>	Savings	<input type="text"/>
Investments	<input type="text"/>	IHT Planning	<input type="text"/>
Wills	<input type="text"/>	Lasting Power of Attorney	<input type="text"/>
Simplification	<input type="text"/>		

OTHER INFORMATION

Do you complete a tax return? Yes No

If Yes, do you complete it yourself? Yes No

If No, who does it now?

Could we ask our tax department to review and quote? Yes No

If Yes, could we ask our tax department to quote to do it for you? Yes No

Notes

DECLARATION

I can confirm that I have been given the following:

Client Agreement Letter	<input type="checkbox"/>
Business Card	<input type="checkbox"/>

All the information I / we have given is correct to the best of my / our knowledge.

If there are any areas where I have been unable or unwilling to provide information, I accept that the advice I am given is in the absence of this information.

	Self	Partner
Signature		
Date		

I confirm that I have filled in this form and am authorised by the FCA to do so.

I confirm that any alterations or blanks have been agreed by the client / clients.

CLIENT DESIGNATION: Retail Client / Professional Client / Eligible Counterpart

Signature		Name
Date		ADVISER