

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			Anything else we need to know?
*• Surname			
*° Gender	Male Female	Male Female	
* • Date of Birth (dd/mm/yyy)			
*• Marital Status	Married / Civil Partnership	Non-Legal Partnership Single	
	address		
Address Line 1			
Address Line 2			
Town/City, County			
Post Code, Country			
	you	spouse / partner	
Phone Number			
Mobile			
Email			
Smoker or Non Smoker			
NI Number			
Country of Birth			
	you	spouse / partner	
Are you a UK resident?	Yes No	Yes No	
Are you ordinarily a UK resident?	Yes No	Yes No	
UK Domiciled?	Yes No	Yes No	
*• Are you retired?	Yes No	Yes No	
* o If no, when do you plan to retire?			
Do you have any social, ethical, er	nvironmental or religious consideration	s that you would like us to take into account?	

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			Anything else we need to know?
Surname			
Oender	Male Female	Male Female	
Date of Birth (dd/mm/yyy)			
Relationship			
	dependant 3	dependant 4	
Forename			
Surname			
Oender	Male Female	Male Female	
Oate of Birth (dd/mm/yyy)			
Relationship			
	dependant 5	dependant 6	
Sorename			

Surname					
Of the second	Male	Female	Male	Female	
Oate of Birth (dd/mm/yyy)					
o Relationship					

	dependant 7		dependant 8	
Forename				
Surname				
Oender	Male	Female	Male	Female
Date of Birth (dd/mm/yyy)				
Relationship				

Employment

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



Pensions & Other Benefits

	employment (1)	employment (2)	notes
Do you participate in an employer- sponsored pension scheme?	Yes No	Yes No	Anything else we need to know?
Type of Pension Scheme	Money Purchase Final Salary	Money Purchase Final Salary	
Other benefits for consideration?	Income Protection/Redundancy Cover	Income Protection/Redundancy Cover	
Select all that apply	Death in Service Life Assurance	Death in Service Life Assurance	
	Death in Service Widow's Pension	Death in Service Widow's Pension	
	Stock Purchase Plan	Stock Purchase Plan	
	Other (specify in Notes, right)	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?
o Annual Income	£	£	
•• Is this income taxable?	Yes No	Yes No	
◇○ Earner	You Spous	se/Partner You Spouse/Partner	
	other income (3)	other income (4)	
 Other Income Source 	other income (3)	other income (4)	
 Other Income Source Annual Income 	other income (3) £	other income (4) £	

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 Age	Year Age	
Recipient			
	windfall (3)	windfall (4)	
Type of Windfall	windfall (3)	windfall (4)	
Type of Windfall Amount		windfall (4) £	

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
O Type of Investment or Savings			Anything else we need to know?
Name of Account, Bank or Institution			
◆● Owner(s)	You Spouse/Partner Joint	You Spouse/Partner Joint	
* Current Balance	£	£	
• Regular Contributions Per Year, if applicable	£	£	
Policy Number			
	savings / investment (3)	savings / investment (4)	
O Type of Investment or Savings			
Ame of Account, Bank or Institution			
◊○ Owner(s)	You Spouse/Partner Joint	You Spouse/Partner Joint	
Current Balance	£	£	
• Regular Contributions Per Year, if applicable	£	£	
Policy Number			
	savings / investment (5)	savings / investment (6)	
O Type of Investment or Savings			
Name of Account, Bank or Institution			
◊○ Owner(s)	You Spouse/Partner Joint	You Spouse/Partner Joint	
Ourrent Balance	£	£	
• Regular Contributions Per Year, if applicable	£	£	
Policy Number			

Savings & Investments (cont.)

	savings / investment (7)	savings / investment (8)	notes
O Type of Investment or Savings			Anything else we need to know?
Name of Account, Bank or Institution			
◊○ Owner(s)	You Spouse/Partner Joint	You Spouse/Partner Joint	
Current Balance	£	£	
• Regular Contributions Per Year, if applicable	£	£	
Policy Number			





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.



%

%

£

£

OR

OR

%

%

OR

OR

Policy Number

£

£

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	You Spouse/Partner	You Spouse/Partner	Anything else we need to know?
Name of Pension or Employer			
Active Member?	Yes No	Yes No	
If Yes - Years of Service			
Accrual rate			
f No - Currently receiving payments?	Yes No, payments are deferr	red Yes No, payments are deferred	d
Current/Expected Pension Income	£ Yearly	Monthly £ Yearly M	Monthly
Normal Retirement Age If presently active member or if pension is deferred			
	final salary (3)	final salary (4)	
Owner	You Spouse/Partner	You Spouse/Partner	
Name of Pension or Employer			
Active Member?	Yes No	Yes No	
If Yes - Years of Service			
Accrual rate			
f No - Currently receiving payments?	Yes No, payments are deferr	red Yes No, payments are deferred	d
Current/Expected Pension Income	£ Yearly	Monthly £ Yearly M	Monthly
Normal Retirement Age If presently active member or if pension is deferred			
	final salary (5)	final salary (6)	
Owner	You Spouse/Partner	You Spouse/Partner	
Name of Pension or Employer			
Active Member?	Yes No	Yes No	
If Yes - Years of Service			
Accrual rate			
f No - Currently receiving payments?	Yes No, payments are deferr	red Yes No, payments are deferred	d
Current/Expected Pension Income	£ Yearly	Monthly £ Yearly M	Monthly

Drawdowns

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

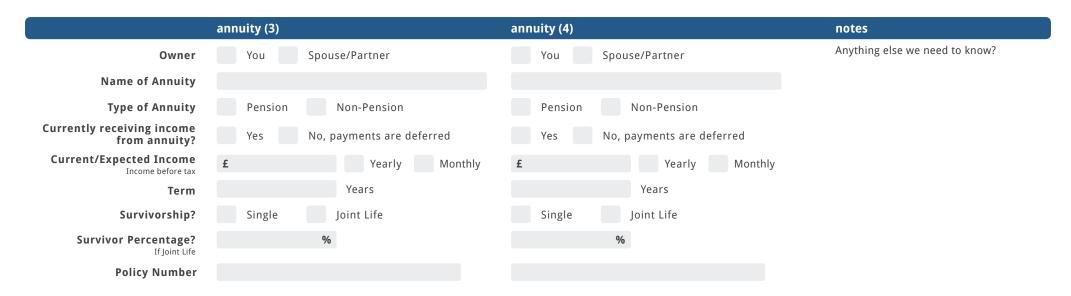


Annuities

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	You Spouse/Partner	You Spouse/Partner	Anything else we need to know?
Name of Annuity			
Type of Annuity	Pension Non-Pension	Pension Non-Pension	
Currently receiving income from annuity?	Yes No, payments are deferred	Yes No, payments are deferred	
Current/Expected Income Income before tax	£ Yearly Monthly	£ Yearly Monthly	
Term	Years	Years	
Survivorship?	Single Joint Life	Single Joint Life	
Survivor Percentage? If Joint Life	%	%	
Policy Number			

Annuities (cont.)



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?	Yes No	Yes No	Anything else we need to know?
Current or Forecast Pension	£	£	
	Weekly Four-Weekly Annual	Weekly Four-Weekly Annual	

Property / Assets

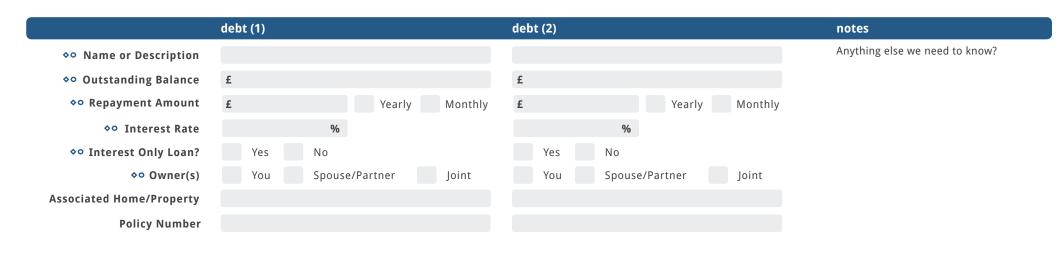
Please tell us about any properties you own including real property, businesses and other assets such as vehicles, boats, jewellery, and collectibles.

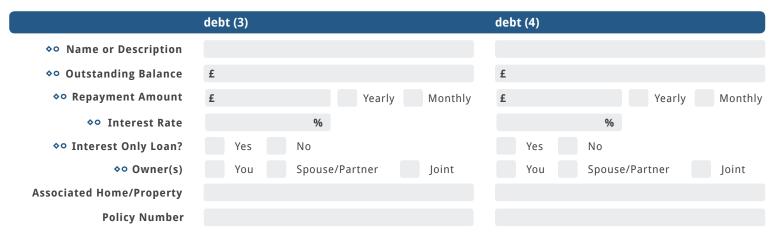


	property (3)		property (4)	
Name or Description Names must be unique					
Or Type of Property					
Ourrent Value	£			£	
• Original Purchase Value If unknown, leave blank	£			£	
Owner(s)	You	Spouse/Partner	Joint	You	Spouse/Partner Joint
Mortgage/Other Debts?	Yes	No		Yes	No
Income from Property?	Yes	No		Yes	No
	£	Yearly	y Monthly	£	Yearly Monthly

Debts

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





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

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			Anything else we need to know?
Person(s) Covered	You Spouse/Partner Joint	You Spouse/Partner Joint	
Premium	£ Yearly Monthl	y £ Yearly Monthly	
Amount of Cover	£	£	
Policy Number			
	whole life (3)	whole life (4)	
Name of Insurer or Policy			
Person(s) Covered	You Spouse/Partner Joint	You Spouse/Partner Joint	
Person(s) Covered Premium	You Spouse/Partner Joint £ Yearly Monthl		

Protection - Family Income Benefits

	family income benefit (1)			family income	benefit (2)
Name of Benefit					
Person(s) Covered	You Spous	e/Partner	Joint	You	Spouse/Partner Joint
Amount of Benefit					
Term Remaining		Years			Years
Premium	£	Yearly	Monthly	£	Yearly Monthly
Policy Number					

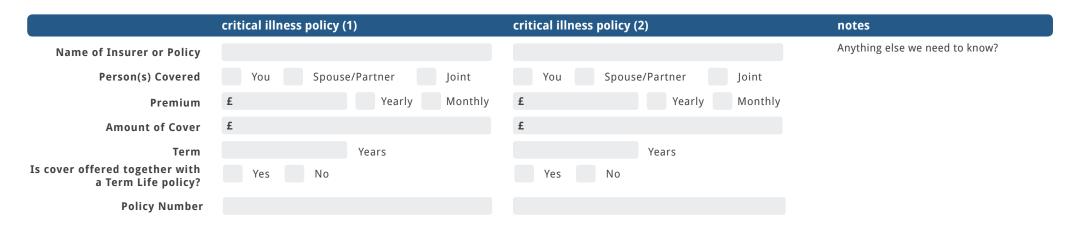
Protection - Income Protection

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 pol	licy (2)	notes
Name of Policy or Insurer					Anything else we need to know?
Person(s) Covered	You Spouse/Partner		You Spouse	e/Partner	
Type of Policy	Personal Policy Employ	vee Benefit	Personal Policy	Employee Benefit	
PERSONAL POLICY	(Leave blank if policy is an employm	ent benefit)			
Premium	£ Yearly	Monthly	£	Yearly Monthly	
Amount of Cover	£ Yearly	Monthly	£	Yearly Monthly	
Max Duration of Benefit	Years			Years	
Max Benefit Age					
		1. X			
EMPLOYEE BENEFIT	(Leave blank if policy is a personal p	oolicy)			
Name of Employer					
Amount of Cover	£ OR		£ %	OR %	
Cover Paid	Yearly Monthly		Yearly Month	nly	
Max Duration of Benefit	Years			Years	
Policy Number					PAGE 14

Protection - Critical Illness

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



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			Anything else we need to know?
Person(s) Covered	You Spouse/Partner Joint	You Spouse/Partner Joint	
Amount of Cover	£	£	
Maximum Coverage Period	Years OR Lifetime Benefits	Years OR Lifetime Benefits	
Premium	£ Yearly Monthly	£ Yearly Monthly	
Policy Number			

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

Sub-total

Annual Expenditure Analysis Per Year

ltem	Amount		
Basic - Personal	Monthly	Annual	
Clothing			
Wines/spirits alcohol			
Subscriptions/Music/Books etc			
Beauty/grooming			
Public transport/taxis			
Childcare			
Cigarettes			
Charitable donations			
Gifts			
Pets			
Other Children Expense			
Sub-total			
Basic - Medical	Monthly	Annual	
Basic - Medical Private medical insurance	Monthly	Annual	
	Monthly	Annual	
Private medical insurance	Monthly	Annual	
Private medical insurance Dentist	Monthly	Annual	
Private medical insurance Dentist Optician	Monthly	Annual	
Private medical insurance Dentist Optician	Monthly	Annual	
Private medical insurance Dentist Optician Prescriptions	Monthly	Annual	
Private medical insurance Dentist Optician Prescriptions Sub-total			
Private medical insurance Dentist Optician Prescriptions Sub-total Luxury			
Private medical insurance Dentist Optician Prescriptions Sub-total Luxury			
Private medical insurance Dentist Optician Prescriptions Sub-total Luxury			
Private medical insurance Dentist Optician Prescriptions Sub-total Luxury			

Item Amount Leisure Monthly Annual 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**

Calculator

Enter monthly amount

Total per year

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?	Yes No	Yes No
If Yes, please briefly outline the terms and provisions		
Have you made a Lasting Power of Attorney?	Yes No	Yes No
If Yes, please provide a copy		

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.