

St James Business Centre, Wilderspool Causeway, Warrington, WA4 6PS
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Adviser Name:

Review Due:

Review Meeting Date:

PERSONAL DETAILS

Client 1

Client 2

Title:

Forenames:

Surname:

Full Address:

Postcode:

Residency Status:

Email Address:

Home Telephone:

Mobile Telephone:

Date of Birth:

Sex:

Marital Status:

NI Number:

Country of Birth:

Domicile:

Tax Residence:

EXISTING DOCUMENT VALIDATION

ID Expiry Date:

Last Risk Profile:

VULNERABLE CLIENT DETAILS

Vulnerable Client:

If Yes, please complete the following questions:

Reason for
Vulnerability:

Accompanied
Visit Required:

Yes

No

Yes

No

FINANCIAL QUESTIONNAIRE



Name & Relationship of 3rd Party;
or Reason for Declining 3rd Party.

CHILDREN & OTHER DEPENDANTS

Name	Financially Dependent	Date of Birth	Relationship	Anticipated period and reason?

PERSONAL HEALTH

	Client 1		Client 2	
Are you in good health?	Yes	No	Yes	No
Have you smoked, used any nicotine replacement products or e-cigarettes in the last 12 months?	Yes	No	Yes	No
Do you have any existing health conditions?	Yes	No	Yes	No
Do you take any regular medication?	Yes	No	Yes	No

Notes

EMPLOYMENT DETAILS

	Client 1	Client 2
Employment status:		
Occupation:		
If Self-Employed, are you:		
Percentage Owned:	%	%
Name of employer / business:		

FINANCIAL QUESTIONNAIRE



Time in current employment?

Workplace / Company Pension: Yes No Yes No

If Yes, have you joined the scheme? Yes No Yes No

Sick Pay:

Notes

INCOME

Annual Earnings	Client 1	Client 2
Basic Salary / Net Profit: £		£
Bonus / Overtime / Commission:£		£
Benefits in Kind: £		£
Gross Private Pension Income: £		£
Gross State Pension: £		£
Property Rental Income: £		£
Gross Dividend Income: £		£
State Benefits: £		£
Savings Interest: £		£
Gross Occupational Pension: £		£
Annuity Pension Income: £		£
Drawdown Pension Income: £		£
Investment Income: £		£
Other Additional Income £		£
Total Annual Income (Gross) £		£
Total Monthly Income (Gross) £		£
Total Monthly Income (Net) £		£

Expected changes to your income or employment status? Yes No Yes No

FINANCIAL QUESTIONNAIRE



Please provide details of any Benefits in Kind / State Benefits / Other Additional Income / Expected Changes

EXISTING CREDIT ARRANGEMENTS				
Loans & HP Agreements				
Owner	Provider	Current Balance	Term Remaining	Monthly Payment
		£		£
		£		£
		£		£
		£		£
		Totals £		£

Credit & Store Cards			
Owner	No of Cards	Current Balance	Approx. Monthly Payment
		£	£
		£	£
		£	£
		£	£
		Totals £	£

MONTHLY EXPENDITURE			
	Client 1	Client 2	Joint
Fixed Household Costs			
Mortgage(s):	£	£	£
Rent:	£	£	£
Council Tax:	£	£	£
Utilities:	£	£	£
Food shopping:	£	£	£
TV / Satellite / Cable / internet:	£	£	£
Telephone(s) (if not included in above):	£	£	£
Transportation Costs:	£	£	£

FINANCIAL QUESTIONNAIRE



	Client 1	Client 2	Joint
Financials			
Total Loans/Credit/Store Card repayments:	£	£	£
Savings:	£	£	£
Insurance:	£	£	£
Pension contributions:	£	£	£
Miscellaneous:	£	£	£
Holidays:	£	£	£
Regular subscriptions:	£	£	£
Clothing:	£	£	£
Other:	£	£	£
Total Monthly Outgoings:	£	£	£
Surplus / Deficit Income (net monthly income less total outgoings)	£	£	£

Financial Planning Budget			
Surplus Income Available?	£	£	£

MAIN RESIDENTIAL PROPERTY

Est. Property Value: _____ Year Purchased: _____

Ownership: _____

Lender: _____ Type: _____

Current Balance: _____ Repayment type: _____

Remaining Term: _____ Current Deal Ends: _____

If Interest Only, what provisions have been made to repay the balance at the end of the term?

Do you own any investment properties? Yes No
 (if yes, please complete a Supplementary Buy to Let portfolio sheet)

ESTATE PLANNING ARRANGEMENTS

Will	Client 1		Client 2	
	Yes	No	Yes	No
Have you made a Will?				
If so, is your Will up to date?				
What are the Main Provisions?				
Power of Attorney	Client 1		Client 2	
	Yes	No	Yes	No
Have you completed an LPA or EPA?				
If LPA, on what basis?				

Notes

PROTECTION PLANNING

Do you have any existing protection plans							Yes	No
Owner	Provider	Product/plan type	Monthly premium	Waiver?	In trust?	Term	Life cover	CIC cover
			£				£	£
			£				£	£
			£				£	£
			£				£	£
			£				£	£
			£				£	£

Notes

SAVINGS AND INVESTMENTS

Do you hold any Savings or Investments?						Yes	No
Owner	Provider	Product/plan type	Policy number	Last valuation	In trust?		
				£			
				£			
				£			
				£			
				£			
				£			
				£			
				£			
				£			
				£			

Notes

Have you utilised any of your ISA Allowances in the current tax year?

Client 1:	Yes	No	Amount Used	£
Client 2:	Yes	No	Amount Used	£

RETIREMENT PLANNING

	Client 1	Client 2
At what age would you realistically like to retire?		
Essential income required in retirement?	£	£
Total income required in retirement?	£	£

Notes

DEFINED CONTRIBUTION SCHEMES (PPP, Stakeholder, FSAVC, GPP, Section 32)

Do you have any existing Defined Contribution plans? Yes No

Client	Provider	Plan type	Plan number	Contribution	Frequency	Approx. valuation
						£
						£
						£
						£
						£
						£

Notes

DEFINED BENEFIT & FINAL SALARY SCHEMES

Do you have any existing Defined Benefit plans?							Yes	No
Client	Employer	Pension Administrator	Date joined	Date of leaving	Accrual rate	Scheme retirement age	Last valuation	
							£	
							£	
							£	
							£	
							£	
							£	

Notes

ASSETS & LIABILITIES

	Client 1	Client 2	Joint	
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Summary of Assets

Mortgage(s):	£	£	£	
Home:	£	£	£	
Other Property:	£	£	£	
Chattels:	£	£	£	
Cash/Deposits:	£	£	£	
Emergency Funds:	£	£	£	
Total Savings & Investments:	£	£	£	
Total DC Pension Funds:	£	£	£	
Shares / VCT / EIS:	£	£	£	

Summary of Assets

Business Assets:	£	£	£	
Other Assets:	£	£	£	
Total Assets:	£	£	£	

Summary of Liabilities

Mortgage (main residence):	£	£	£	
Mortgage(s) (other property):	£	£	£	
Total Credit cards:	£	£	£	
Overdraft:	£	£	£	
Total Loans/HP:	£	£	£	
Any other borrowing?:	£	£	£	
Total Debts:	£	£	£	
Total Net Estate Values:	£	£	£	

Other Information

Have you made any gifts in the last 7 years?	Yes	No	Yes	No
Are you the beneficiary of any trust?	Yes	No	Yes	No
Have you created any lifetime trusts?	Yes	No	Yes	No

Notes

	Client 1		Client 2	
Inheritance Tax				
Has any potential IHT Liability been identified?	Yes	No	Yes	No

Notes

I confirm that the information provided and recorded in this document is to the best of my knowledge, correct and accurate and I understand that it will be used as the basis for any advice and recommendations made. I understand that failure to disclose any material facts may have an effect on any recommendations made and Teachers Financial Planning Limited cannot be held responsible for any non-disclosure of information if this results in the advice given being incorrect for my/our circumstances. Material facts are those that Teachers Financial Planning Limited would regard as likely to affect the suitability of any recommendations made to you during the advice process. If you are in any doubt as to whether a fact is material, you should discuss this with your adviser.

Adviser Signature:

Date:

Client Name: Client 1:

Client 2:

Signatures:

Date: