



Financial Planning Questionnaire

Confidential Financial Review

IMPORTANT: PLEASE ENTER YOUR DATA DIRECTLY INTO THIS PDF

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About You

Please tell us about yourself and your partner.

	you	spouse / partner	notes
* Forename	<input type="text"/>	<input type="text"/>	Anything else we need to know?
* Surname	<input type="text"/>	<input type="text"/>	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
* Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	
* Marital Status	<input type="checkbox"/> Married / Civil Partnership <input type="checkbox"/> Non-Legal Partnership <input type="checkbox"/> Single		
address			
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
Town/City, County	<input type="text"/>	<input type="text"/>	
Post Code, Country	<input type="text"/>	<input type="text"/>	
	you	spouse / partner	
Phone Number	<input type="text"/>	<input type="text"/>	
Mobile	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>	<input type="text"/>	
Smoker or Non Smoker	<input type="text"/>	<input type="text"/>	
NI Number	<input type="text"/>	<input type="text"/>	
Country of Birth	<input type="text"/>	<input type="text"/>	
	you	spouse / partner	
Are you a UK resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you ordinarily a UK resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UK Domiciled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Are you retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* If no, when do you plan to retire?	<input type="text"/>	<input type="text"/>	
Do you have any social, ethical, environmental or religious considerations that you would like us to take into account?			
<input type="text"/>			

Your Family

Please tell us about your children and any other family members or dependants that you would like to include in your financial plans.

	dependant 1	dependant 2	notes
◆◆ Forename	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◆◆ Surname	<input type="text"/>	<input type="text"/>	
◆◆ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
◆◆ Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	
◆◆ Relationship	<input type="text"/>	<input type="text"/>	
	dependant 3	dependant 4	
◆◆ Forename	<input type="text"/>	<input type="text"/>	
◆◆ Surname	<input type="text"/>	<input type="text"/>	
◆◆ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
◆◆ Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	
◆◆ Relationship	<input type="text"/>	<input type="text"/>	
	dependant 5	dependant 6	
◆◆ Forename	<input type="text"/>	<input type="text"/>	
◆◆ Surname	<input type="text"/>	<input type="text"/>	
◆◆ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
◆◆ Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	
◆◆ Relationship	<input type="text"/>	<input type="text"/>	
	dependant 7	dependant 8	
◆◆ Forename	<input type="text"/>	<input type="text"/>	
◆◆ Surname	<input type="text"/>	<input type="text"/>	
◆◆ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
◆◆ Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	
◆◆ Relationship	<input type="text"/>	<input type="text"/>	

Employment

Enter details of your employment earnings including salary, wages, commissions and bonuses. Other sources of income should be entered in the next section.

	employment (1)	employment (2)	notes
♦♦ Earner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	Anything else we need to know?
♦♦ Employer	<input type="text"/>	<input type="text"/>	
♦♦ Occupation	<input type="text"/>	<input type="text"/>	
◦ Gross Annual Salary <small>Enter Salary before Taxes</small>	£ <input type="text"/>	£ <input type="text"/>	
◦ Other Earnings <small>Average annual bonuses and commissions</small>	£ <input type="text"/>	£ <input type="text"/>	
◦ Benefits in Kind <small>Average annual value of benefits in kind</small>	£ <input type="text"/>	£ <input type="text"/>	
♦♦ Employment Source	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Company Owner	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Company Owner	
◦ Company Dividends <small>Any earnings from average company dividends</small>	£ <input type="text"/>	£ <input type="text"/>	
Taxes due/rebates expected? <small>From Previous Tax Year</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Taxes Due	£ <input type="text"/>	£ <input type="text"/>	
Expected Rebate	£ <input type="text"/>	£ <input type="text"/>	

Pensions & Other Benefits

	employment (1)	employment (2)	notes
Do you participate in an employer-sponsored pension scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anything else we need to know?
Type of Pension Scheme	<input type="checkbox"/> Money Purchase <input type="checkbox"/> Final Salary	<input type="checkbox"/> Money Purchase <input type="checkbox"/> Final Salary	
Other benefits for consideration? <small>Select all that apply</small>	<input type="checkbox"/> Income Protection/Redundancy Cover	<input type="checkbox"/> Income Protection/Redundancy Cover	
	<input type="checkbox"/> Death in Service Life Assurance	<input type="checkbox"/> Death in Service Life Assurance	
	<input type="checkbox"/> Death in Service Widow's Pension	<input type="checkbox"/> Death in Service Widow's Pension	
	<input type="checkbox"/> Stock Purchase Plan	<input type="checkbox"/> Stock Purchase Plan	
	<input type="checkbox"/> Other (specify in Notes, right)	<input type="checkbox"/> Other (specify in Notes, right)	

Other Income

Tell us details of any other income sources apart from employment, pensions, and annuities. Other income sources might include rental income or royalties, for example.

other income (1)		other income (2)		notes
Other Income Source				Anything else we need to know?
Annual Income	£	£		
Is this income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Earned	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner		

other income (3)		other income (4)	
Other Income Source			
Annual Income	£	£	
Is this income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Earned	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	

Windfalls

Enter here details of any anticipated proceeds from windfall events such as gifts, inheritances or even a lottery win.

windfall (1)		windfall (2)		notes
Type of Windfall				Anything else we need to know?
Amount	£	£		
When do you expect to receive this windfall?	Year <input type="text"/> Age <input type="text"/>	Year <input type="text"/> Age <input type="text"/>		
Recipient				

windfall (3)		windfall (4)	
Type of Windfall			
Amount	£	£	
When do you expect to receive this windfall?	Year <input type="text"/> Age <input type="text"/>	Year <input type="text"/> Age <input type="text"/>	
Recipient			

Savings & Investments

Please provide information about your savings and investments. Entries may include stock market and other long-term investments, ISAs, individual stocks and shares, unit trusts, OEICs and Life Funds.

	savings / investment (1)	savings / investment (2)	notes
◆◆ Type of Investment or Savings	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◆◆ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>	
◆◆ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
◆◆ Current Balance	£ <input type="text"/>	£ <input type="text"/>	
◆ Regular Contributions <small>Per Year, if applicable</small>	£ <input type="text"/>	£ <input type="text"/>	
Policy Number	<input type="text"/>	<input type="text"/>	

	savings / investment (3)	savings / investment (4)
◆◆ Type of Investment or Savings	<input type="text"/>	<input type="text"/>
◆◆ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>
◆◆ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
◆◆ Current Balance	£ <input type="text"/>	£ <input type="text"/>
◆ Regular Contributions <small>Per Year, if applicable</small>	£ <input type="text"/>	£ <input type="text"/>
Policy Number	<input type="text"/>	<input type="text"/>

	savings / investment (5)	savings / investment (6)
◆◆ Type of Investment or Savings	<input type="text"/>	<input type="text"/>
◆◆ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>
◆◆ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
◆◆ Current Balance	£ <input type="text"/>	£ <input type="text"/>
◆ Regular Contributions <small>Per Year, if applicable</small>	£ <input type="text"/>	£ <input type="text"/>
Policy Number	<input type="text"/>	<input type="text"/>

Savings & Investments (cont.)

	savings / investment (7)	savings / investment (8)	notes
◆◆ Type of Investment or Savings	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◆◆ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>	
◆◆ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
◆◆ Current Balance	£ <input type="text"/>	£ <input type="text"/>	
○ Regular Contributions <small>Per Year, if applicable</small>	£ <input type="text"/>	£ <input type="text"/>	
Policy Number	<input type="text"/>	<input type="text"/>	

	savings / investment (9)	savings / investment (10)
◆◆ Type of Investment or Savings	<input type="text"/>	<input type="text"/>
◆◆ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>
◆◆ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
◆◆ Current Balance	£ <input type="text"/>	£ <input type="text"/>
○ Regular Contributions <small>Per Year, if applicable</small>	£ <input type="text"/>	£ <input type="text"/>
Policy Number	<input type="text"/>	<input type="text"/>

	savings / investment (11)	savings / investment (12)
◆◆ Type of Investment or Savings	<input type="text"/>	<input type="text"/>
◆◆ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>
◆◆ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
◆◆ Current Balance	£ <input type="text"/>	£ <input type="text"/>
○ Regular Contributions <small>Per Year, if applicable</small>	£ <input type="text"/>	£ <input type="text"/>
Policy Number	<input type="text"/>	<input type="text"/>

Pensions - Money Purchases

Enter details of money purchase schemes, personal pensions (including stakeholder), and self-invested personal pensions. Note: Any pensions from which you are already drawing an income should be entered in the Drawdowns and Annuities sections of this questionnaire. Defined benefit schemes should be entered under Final Salaries.

	money purchase (1)	money purchase (2)	notes
◆◆ Type of Money Purchase	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◆◆ Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	
◆◆ Name of Pension or Employer	<input type="text"/>	<input type="text"/>	
◆◆ Current Account Balance	<input type="text"/>	<input type="text"/>	
◆ Your Contributions annual contribution amount or % of salary	£ <input type="text"/> OR <input type="text"/> %	£ <input type="text"/> OR <input type="text"/> %	
Employer Contributions annual contribution amount or % of salary	£ <input type="text"/> OR <input type="text"/> %	£ <input type="text"/> OR <input type="text"/> %	
Policy Number	<input type="text"/>	<input type="text"/>	

	money purchase (3)	money purchase (4)
◆◆ Type of Money Purchase	<input type="text"/>	<input type="text"/>
◆◆ Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner
◆◆ Name of Pension or Employer	<input type="text"/>	<input type="text"/>
◆◆ Current Account Balance	<input type="text"/>	<input type="text"/>
◆ Your Contributions annual contribution amount or % of salary	£ <input type="text"/> OR <input type="text"/> %	£ <input type="text"/> OR <input type="text"/> %
Employer Contributions annual contribution amount or % of salary	£ <input type="text"/> OR <input type="text"/> %	£ <input type="text"/> OR <input type="text"/> %
Policy Number	<input type="text"/>	<input type="text"/>

	money purchase (5)	money purchase (6)
◆◆ Type of Money Purchase	<input type="text"/>	<input type="text"/>
◆◆ Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner
◆◆ Name of Pension or Employer	<input type="text"/>	<input type="text"/>
◆◆ Current Account Balance	<input type="text"/>	<input type="text"/>
◆ Your Contributions annual contribution amount or % of salary	£ <input type="text"/> OR <input type="text"/> %	£ <input type="text"/> OR <input type="text"/> %
Employer Contributions annual contribution amount or % of salary	£ <input type="text"/> OR <input type="text"/> %	£ <input type="text"/> OR <input type="text"/> %
Policy Number	<input type="text"/>	<input type="text"/>

Pensions - Final Salaries

Please tell us about your pension arrangements. Enter here details of final salaries (defined benefit schemes).

final salary (1)		final salary (2)		notes
Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	Anything else we need to know?	
Name of Pension or Employer	<input type="text"/>	<input type="text"/>		
Active Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes - Years of Service	<input type="text"/>	<input type="text"/>		
Accrual rate	<input type="text"/>	<input type="text"/>		
If No - Currently receiving payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred		
Current/Expected Pension Income	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly		
Normal Retirement Age	<input type="text"/>	<input type="text"/>		
If presently active member or if pension is deferred				

final salary (3)		final salary (4)	
Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	
Name of Pension or Employer	<input type="text"/>	<input type="text"/>	
Active Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes - Years of Service	<input type="text"/>	<input type="text"/>	
Accrual rate	<input type="text"/>	<input type="text"/>	
If No - Currently receiving payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred	
Current/Expected Pension Income	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Normal Retirement Age	<input type="text"/>	<input type="text"/>	
If presently active member or if pension is deferred			

final salary (5)		final salary (6)	
Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	
Name of Pension or Employer	<input type="text"/>	<input type="text"/>	
Active Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes - Years of Service	<input type="text"/>	<input type="text"/>	
Accrual rate	<input type="text"/>	<input type="text"/>	
If No - Currently receiving payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred	
Current/Expected Pension Income	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Normal Retirement Age	<input type="text"/>	<input type="text"/>	
If presently active member or if pension is deferred			

Drawdowns

Please provide information about any drawdowns from which you currently receive income.

	drawdown (1)	drawdown (2)	notes
Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	Anything else we need to know?
Name of Drawdown	<input type="text"/>	<input type="text"/>	
Payment Amount <small>Income before tax</small>	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Current Balance	£ <input type="text"/>	£ <input type="text"/>	
Policy Number	<input type="text"/>	<input type="text"/>	
	drawdown (3)	drawdown (4)	
Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	
Name of Drawdown	<input type="text"/>	<input type="text"/>	
Payment Amount <small>Income before tax</small>	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Current Balance	£ <input type="text"/>	£ <input type="text"/>	
Policy Number	<input type="text"/>	<input type="text"/>	

Annuities

Please tell us about any existing annuities, pension or non-pension, from which you currently receive income or from which you expect income that is presently deferred.

	annuity (1)	annuity (2)	notes
Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	Anything else we need to know?
Name of Annuity	<input type="text"/>	<input type="text"/>	
Type of Annuity	<input type="checkbox"/> Pension <input type="checkbox"/> Non-Pension	<input type="checkbox"/> Pension <input type="checkbox"/> Non-Pension	
Currently receiving income from annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred	
Current/Expected Income <small>Income before tax</small>	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Term	<input type="text"/> Years	<input type="text"/> Years	
Survivorship?	<input type="checkbox"/> Single <input type="checkbox"/> Joint Life	<input type="checkbox"/> Single <input type="checkbox"/> Joint Life	
Survivor Percentage? <small>If Joint Life</small>	<input type="text"/> %	<input type="text"/> %	
Policy Number	<input type="text"/>	<input type="text"/>	

Annuities (cont.)

	annuity (3)	annuity (4)	notes
Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	Anything else we need to know?
Name of Annuity	<input type="text"/>	<input type="text"/>	
Type of Annuity	<input type="checkbox"/> Pension <input type="checkbox"/> Non-Pension	<input type="checkbox"/> Pension <input type="checkbox"/> Non-Pension	
Currently receiving income from annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred	<input type="checkbox"/> Yes <input type="checkbox"/> No, payments are deferred	
Current/Expected Income <small>Income before tax</small>	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Term	<input type="text"/> Years	<input type="text"/> Years	
Survivorship?	<input type="checkbox"/> Single <input type="checkbox"/> Joint Life	<input type="checkbox"/> Single <input type="checkbox"/> Joint Life	
Survivor Percentage? <small>If Joint Life</small>	<input type="text"/> %	<input type="text"/> %	
Policy Number	<input type="text"/>	<input type="text"/>	

State Pensions

Please tell us about the State Pension benefits you are currently receiving. If you are not presently receiving benefits but have your benefit forecast from the Pension Service, enter your estimated future pension benefit. The Pension Service provides an online pension forecast application, which can be accessed on the Directgov website.

	you	spouse/partner	notes
Are you currently receiving a state pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anything else we need to know?
Current or Forecast Pension	£ <input type="text"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Four-Weekly <input type="checkbox"/> Annual	£ <input type="text"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Four-Weekly <input type="checkbox"/> Annual	

Property / Assets

Please tell us about any properties you own including real property, businesses and other assets such as vehicles, boats, jewellery, and collectibles.

	property (1)	property (2)	notes
◇◇ Name or Description <small>Names must be unique</small>	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◇◇ Type of Property	<input type="text"/>	<input type="text"/>	
◇◇ Current Value	£ <input type="text"/>	£ <input type="text"/>	
◇ Original Purchase Value <small>If unknown, leave blank</small>	£ <input type="text"/>	£ <input type="text"/>	
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
Mortgage/Other Debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	

	property (3)	property (4)
◇◇ Name or Description <small>Names must be unique</small>	<input type="text"/>	<input type="text"/>
◇◇ Type of Property	<input type="text"/>	<input type="text"/>
◇◇ Current Value	£ <input type="text"/>	£ <input type="text"/>
◇ Original Purchase Value <small>If unknown, leave blank</small>	£ <input type="text"/>	£ <input type="text"/>
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
Mortgage/Other Debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly

Debts

Please tell us about your debts including mortgages, personal loans and outstanding credit card balances.

	debt (1)	debt (2)	notes
◇◇ Name or Description	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◇◇ Outstanding Balance	£ <input type="text"/>	£ <input type="text"/>	
◇◇ Repayment Amount	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
◇◇ Interest Rate	<input type="text"/> %	<input type="text"/> %	
◇◇ Interest Only Loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
Associated Home/Property	<input type="text"/>	<input type="text"/>	
Policy Number	<input type="text"/>	<input type="text"/>	

	debt (3)	debt (4)
◇◇ Name or Description	<input type="text"/>	<input type="text"/>
◇◇ Outstanding Balance	£ <input type="text"/>	£ <input type="text"/>
◇◇ Repayment Amount	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly
◇◇ Interest Rate	<input type="text"/> %	<input type="text"/> %
◇◇ Interest Only Loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
Associated Home/Property	<input type="text"/>	<input type="text"/>
Policy Number	<input type="text"/>	<input type="text"/>

Can you please provide us with a copy of your mortgage offer?

Protection - Term Life

Please tell us details of arrangements designed to protect you and/or your family in the event of death or long term incapacity. Include employee benefits and any personal policies.

term policy (1)		term policy (2)		notes
Name of Insurer or Policy	<input type="text"/>	<input type="text"/>		Anything else we need to know?
Person(s) Covered	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint		
Interest Only Loan?	<input type="checkbox"/> Personal Policy <input type="checkbox"/> Employee Benefit	<input type="checkbox"/> Personal Policy <input type="checkbox"/> Employee Benefit		
PERSONAL POLICY	(Leave blank if policy is an employment benefit)			
Amount of Cover	£ <input type="text"/>	£ <input type="text"/>		
Premium	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly		
EMPLOYEE BENEFIT	(Leave blank if policy is a personal policy)			
Name of Employer	<input type="text"/>	<input type="text"/>		
Amount of Cover <small>Multiple/percentage of salary</small>	<input type="text"/>	<input type="text"/>		
Term Remaining <small>Leave blank if term is duration of employment</small>	<input type="text"/>	<input type="text"/>		
Policy Number	<input type="text"/>	<input type="text"/>		

Protection - Whole Life

Use the following forms, if needed, to tell us about the whole life policies you want to consider in your financial plans.

whole life (1)		whole life (2)		notes
Name of Insurer or Policy	<input type="text"/>	<input type="text"/>		Anything else we need to know?
Person(s) Covered	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint		
Premium	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly		
Amount of Cover	£ <input type="text"/>	£ <input type="text"/>		
Policy Number	<input type="text"/>	<input type="text"/>		

whole life (3)		whole life (4)	
Name of Insurer or Policy	<input type="text"/>	<input type="text"/>	
Person(s) Covered	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
Premium	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Amount of Cover	£ <input type="text"/>	£ <input type="text"/>	
Policy Number	<input type="text"/>	<input type="text"/>	

Protection - Family Income Benefits

	family income benefit (1)	family income benefit (2)
Name of Benefit	<input type="text"/>	<input type="text"/>
Person(s) Covered	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
Amount of Benefit	<input type="text"/>	<input type="text"/>
Term Remaining	<input type="text"/> Years	<input type="text"/> Years
Premium	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly
Policy Number	<input type="text"/>	<input type="text"/>

Protection - Income Protection

Use the following forms, if needed, to tell us about income protection policies you want to consider in your financial plans. Include employee benefits and any personal policies.

	income protection policy (1)	income protection policy (2)	notes
Name of Policy or Insurer	<input type="text"/>	<input type="text"/>	Anything else we need to know?
Person(s) Covered	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	
Type of Policy	<input type="checkbox"/> Personal Policy <input type="checkbox"/> Employee Benefit	<input type="checkbox"/> Personal Policy <input type="checkbox"/> Employee Benefit	
PERSONAL POLICY	(Leave blank if policy is an employment benefit)		
Premium	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Amount of Cover	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Max Duration of Benefit	<input type="text"/> Years	<input type="text"/> Years	
Max Benefit Age	<input type="text"/>	<input type="text"/>	
EMPLOYEE BENEFIT	(Leave blank if policy is a personal policy)		
Name of Employer	<input type="text"/>	<input type="text"/>	
Amount of Cover	£ <input type="text"/> OR <input type="text"/>	£ <input type="text"/> % OR <input type="text"/> %	
Cover Paid	<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Max Duration of Benefit	<input type="text"/> Years	<input type="text"/> Years	
Policy Number	<input type="text"/>	<input type="text"/>	

Protection - Critical Illness

Use the following forms, if needed, to tell us about critical illness cover you want to consider in your financial plans

	critical illness policy (1)	critical illness policy (2)	notes
Name of Insurer or Policy	<input type="text"/>	<input type="text"/>	Anything else we need to know?
Person(s) Covered	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
Premium	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Amount of Cover	£ <input type="text"/>	£ <input type="text"/>	
Term	<input type="text"/> Years	<input type="text"/> Years	
Is cover offered together with a Term Life policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Policy Number	<input type="text"/>	<input type="text"/>	

Protection - Long Term Care

Use the following forms, if needed, to tell us about long term care cover you want to consider in your financial plans.

	long term care policy (1)	long term care policy (2)	notes
Name of Insurer or Policy	<input type="text"/>	<input type="text"/>	Anything else we need to know?
Person(s) Covered	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
Amount of Cover	£ <input type="text"/>	£ <input type="text"/>	
Maximum Coverage Period	<input type="text"/> Years OR <input type="checkbox"/> Lifetime Benefits	<input type="text"/> Years OR <input type="checkbox"/> Lifetime Benefits	
Premium	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	£ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
Policy Number	<input type="text"/>	<input type="text"/>	

Annual Expenditure Analysis Per Year

Item	Amount	
	Monthly	Annual
Basic - Home		
Mortgage/rent		
Council tax		
Water		
Electricity		
Gas		
TV - Satellite		
Alarm Security		
Home telephone internet		
Mobiles		
Home insurance/contents		
Food and housekeeping		
Cleaning/Help in House		
Property maintenance		
Garden maintenance		
Rental Property Expenses		
Holiday Home Expenses		
Sub-total		

Item	Amount	
	Monthly	Annual
Basic - Vehicles		
Car depreciation or payment		
Petrol/diesel		
Servicing and maintenance		
Car Insurance & Tax		
Breakdown Cover		
Car Other		
Sub-total		

Item	Amount	
	Monthly	Annual
Basic - Personal		
Clothing		
Wines/spirits alcohol		
Subscriptions/Music/Books etc		
Beauty/grooming		
Public transport/taxis		
Childcare		
Cigarettes		
Charitable donations		
Gifts		
Pets		
Other Children Expense		
Sub-total		

Item	Amount	
	Monthly	Annual
Basic - Medical		
Private medical insurance		
Dentist		
Optician		
Prescriptions		
Sub-total		

Item	Amount	
	Monthly	Annual
Luxury		
School Fees		
Sub-total		

Calculator

Enter monthly amount

Total per year

Item	Amount	
	Monthly	Annual
Leisure		
Sports/hobbies		
Holidays and travel		
Entertainment		
Eating out		
Cash withdrawals		
Sub-total		

Milestones - e.g World Cruise 2022 £30,000.

Sub-total	

Totals

Basic

Leisure

Luxury

Grand Total

Estate Plans

Please tell us about your current intentions in respect of your estate in the event of your death.

	you	spouse/partner
Have you written a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please briefly outline the terms and provisions	<div></div>	<div></div>
Have you made a Lasting Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide a copy	<div></div>	<div></div>

Other Information

Please use this space to provide any further information that you feel might be relevant to your financial planning needs, e.g. possible future changes in circumstances (work or family), potential future financial windfalls or planned major expenditure.