Financial Planning Questionnaire *Confidential Financial Review*

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About You

Please tell us about yourself and your partner.

		About You	Spouse / Partner	
	• Forename			Notes Enter additional information below
	⊕ Surname			
	⊕ Gender	Male Female	Male Female	
dd/mm/yyyy	Date of Birth			
	Harital Status Advisors Note: Indicates implication 		lot Married	
	Address			
	Address Line I			
	Address Line 2)	
	Town/City, County			
	Post Code, Country			
		About You	Spouse / Partner	
	Home Phone Number			
	Business Phone Number			
	Mobile			
Page 1	Email Address			

Your Family

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

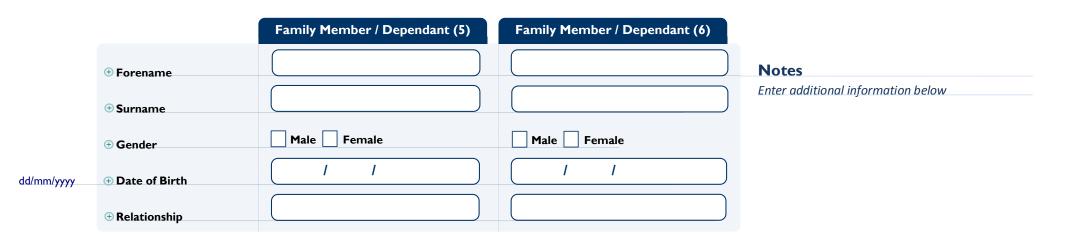
		Family Member / Dependant (I)	Family Member / Dependant (2)	
	Forename			Notes Enter additional information below
	⊕ Surname			
	Gender	Male Female	Male Female	
dd/mm/yyyy	Date of Birth			
	Relationship			

		Family Member / Dependant (3)	Family Member / Dependant (4)	
	Forename			Notes
	Surname			Enter additional information below
	① Gender	Male Female	Male Female	
dd/mm/yyyy	Date of Birth			
	• Relationship			

Advisors Note:
 Herein Indicates importable value.

Your Family (continued)

Use the following forms, if needed, to tell us about additional family members you want to consider in your financial plans.



		Family Member / Dependant (7)	Family Member / Dependant (8)	
	+ Forename			Notes
	🕀 Surname			Enter additional information below
	+ Gender	Male Female	Male Female	
dd/mm/yyyy	Date of Birth			
,,,,,	Relationship			

Advisors Note:
 Indicates importable value.

Retirement

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Please tell us about your retirement plans. At what age do you expect to retire or are you already retired?



Taxes or Rebates Due from Last Year

Do you have any taxes due or are you expecting rebates from the previous tax year?

	You	Spouse / Partner	
Do you have taxes due or rebates expected from the previous tax year?	Yes No	Yes No	Notes Enter additional information below
Taxes Due	£	£	
Expected Rebate	£	£	

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Employment

Enter below details of your employment earnings including salary, wages, commissions and bonuses. Other sources of income, such as rental income or royalties, should be entered separately in the next section, "Other Income".

		Employment (I)	Employment (2)	
	🕀 Earner / Recipient	You Spouse/Partner	You Spouse/Partner	Notes
- Please enter annual salary	Occupation or Employer Gross Annual Salary	(f	(f	Enter additional information below
- Average annual bonuses and commissions	 Other Earnings (Bonuses, Commissions) 	(£	Ê	
- Average annual value of any benefits received in kind	Benefits in Kind	(£	£	
	Self-Employed or Compa	ny Owner?		
	• Are you self-employed?	Yes No	Yes No	
- If yes, enter any earnings on average from company	• Are you a company owner?	Yes No	Yes No	
dividends	• Company Dividends	(£	(£	
	Pensions and Other Bene	afits?		
- If yes, enter additional details in the Money Purchase or Final Salary	Do you participate in an employer-sponsored pension scheme?	Yes No	Yes No	
sections of this questionnaire	Type of pension scheme?	Money Purchase Final Salary	Money Purchase Final Salary	
- Does your employer or company offer other benefits that should be considered in your financial plan?	Other benefits for consideration in your financial plan?	Income Protection / Redundancy Cover Death in Service Life Assurance Death in Service Widow's Pension	Income Protection / Redundancy Cover Death in Service Life Assurance Death in Service Widow's Pension	
- Click any that apply.		Stock Purchase Plan	Stock Purchase Plan	Additional employment
- Further details may be noted right.		Other (please specify in notes, right)	Other (please specify in notes, right)	income? <u>Click here</u> for additional forms.
Page 5	Advicers Note: @Indicatos imp	ortable value		

Advisors Note:
 Hereit Indicates importable value.

Other Income

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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 (I)	Other Income (2)	
 Other Income Source Annual Income 	É		Notes Enter additional information below
⊕ Is this income taxable? Expected duration?	Yes No Years	Years	
🕀 Earner / Recipient	You Spouse/Partner	You Spouse/Partner	
	Other Income (3)	Other Income (4)	
Other Income Source Annual Income	Ê		Notes Enter additional information below
• Is this income taxable?	Yes No	Yes No	

You

Spouse/Partner

You Spouse/Partner

Expected duration?

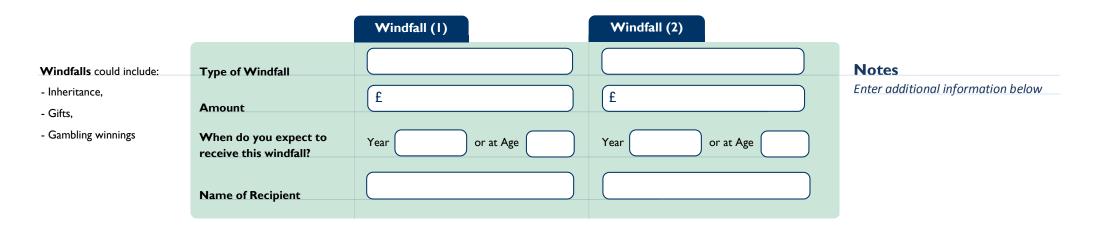
🕀 Earner / Recipient

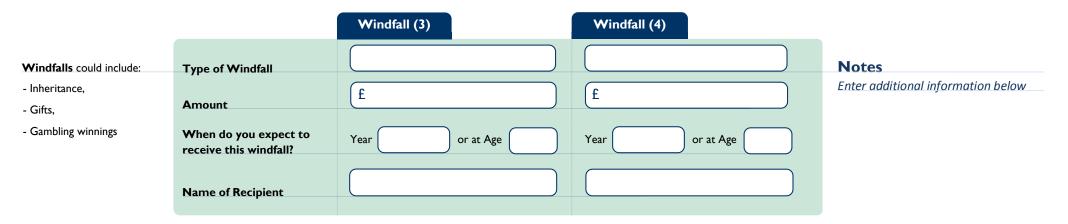
Additional incomes?

Click here for additional forms.

Anticipated Windfalls

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





Savings and Investments

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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)	
• Type of Investment or Savings			Notes <i>Enter additional information below</i>
 • Name of Account, Bank, or Institution 			
Owner(s)	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
• Current Balance	£	Ĺ	
Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.	
Remaining Term?			
Advisors Note: 🕀 Indica			
	Savings / Investment (3)	Savings / Investment (4)	
• Type of Investment or Savings	Savings / Investment (3)	Savings / Investment (4)	Notes Enter additional information below
	Savings / Investment (3)	Savings / Investment (4)	
or Savings ⊕ Name of Account,	Savings / Investment (3)	Savings / Investment (4)	
or Savings ⊕ Name of Account, Bank, or Institution			
 or Savings Name of Account, Bank, or Institution Owner(s) 	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	

Pensions – Money Purchases

Financial Planning Questionnaire

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Please tell us about your pension arrangements. Enter here details of money purchase schemes, personal pensions (including stakeholder), and self-invested personal pensions. Note: Do not include any pensions from which you are already drawing an income. These should be entered separately in the Drawdowns and Annuities sections of this questionnaire. Defined benefit schemes (final salaries) should also be entered separately under Final Salaries.

		Money Purchase (1)	Money Purchase (2)	
	 Type of Money Purchase Owner 	You Spouse/Partner	You Spouse/Partner	Notes Enter additional information below
		f	f	
- If applicable - Enter either as an annual	Retirement Age	£ - or %	É - or %	
amount (before tax) or as % of salary - If applicable - Enter either as an annual amount or as % of salary	Your Employer's Contributions	annual contribution amount or % of salary <u>f</u> - or % annual contribution amount or % of salary	annual contribution amount or % of salary £ - or % annual contribution amount or % of salary	
		Money Purchase (3)	Money Purchase (4)	
	 Type of Money Purchase Owner 	You Spouse/Partner	You Spouse/Partner	Notes Enter additional information below
	• Name of Pension or Employer			
	 Ourrent Value (Account Balance) Retirement Age 	É	É	
 If applicable Enter either as an annual amount (before tax) or as % of salary 	Your Contributions	E - or % annual contribution amount or % of salary	E - or % annual contribution amount or % of salary	
 If applicable Enter either as an annual amount or as % of salary 	Your Employer's Contributions	£ - or % annual contribution amount or % of salary	f - or %	Additional money purchases? Click here for additional forms.
Page 9	Advisors Note: Hudicates in	nportable value.		

Advisors Note:
 Indicates importable value.

Pensions – Final Salaries

Financial Planning Questionnaire

Confidential Financial Review

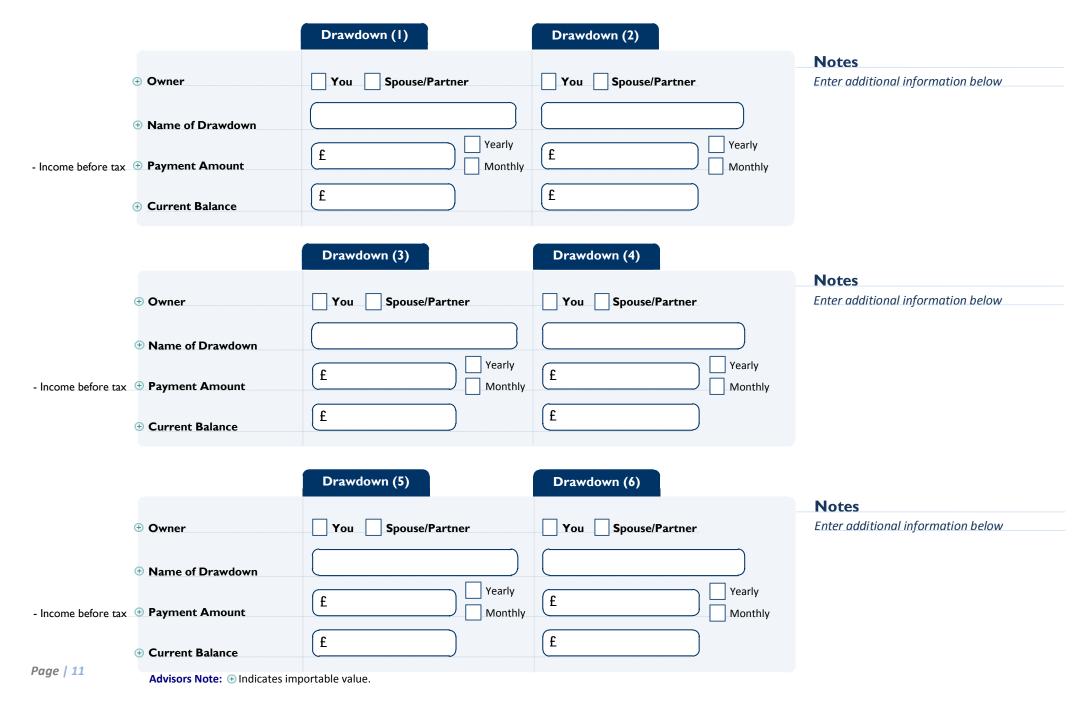
Please tell us about your pension arrangements. Enter here details of final salaries (defined benefit schemes).

		Final Salary (I)	Final Salary (2)	
				Notes
	Owner	You Spouse/Partner	You Spouse/Partner	Enter additional information
	Name of Pension or Employer			
	Active Member?	Yes No	Yes No	
	If Yes - Years of Service			
	If No - Are you currently receiving payments?	Yes No, payments are deferred	Yes No, payments are deferred	
- Enter current or estimated future pension income before tax	Pension – Income Expected or Current	£ Yearly Monthly	£ Yearly Monthly	
- If presently active member or if pension is deferred	Retirement Age			
Survivor benefits might include:	Survivor Benefits?			
- Death in Service / Widow's Pension - Death in Deferment Benefits	- Leave blank, if unknown			
		Final Salary (3)	Final Salary (4)	
	Owner	You Spouse/Partner	You Spouse/Partner	Notes Enter additional information
	Name of Pension or Employer			
	Active Member?	Yes No	Yes No	
	If Yes - Years of Service			
	If No - Are you currently receiving payments?	Yes No, payments are deferred	Yes No, payments are deferred	
- Enter current or estimated future pension income before tax	Pension – Income Expected or Current	£ Monthly	£	
- If presently active member or if pension is deferred	Retirement Age			
	Survivor Benefits?			Additional final salaries?
Page 10	- Leave blank, if unknown			<u>Click here</u> for additional forms.

Drawdowns

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Please tell us about any existing drawdowns from which you currently receive income.



Annuities

Financial Planning Questionnaire

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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 (I)	Annuity (2)	
	Owner	You Spouse/Partner	You Spouse/Partner	Notes <i>Enter additional information below</i>
	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	
- Enter income before tax	Income Current or Expected	£ Yearly Monthly	£ Yearly Monthly	
- Leave blank if lifetime income	Term	Years	Years	
- If unknown, leave unselected	Survivorship?	Single Joint Life If Joint Life - Survivor Percentage %	Single Joint Life If Joint Life - Survivor Percentage	
	Owner	Annuity (3)	Annuity (4)	Notes
	Name of Annuity Type of Annuity	Pension Non-Pension	Pension Non-Pension	Enter additional information below
	Currently receiving income from annuity?	Yes No, payments are deferred	Yes No, payments are deferred	
- Enter income before tax	Income Current or Expected	£ Monthly	£	
- Leave blank if lifetime income	Term	Years	() Years	
- If unknown, leave unselected	Survivorship?	Single Joint Life If Joint Life - Survivor Percentage %	Single Joint Life If Joint Life - Survivor Percentage	Additional annuities? <u>Click here</u> for additional forms.
· ~ y ~ 12				

State Pensions

Financial Planning Questionnaire

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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 <u>Directgov</u> website.

	You	Spouse/Partner
Are you currently receiving	Yes No	Yes No
a state pension? Current or Forecast	£ Vearly Monthly	£ Yearly Monthly
Pension	Weekly	Weekly
Advisors Note: Not currently importal	ble.	

Notes

Enter additional information

Property and Other Assets

Financial Planning Questionnaire

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

		Property (I)	Property (2)	
	• Name or Description			Notes Enter additional information below
	Type of Property			
	Current Value	£	(£	
- If unknown, leave blank	 Original Purchase Value 	(£	(£	
	Owner(s)	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
- If yes, enter details under "Debts and Mortgages"	Mortgage / Other Associated Debts?	Yes No	Yes No	
- e.g. rental income	Income from Property?	No Yearly Yes - £ Monthly	No Yearly Yes - £ Monthly	
		Property (3)	Property (4)	
	• Name or Description			Notes Enter additional information below
	Type of Property			
	Current Value	(£	£	
- If unknown, leave blank	 Original Purchase Value 	(£	£	
	• Owner(s)	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
- If yes, enter details under "Debts and Mortgages"	Mortgage / Other Associated Debts?	Yes No	Yes No	Additional
- e.g. rental income	Income from Property?	Yes - E Monthly	Yes - E Monthly	properties/assets? Click here for additional forms.

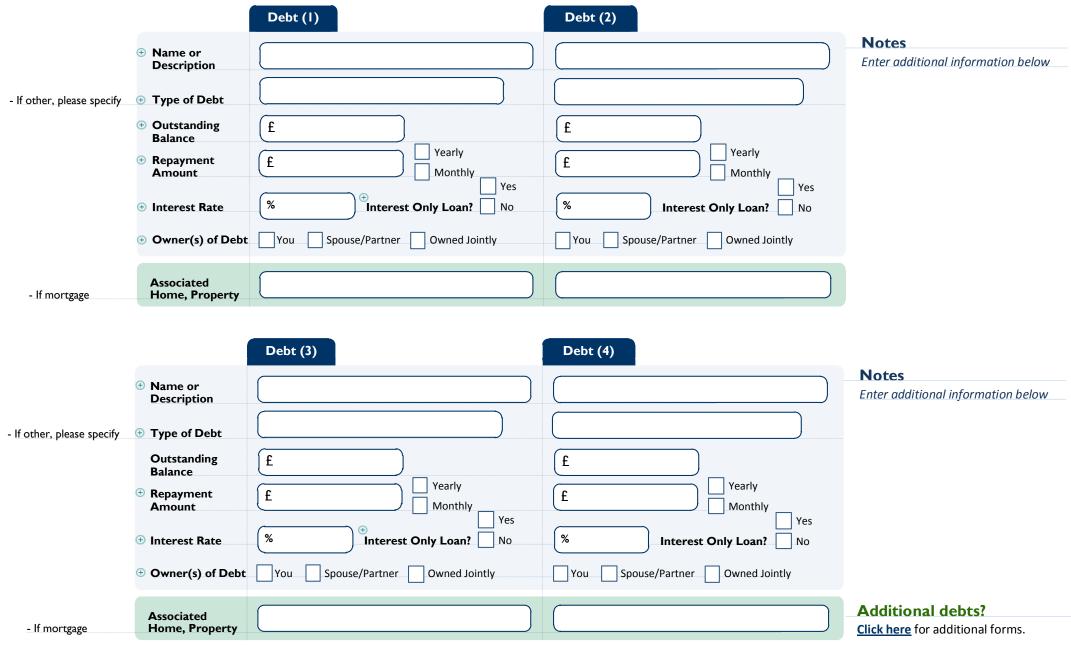
Advisors Note:
 Helicates importable value.

Debts

Financial Planning Questionnaire

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



Protection – Term Life

Financial Planning Questionnaire

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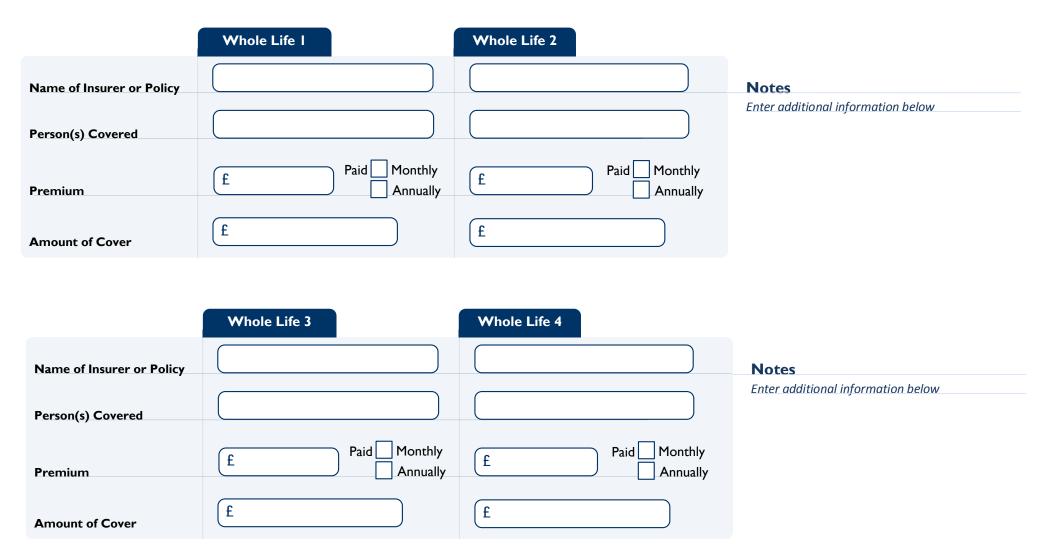
Please tell us details of arrangements designed to protect you and/or your family in the event of death or long term incapacity. Include employee benefits and any personal policies.

		Term Policy I	Term Policy 2	
	Name of Insurer or Policy Name of Person(s) Covered			Notes Enter additional information below
	Type of Policy	Personal Policy Employee Benefit	Personal Policy Employee Benefit	
- Leave section blank if the	PERSONAL POLICY			
policy is an employment benefit	Amount of Cover	£ Paid Monthly	E Paid Monthly	
	Premium	£ Annually	£ Annually	
- Leave section blank if	EMPLOYEE BENEFIT			
personal policy	Name of Employer			
- Usually a multiple or percentage of salary	Amount of Cover			
- Leave blank if term is duration of employment	Term Remaining		Additional ter <u>Click here</u> for addit	

Advisors Note: Not currently importable.

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.



Protection – Endowments

Financial Planning Questionnaire

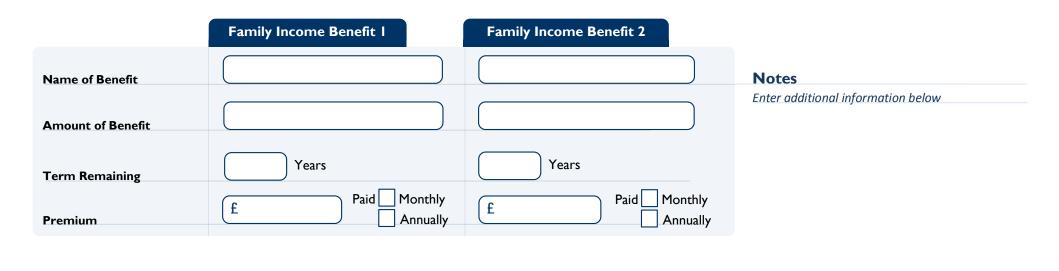
Confidential Financial Review

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

	Endowment I	Endowment 2	
Name of Insurer or Policy			Notes Enter additional information below
Person(s) Covered			
Guaranteed Sum Assured	£	£	
Current Endowment Sum Assured (Plus Bonuses)	£	Ê	
Maturity Date			
Premium	£ Paid Monthly Annually	£ Paid Monthly Annually	
	Endowment 3	Endowment 4	
Name of Insurer or Policy	Endowment 3	Endowment 4	Notes
Name of Insurer or Policy Person(s) Covered	Endowment 3	Endowment 4	Notes Enter additional information below
	Endowment 3	Endowment 4	
Person(s) Covered			
Person(s) Covered Guaranteed Sum Assured Current Endowment Sum		() () ()	

Protection – Family Income Benefits

Use the following forms, if needed, to tell us about the family income benefits you want to consider in your financial plans.



	Family Income Benefit 3	Family Income Benefit 4	
Name of Benefit			Notes
Amount of Benefit			Enter additional information below
Term Remaining	Years	Years	
Premium	£ Paid Monthly Annually	£ Paid Monthly Annually	

Protection – Income Protection

Financial Planning Questionnaire

Confidential Financial Review

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 I	Income Protection Policy 2	
	Name of Policy or Insurer			Notes Enter additional information below
	Person(s) Covered			
	Type of Policy	Personal Policy Employee Benefit	Personal Policy Employee Benefit	-
- Leave section blank if the policy is an employment benefit	PERSONAL POLICY Premium	£ Paid Monthly Annually	f Paid Monthly Annually	
	Amount of Cover	£ Paid Monthly Annually	£ Paid Monthly Annually	
	Maximum Duration of Benefit	Years	Years	
	Maximum Benefit Age			
- Leave section blank if personal policy	EMPLOYEE BENEFIT Name of Employer			
	Amount of Cover	f -or- %	f -or- %	
		Paid Monthly Annually	Paid Monthly Annually	
	Maximum Duration of Benefit	Years	Years	Additional income protection? Click here for additional forms.

Protection – Critical Illness

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

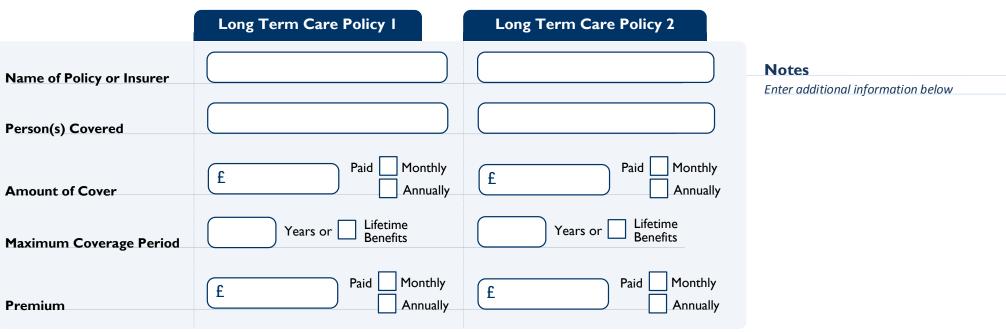
	Critical Illness Policy I	Critical Illness Policy 2	
Name of Policy or Insurer			Notes
Person(s) Covered			Enter additional information below
Premium	£ Paid Monthly Annually	£ Paid Monthly Annually	
Amount of Cover	£	£	
Term	Years	Years	
Is cover offered together with a Term Life policy?	Yes No	Yes No	
Advisors Note: Not currently impor	table.		

Notes

Enter additional information

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.



Advisors Note: Not currently importable.

Notes

Enter additional information

Expenses

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Please enter either (a) your total household expenses (monthly or yearly) or (b) itemise them in the following worksheets.

• b. Household Expense Worksheet

Advisors Note: ⊕Indicates importable value.

Expense	Amount [©]	Paid [®]
Mortgage / Rent	£	Monthly Yearly
Council Tax	£	Monthly Yearly
Home Insurance	£	Monthly Yearly
Home Maintenance	£	Monthly Yearly
Charitable Donations	£	Monthly Yearly
Child Care	£	Monthly Yearly
Furnishings	£	Monthly Yearly
Gardening	£	Monthly Yearly
Newspapers / Magazines	£	Monthly Yearly
Pets	£	Monthly Yearly
Clothing	£	Monthly Yearly
Education	£	Monthly Yearly
Entertainment	£	Monthly Yearly
Food	£	Monthly Yearly
Gifts	£	Monthly Yearly
Membership Fees	£	Monthly Yearly
Digital TV / Satellite	£	Monthly Yearly
Electricity	£	Monthly Yearly
Gas / Heating Fuel	£	Monthly Yearly
Water / Wastewater	£	Monthly Yearly
Home Telephone	£	Monthly Yearly
Mobile Telephone	£	Monthly Yearly
Internet	£	Monthly Yearly
Security	£	Monthly Yearly

Expenses

Confidential Financial Review

Household Expense Worksheet (continued)

Advisors Note: ①Indicates importable value.

Expense [©]	Amount 😁	Paid [©]
Car Payment	£	Monthly Yearly
Fuel Costs - Car	£	Monthly Yearly
Maintenance - Car	£	Monthly Yearly
Insurance - Car	£	Monthly Yearly
Public Transport	£	Monthly Yearly
Prescriptions	£	Monthly Yearly
Medical / Consultancy Fees	£	Monthly Yearly
Medical Insurance	£	Monthly Yearly
Dental	£	Monthly Yearly
Travel / Holidays	£	Monthly Yearly
	£	Monthly Yearly

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Expenses

Household Expense Worksheet (continued)

Advisors Note: ① Indicates importable value.

Expense [©]	Amount [©]	Paid [©]
	£	Monthly Yearly

Confidential Financial Review

Goals and Priorities

Please indicate how relevant the following goals and life events are to you. Check the appropriate box next to each question – 1 being of little relevance or low priority, 5 being very relevant or of high priority.

	Low	High
How relevant are the following objectives and life events to you?	1 2	3 4 5
Basic financial coaching - budgeting, saving, and investing		
Plan for future retirement		
Financial advice related to changes in marital status – marriage or divorce		
Manage present retirement income		
Work part-time either temporarily or in late career		
Advice on redundancy or changing careers		
Start a new business		
Invest an inheritance, a gift or other windfalls		
Review your existing investments		
Liquidity - Keep funds accessible on short notice		
Information on government benefits and entitlements		
Plan for a future child or children and related expenses such as child care		
Save for a future wedding or other major celebrations		
Purchase a future home		
Fund the renovation of your home		
Buy a holiday home or other property		
Downsizing - selling a home, property, business, or other assets		
Education - Fund the education of your children, grandchildren, other dependants		
Education - Fund your own education or a return to university		
Plan for other major expenditures, for example the purchase of a new car or boat.		
Managing debt - Credit cards, loans, mortgages		
Insurance protection for assets, income, critical illness, or long term health care		
Provide an inheritance for your dependants		
Others:		

Advisors Note: Not importable.

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Wills – Estate Plans

Confidential Financial Review

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

		You	Spouse / Partner
- If yes, please outline briefly its terms and provisions in the space below.	Have you made a will?	Yes No	Yes No

Confidential Financial Review

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.

Other Information (continued)

Page | 29 Advisors Note: Not importable.

Other Information (continued)

Page | 30 Advisors Note: Not importable.

Confidential Financial Review

Appendix I – Employment (additional forms)

Use the following forms, if needed, to enter additional details of your employment earnings including salary, wages, commissions and bonuses. Other sources of income, such as rental income or royalties, should be entered separately in "Other Income".

		Employment (3)	Employment (4)	
(• Earner / Recipient	You Spouse/Partner	You Spouse/Partner	Notes
- Please enter annual salary	 Occupation or Employer Gross Annual Salary 	() (£	(£	Enter additional information below
- Average annual bonuses and commissions	Other Earnings (Bonuses, Commissions)	(£	(£	
- Average annual value of any benefits received in kind	• Benefits in Kind	(f	(£	
	Self-Employed or Compared	ny Owner?		
(• Are you self-employed?	Yes No	Yes No	
	• Are you a company owner?	Yes No	Yes No	
average from company dividends	⊖ Company Dividends	(£	£	
	Pensions and Other Bene	fits?		
- If yes, enter additional details in the Money Purchase or Final Salary	Do you participate in an employer-sponsored pension scheme?	Yes No	Yes No	
sections of this questionnaire	Type of pension scheme?	Money Purchase Final Salary	Money Purchase Final Salary	
- Does your employer or company offer other benefits that should be considered in your financial plan?	Other benefits for consideration in your financial plan?	 Income Protection / Redundancy Cover Death in Service Life Assurance Death in Service Widow's Pension 	Death in Service Widow's Pension	
- Click any that apply.		Stock Purchase Plan	Stock Purchase Plan	Entries completed?
- Further details may be noted right.	Advisors Note: ⊕ Indicates importable value.	Other (please specify in notes, right)	Other (please specify in notes, right)	<u>Click here</u> to go to the next step in the questionnaire.

Financial Planning Questionnaire Confidential Financial Review

Appendix I – Employment (additional forms)

		Employment (5)	Employment (6)	
(• Earner / Recipient	You Spouse/Partner	You Spouse/Partner	Notes
	• Occupation or Employer			Enter additional information below
- Please enter annual salary before taxes	Gross Annual Salary	(£	(£	
- Average annual bonuses and commissions	 Other Earnings (Bonuses, Commissions) 	(£	£	
- Average annual value of any benefits received in kind	• Benefits in Kind	£	£	
	Self-Employed or Compa			
	Are you self-employed?	Yes No	Yes No	
 If yes, enter any earnings on average from company 	• Are you a company owner?	Yes No	Yes No	
dividends	• Company Dividends	(£	(£	
	Pensions and Other Bene	efits?		
- If yes, enter additional details in the Money Purchase or Final Salary	Do you participate in an employer-sponsored pension scheme?	Yes No	Yes No	
sections of this questionnaire	Type of pension scheme?	Money Purchase Final Salary	Money Purchase Final Salary	
- Does your employer or company offer other	Other benefits for	Income Protection / Redundancy Cover	Income Protection / Redundancy Cover	
benefits that should be considered in your financial plan?	consideration in your financial plan?	Death in Service Life Assurance	Death in Service Life Assurance	
- Click any that apply.		Death in Service Widow's Pension	Death in Service Widow's Pension	
- Further details may be		Stock Purchase Plan	Stock Purchase Plan	Entries completed? Click here to go to the next step in
noted right.		Other (please specify in notes, right)	Other (please specify in notes, right)	the questionnaire.

Advisors Note:
 Helicates importable value.

Financial Planning Questionnaire Confidential Financial Review

Appendix 2 – Other Income (additional forms)

Use the following forms, if needed, to 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 (5)	Other Income (6)	
Other Income Source	(f	(f	Notes Enter additional information below
Is this income taxable?	Yes No	Yes No	
Expected duration? Earner / Recipient	Years You Spouse/Partner	Years	
	Other Income (7)	Other Income (8)	
Other Income Source			Notes Enter additional information below
Annual Income	Ĺ£	(£	
Is this income taxable?	Yes No	Yes No	
Expected duration?	Years	Years	
Earner / Recipient	You Spouse/Partner	You Spouse/Partner	Entries completed?
Advisors Note:	ortable value.		<u>Click here</u> to go to the next step in the questionnaire.

Appendix 3 – Savings and Investments (additional forms)

Use the following forms, if needed, to tell us about additional savings and investments you want to consider in your financial plans

	Savings / Investment (5)	Savings / Investment (6)	
• Type of Investment or Savings			Notes Enter additional information below
 Name of Account, Bank, or Institution 			
Owner(s)	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
Current Balance	Ĺ	£	
Regular Contributions?	£ - Per year, if applicable.	E - Per year, if applicable.	
Remaining Term?	- Years, if applicable.	- Years, if applicable.	
Advisors Note: 🕣 Indica	tes importable value.		
Advisors Note:	Savings / Investment (7)	Savings / Investment (8)	
Advisors Note: Indica Type of Investment or Savings		Savings / Investment (8)	Notes Enter additional information below
• Type of Investment		Savings / Investment (8)	
 Type of Investment or Savings Name of Account, 		Savings / Investment (8)	
 Type of Investment or Savings Name of Account, Bank, or Institution 	Savings / Investment (7)		
 Type of Investment or Savings Name of Account, Bank, or Institution Owner(s) 	Savings / Investment (7)	You Spouse/Partner Owned Jointly	

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Appendix 3 – Savings and Investments (additional forms, continued)

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	Savings / Investment (9)	Savings / Investment (10)	
• Type of Investment or Savings			Notes Enter additional information below
 Name of Account, Bank, or Institution Owner(s) Current Balance 	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
 Regular Contributions? Remaining Term? 	£ - Per year, if applicable. - Years, if applicable.	£ - Per year, if applicable.	
Advisors Note: Indication			
	Savings / Investment (11)	Savings / Investment (12)	Notes
Type of Investment or Savings			Enter additional information below
 Name of Account, Bank, or Institution Owner(s) 	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
• Current Balance	(£	£	
 Regular Contributions? Remaining Term? 	£ - Per year, if applicable. - Years, if applicable.	£ - Per year, if applicable. - Years, if applicable.	Entries completed? <u>Click here</u> to go to the next step in
_			the questionnaire.

Appendix 3 – Savings and Investments (additional forms, continued)

	Savings / Investment (13)	Savings / Investment (14)	
• Type of Investment or Savings			Notes Enter additional information below
 • Name of Account, Bank, or Institution • Owner(s) 	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
Current Balance	(£	£	
 Regular Contributions? Remaining Term? 	E - Per year, if applicable. - Years, if applicable.	£ - Per year, if applicable. - Years, if applicable.	
Advisors Note:	ates importable value.		
	Savings / Investment (15)	Savings / Investment (16)	
• Type of Investment or Savings			Notes Enter additional information below
• Name of Account, Bank, or Institution			
Owner(s)	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
⊕ Current Balance	(£	£	
Regular Contributions?	£ - Per year, if applicable. - Years, if applicable.	£ - Per year, if applicable.	Entries completed?
Remaining Term?			<u>Click here</u> to go to the next step in the questionnaire.

Appendix 3 – Savings and Investments (additional forms, continued)

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	Savings / Investment (17)	Savings / Investment (18)	
Type of Investment or Savings			Notes Enter additional information below
• Name of Account, Bank, or Institution			
Owner(s)	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
Current Balance	Ĺ	É	
 Regular Contributions? Remaining Term? 	£ - Per year, if applicable. - Years, if applicable.	E - Per year, if applicable.	
Advisors Note: ①Indica	tes importable value.		
	Savings / Investment (19)	Savings / Investment (20)	
• Type of Investment or Savings			Notes Enter additional information below
• Name of Account, Bank, or Institution			
• Owner(s)	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
Current Balance	£	Ê	
Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.	
	- Years, if applicable.	- Years, if applicable.	Entries completed?

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Appendix 4 – Pensions, Money Purchases (additional forms)

Use the following forms, if needed, to tell us about any additional money purchases you want to consider in your financial plans.

		Money Purchase (5)	Money Purchase (6)	
	 Type of Money Purchase Owner 	You Spouse/Partner	You Spouse/Partner	Notes Enter additional information below
	 Name of Pension or Employer Current Value (Account Balance) Retirement Age 	() (£)	() (£)	
 If applicable Enter either as an annual amount (before tax) or as % of salary If applicable Enter either as an annual amount or as % of salary 	 Your Contributions Your Employer's Contributions 	f - or % annual contribution amount or % of salary f - or % annual contribution amount or % of salary	£ - or % annual contribution amount or % of salary £ - or % annual contribution amount or % of salary	
	• Type of Money	Money Purchase (7)	Money Purchase (8)	Notes
	 Type of Money Purchase Owner 	Money Purchase (7)	Money Purchase (8)	Notes Enter additional information below
	Purchase			
 If applicable Enter either as an annual amount (before tax) or as % of salary If applicable 	 Purchase Owner Name of Pension or Employer Current Value 	You Spouse/Partner	You Spouse/Partner	

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Appendix 5 – Pensions, Final Salaries (additional forms)

Use the following forms, if needed, to tell us about any additional final salary schemes you want to consider in your financial plans.

		Final Salary (5)	Final Salary (6)	
				Notes
	Owner	You Spouse/Partner	You Spouse/Partner	Enter additional information
	Name of Pension or Employer			
	Active Member?	Yes No	Yes No	
	If Yes - Years of Service			
	If No - Are you currently receiving payments?	Yes No, payments are deferred	Yes No, payments are deferred	
- Enter current or estimated future pension income before tax	Pension – Income Expected or Current	£ Monthly	£ Monthly	
- If presently active member or if pension is deferred	Retirement Age			
Survivor benefits might include:	Survivor Benefits?			
- Death in Service / Widow's Pension	- Leave blank, if unknown			
- Death in Deferment Benefits				
		Final Salary (7)	Final Salary (8)	
	Owner	You Spouse/Partner	You Spouse/Partner	Notes Enter additional information
	Name of Pension or Employer			
	Active Member?	Yes No	Yes No	
	If Yes - Years of Service			
	If No - Are you currently receiving payments?	Yes No, payments are deferred	Yes No, payments are deferred	
- Enter current or estimated future pension income before tax	Pension – Income Expected or Current	£ Yearly Monthly	£ Yearly Monthly	
- If presently active member or if pension is deferred	Retirement Age			
Advisors Note: Not currently importable. Page 39	Survivor Benefits? - Leave blank, if unknown			Entries completed? <u>Click here</u> to go to the next step in the questionnaire.

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Appendix 6 – Annuities (additional forms)

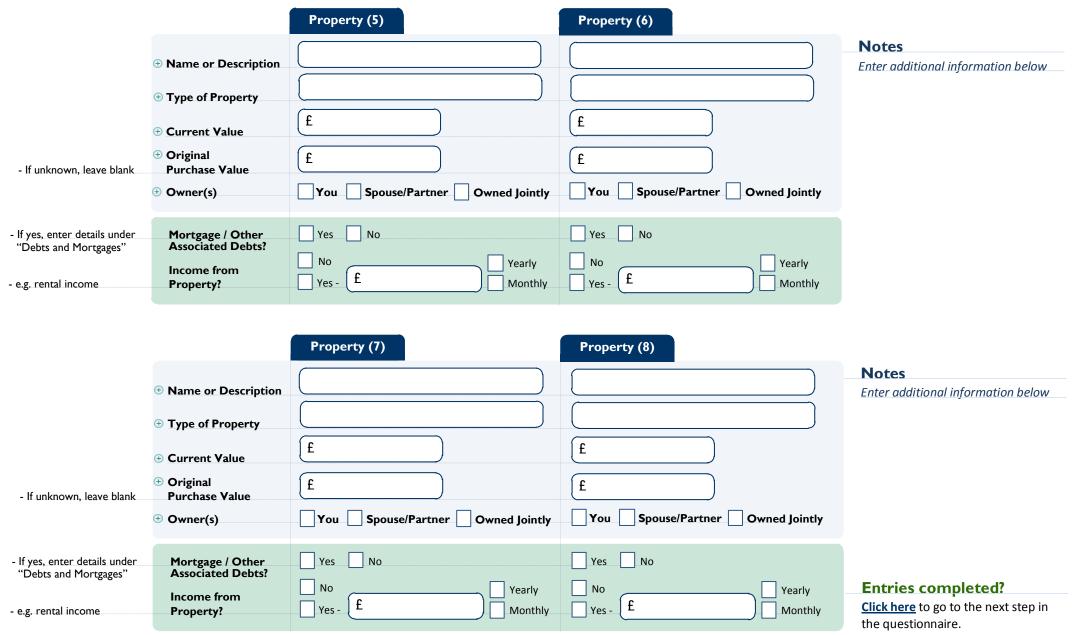
Use the following forms, if needed, to tell us about additional annuities you want to consider in your financial plans.

		Annuity (5)	Annuity (6)	Notes
	Owner	You Spouse/Partner	You Spouse/Partner	Enter additional information below
	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	
er income before tax	Income Current or Expected	£ Yearly Monthly	£ Yearly Monthly	
ave blank if lifetime ome	Term	Years	Years	
inknown, leave selected	Survivorship?	Single Joint Life If Joint Life - Survivor Percentage %	Single Joint Life If Joint Life - Survivor Percentage	
	Advisors Note: Not currently	/ importable.		
		Annuity (7)	Annuity (8)	
	Owner	You Spouse/Partner	You Spouse/Partner	Notes Enter additional information below
	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	
nter income before tax	Income Current or Expected	£ Yearly Monthly	f Yearly Monthly	
eave blank if lifetime ncome	Term	Years	Years	
f unknown, leave	Survivorship?	Single	Single	
unselected		Joint Life	Joint Life	Entries completed?
aae 40		If Joint Life - Survivor Percentage	If Joint Life - Survivor Percentage	<u>Click here</u> to go to the next step in the questionnaire.

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Appendix 7 – Property and Other Assets (additional forms)

Use the following forms, if needed, to tell us about additional properties and other assets you want to consider in your financial plans.



Appendix 7 – Property and Other Assets (additional forms, continued)

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		Property (9)	Property (10)	
- If unknown, leave blank	 Name or Description Type of Property Current Value Original Purchase Value Owner(s) 	f £ You Spouse/Partner Owned Jointly	f f f You Spouse/Partner Owned Jointly	Notes Enter additional information below
- If yes, enter details under "Debts and Mortgages" - e.g. rental income	Mortgage / Other Associated Debts? Income from Property?	Yes No No Yes - É Monthly	Yes No No Yes - É Monthly	
	 • Name or Description • Type of Property • Current Value 	Property (II)	Property (12)	Notes Enter additional information below
- If unknown, leave blank	 Original Purchase Value Owner(s) 	£ Spouse/Partner Owned Jointly	f You Spouse/Partner Owned Jointly	
 If yes, enter details under "Debts and Mortgages" e.g. rental income 	Mortgage / Other Associated Debts? Income from Property?	Yes No No Yes - É Monthly	Yes No No Yearly Yes - Monthly	Entries completed? <u>Click here</u> to go to the next step in the questionnaire.

Advisors Note:
 Indicates importable value.

Appendix 7 – Property and Other Assets (additional forms, continued)

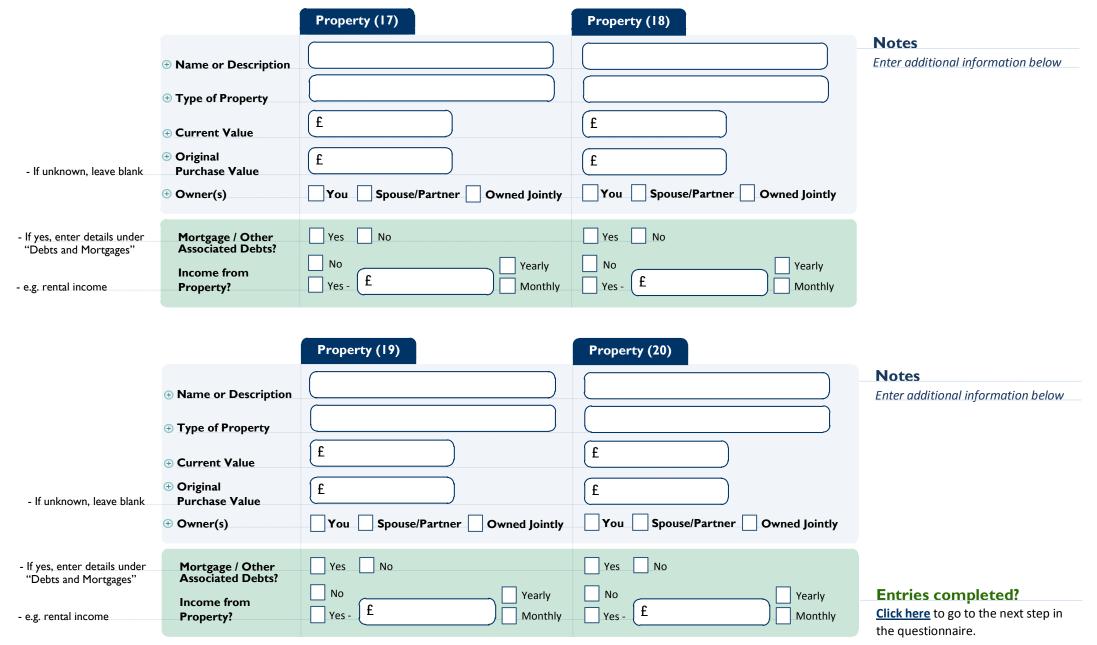
Confidential Financial Review

		Property (13)	Property (14)	
	 Name or Description Type of Property 			Notes Enter additional information below
- If unknown, leave blank	 Current Value Original Purchase Value Owner(s) 	£ £ You Spouse/Partner Owned Jointly	£ £ You Spouse/Partner Owned Jointly	
- If yes, enter details under "Debts and Mortgages" - e.g. rental income	Mortgage / Other Associated Debts? Income from Property?	Yes No No Yes - £ Monthly	Yes No No Yes - É Monthly	
		Property (15)	Property (16)	Notes
	Name or Description			Enter additional information below
	 ↔ Type of Property ↔ Current Value 	Ê	Ê	
- If unknown, leave blank	 Original Purchase Value Owner(s) 	£ Spouse/Partner Owned Jointly	£ You Spouse/Partner Owned Jointly	
 If yes, enter details under "Debts and Mortgages" e.g. rental income 	Mortgage / Other Associated Debts? Income from Property?	Yes No No Yes - É Monthly	Yes No	Entries completed? <u>Click here</u> to go to the next step in
				the questionnaire.

Advisors Note:
Indicates importable value.

Appendix 7 – Property and Other Assets (additional forms, continued)

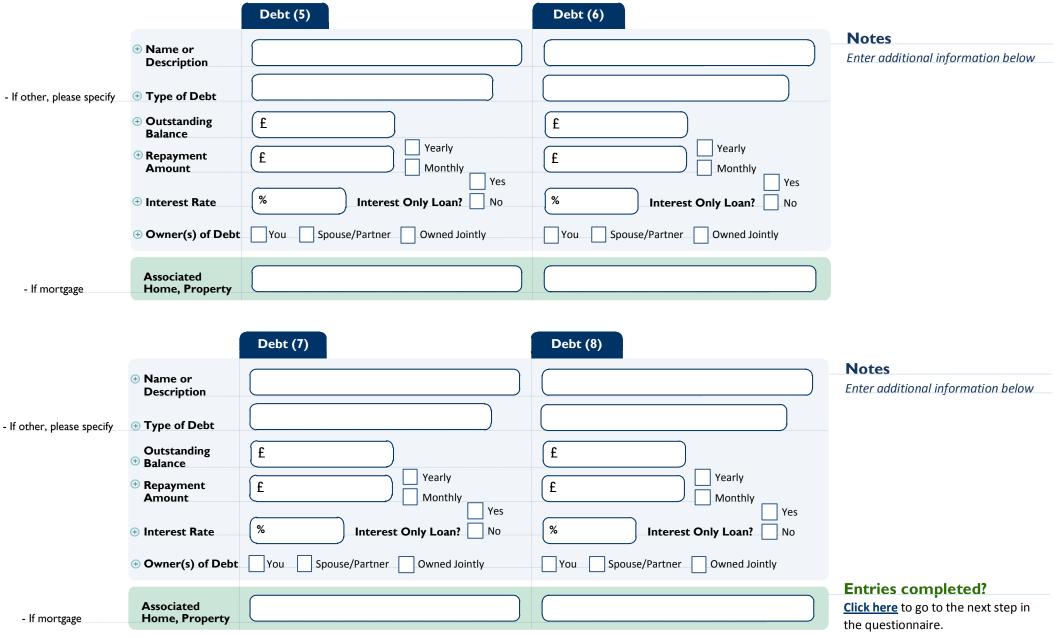
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Advisors Note:
 Indicates importable value.

Appendix 8 – Debts (additional forms)

Use the following forms, if needed, to tell us about additional debts you want to consider in your financial plans.



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Appendix 8 – Debts (additional forms, continued)

		Debt (9)	Debt (10)	
	 Name or Description 			Notes Enter additional information below
- If other, please specify	• Type of Debt			
	 Outstanding Balance 	£	£	
	 Repayment Amount 	f Vearly Monthly	£ Monthly	
	• Interest Rate	% Yes Interest Only Loan? No	% Interest Only Loan? No	
	Owner(s) of Debt	You Spouse/Partner Owned Jointly	You Spouse/Partner Owned Jointly	
- If mortgage	Associated Home, Property			
		Debt (II)	Debt (12)	
	• Name or Description	Debt (II)	Debt (12)	Notes Enter additional information below
- If other, please specify		Debt (11)	Debt (12)	
- If other, please specify	Description		f	
- If other, please specify	Description • Type of Debt • Outstanding •	f f f Yearly f Monthly	f f f f Monthly	
- If other, please specify	 Description Type of Debt Outstanding Balance Repayment 	f	E Yearly	
- If other, please specify	 Description Type of Debt Outstanding Balance Repayment Amount 	f f f f Yearly f Monthly Yes % Interest Only Loan? No	£ £ £ Monthly Yes	

Advisors Note:
 Hindicates importable value.

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Appendix 9 – Protection, Term Life (additional forms)

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

		Term Policy 3	Term Policy 4	
	Name of Insurer or Policy			Notes Enter additional information below
	Name of Person(s) Covered			
	Type of Policy	Personal Policy Employee Benefit	Personal Policy Employee Benefit	
- Leave section blank if the	PERSONAL POLICY			
policy is an employment benefit	Amount of Cover	£	£	
	Premium	£ Paid Monthly Annually	£ Paid Monthly Annually	
- Leave section blank if	EMPLOYEE BENEFIT			
personal policy	Name of Employer			
- Usually a multiple or percentage of salary	Amount of Cover			Entries completed? <u>Click here</u> to go to the next step in the questionnaire.
- Leave blank if term is duration of employment	Term Remaining			

Advisors Note: Not currently importable.

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Appendix 10 – Protection, Income Protection (additional forms)

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

		Income Protection Policy 3	Income Protection Policy 4	
	Name of Policy or Insurer			Notes Enter additional information below
	Person(s) Covered			
	Type of Policy	Personal Policy Employee Benefit	Personal Policy Employee Benefit	
- Leave section blank if the policy is an employment benefit	PERSONAL POLICY	Paid Monthly	Paid Monthly	
Denent	Premium	Paid Monthly	Paid Monthly	
	Amount of Cover Maximum Duration of Benefit	L Annually Years	Years	
	Maximum Benefit Age			
- Leave section blank if personal policy	EMPLOYEE BENEFIT			
	Name of Employer	f -or- %	f -or- %	
	Amount of Cover	Paid Monthly of salary	Paid Monthly of salary	
	Maximum Duration of Benefit	Annually Years	Annually Years	Entries completed? <u>Click here</u> to go to the next step in
				the questionnaire.

Advisors Note: Not currently importable.