

Financial Planning Questionnaire

Confidential Financial Review

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About You

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Please tell us about yourself and your partner.

| | About You | Spouse / Partner |
|----------------------------|--|---|
| + 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 |
| dd/mm/yyyy + Date of Birth | <input type="text"/> | <input type="text"/> |
| + Marital Status | <input type="checkbox"/> Married or Civil Partnership <input type="checkbox"/> Not Married | |

Advisors Note: + Indicates importable value.

Address

| | |
|--------------------|----------------------|
| Address Line 1 | <input type="text"/> |
| Address Line 2 | <input type="text"/> |
| Town/City, County | <input type="text"/> |
| Post Code, Country | <input type="text"/> |

| | About You | Spouse / Partner |
|-----------------------|----------------------|----------------------|
| Home Phone Number | <input type="text"/> | <input type="text"/> |
| Business Phone Number | <input type="text"/> | <input type="text"/> |
| Mobile | <input type="text"/> | <input type="text"/> |
| Email Address | <input type="text"/> | <input type="text"/> |

Notes

Enter additional information below

Your Family

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 (1) | Family Member / Dependant (2) | Notes <i>Enter additional information below</i> |
|----------------------------|---|---|--|
| + 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 | |
| dd/mm/yyyy + Date of Birth | <input type="text" value="/"/> | <input type="text" value="/"/> | |
| + Relationship | <input type="text"/> | <input type="text"/> | |

| | Family Member / Dependant (3) | Family Member / Dependant (4) | Notes <i>Enter additional information below</i> |
|----------------------------|---|---|--|
| + 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 | |
| dd/mm/yyyy + Date of Birth | <input type="text" value="/"/> | <input type="text" value="/"/> | |
| + Relationship | <input type="text"/> | <input type="text"/> | |

Advisors Note: + 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.

dd/mm/yyyy

| | Family Member / Dependant (5) | Family Member / 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 | <input type="text" value="/"/> | <input type="text" value="/"/> |
| + Relationship | <input type="text"/> | <input type="text"/> |

Notes
Enter additional information below

dd/mm/yyyy

| | Family Member / Dependant (7) | Family Member / 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 | <input type="text" value="/"/> | <input type="text" value="/"/> |
| + Relationship | <input type="text"/> | <input type="text"/> |

Notes
Enter additional information below

Advisors Note: + Indicates importable value.

Retirement

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

| | You | Spouse / Partner | |
|--|--|--|--|
| ⊕ Are you already retired? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes Enter additional information below |
| ⊕ If not, what is your planned retirement age? | <input type="text"/> | <input type="text"/> | |

Advisors Note: ⊕ Indicates importable value.

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? | <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"/> |

Notes
 Enter additional information below

Advisors Note: Not currently importable.

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 (1) | Employment (2) |
|---|---|---|
| + Earner / Recipient | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |
| + Occupation or Employer | <input type="text"/> | <input type="text"/> |
| - Please enter annual salary before taxes | + Gross Annual Salary <input type="text" value="£"/> | <input type="text" value="£"/> |
| - Average annual bonuses and commissions | + Other Earnings (Bonuses, Commissions) <input type="text" value="£"/> | <input type="text" value="£"/> |
| - Average annual value of any benefits received in kind | + Benefits in Kind <input type="text" value="£"/> | <input type="text" value="£"/> |
| Self-Employed or Company Owner? | | |
| | + Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - If yes, enter any earnings on average from company dividends | + Are you a company owner? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | + Company Dividends <input type="text" value="£"/> | <input type="text" value="£"/> |
| Pensions and Other Benefits? | | |
| - If yes, enter additional details in the Money Purchase or Final Salary sections of this questionnaire | 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 |
| | Type of pension scheme? <input type="checkbox"/> Money Purchase <input type="checkbox"/> Final Salary | <input type="checkbox"/> Money Purchase <input type="checkbox"/> 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? | |
| | <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 |
| - Click any that apply. | <input type="checkbox"/> Stock Purchase Plan | <input type="checkbox"/> Stock Purchase Plan |
| - Further details may be noted right. | <input type="checkbox"/> Other (please specify in notes, right) | <input type="checkbox"/> Other (please specify in notes, right) |

Notes

Enter additional information below

Additional employment income?

[Click here](#) for additional forms.

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) |
|---------------------------|--|--|
| + Other Income Source | <input type="text"/> | <input type="text"/> |
| + Annual Income | £ <input type="text"/> | £ <input type="text"/> |
| + Is this income taxable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Expected duration? | <input type="text"/> Years | <input type="text"/> Years |
| + Earner / Recipient | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |

Notes

Enter additional information below

| | Other Income (3) | Other Income (4) |
|---------------------------|--|--|
| + Other Income Source | <input type="text"/> | <input type="text"/> |
| + Annual Income | £ <input type="text"/> | £ <input type="text"/> |
| + Is this income taxable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Expected duration? | <input type="text"/> Years | <input type="text"/> Years |
| + Earner / Recipient | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |

Notes

Enter additional information below

Advisors Note: + Indicates importable value.

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.

Windfalls could include:

- Inheritance,
- Gifts,
- Gambling winnings

| | Windfall (1) | Windfall (2) |
|---|--|--|
| Type of Windfall | <input type="text"/> | <input type="text"/> |
| Amount | £ <input type="text"/> | £ <input type="text"/> |
| When do you expect to receive this windfall? | Year <input type="text"/> or at Age <input type="text"/> | Year <input type="text"/> or at Age <input type="text"/> |
| Name of Recipient | <input type="text"/> | <input type="text"/> |

Notes

Enter additional information below

Windfalls could include:

- Inheritance,
- Gifts,
- Gambling winnings

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

Notes

Enter additional information below

Advisors Note: Not currently importable.

Savings and Investments

Financial Planning Questionnaire

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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 | <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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Advisors Note: + Indicates importable value.

Notes

Enter additional information below

| | 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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Notes

Enter additional information below

Additional savings and investments?

[Click here](#) for additional forms.

Pensions – Money Purchases

Financial Planning Questionnaire

Confidential Financial Review

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](#).

- 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

- 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

| | Money Purchase (1) | Money Purchase (2) |
|--|---|---|
| + 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 Value (Account Balance) | £ <input type="text"/> | £ <input type="text"/> |
| Retirement Age | <input type="text"/> | <input type="text"/> |
| + Your Contributions | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary |
| Your Employer's Contributions | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary |

Notes

Enter additional information below

| | 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 Value (Account Balance) | £ <input type="text"/> | £ <input type="text"/> |
| Retirement Age | <input type="text"/> | <input type="text"/> |
| + Your Contributions | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary |
| Your Employer's Contributions | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary |

Notes

Enter additional information below

Additional money purchases?

[Click here](#) for additional forms.

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 (1) | Final Salary (2) |
|--|---|---|
| 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"/> |
| If No - Are you 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 |
| Pension – Income Expected or Current | £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly | £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly |
| Retirement Age | <input type="text"/> | <input type="text"/> |

Notes

Enter additional information

- Enter current or estimated future pension income before tax

- If presently active member or if pension is deferred

Survivor benefits might include:

- Death in Service / Widow's Pension
- Death in Deferment Benefits

| | | |
|---------------------------|----------------------|----------------------|
| Survivor Benefits? | <input type="text"/> | <input type="text"/> |
| - Leave blank, if unknown | | |

| | 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"/> |
| If No - Are you 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 |
| Pension – Income Expected or Current | £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly | £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly |
| Retirement Age | <input type="text"/> | <input type="text"/> |

Notes

Enter additional information

- Enter current or estimated future pension income before tax

- If presently active member or if pension is deferred

| | | |
|---------------------------|----------------------|----------------------|
| Survivor Benefits? | <input type="text"/> | <input type="text"/> |
| - Leave blank, if unknown | | |

Additional final salaries?

[Click here](#) for additional forms.

Drawdowns

Financial Planning Questionnaire

Confidential Financial Review

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

| | Drawdown (1) | Drawdown (2) |
|--------------------------------------|---|---|
| + 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"/> |
| - Income before tax + Payment Amount | £ <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"/> |

Notes

Enter additional information below

| | 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"/> |
| - Income before tax + Payment Amount | £ <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"/> |

Notes

Enter additional information below

| | Drawdown (5) | Drawdown (6) |
|--------------------------------------|---|---|
| + 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"/> |
| - Income before tax + Payment Amount | £ <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"/> |

Notes

Enter additional information below

Annuities

Financial Planning Questionnaire

Confidential Financial Review

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) |
|---|---|---|
| Owner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |
| 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 |
| Income Current or Expected | £ <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 If Joint Life - Survivor Percentage <input type="text"/> % | <input type="checkbox"/> Single <input type="checkbox"/> Joint Life If Joint Life - Survivor Percentage <input type="text"/> % |

- Enter income before tax

- Leave blank if lifetime income

- If unknown, leave unselected

Notes

Enter additional information below

| | Annuity (3) | Annuity (4) |
|---|---|---|
| Owner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |
| 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 |
| Income Current or Expected | £ <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 If Joint Life - Survivor Percentage <input type="text"/> % | <input type="checkbox"/> Single <input type="checkbox"/> Joint Life If Joint Life - Survivor Percentage <input type="text"/> % |

- Enter income before tax

- Leave blank if lifetime income

- If unknown, leave unselected

Notes

Enter additional information below

Additional annuities?

[Click here](#) for additional forms.

Advisors Note: Not currently importable.

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 |
|--|--|--|
| Are you currently receiving a state pension? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current or Forecast Pension | <div><div>£</div><div><input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly</div></div> | <div><div>£</div><div><input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly</div></div> |
| Advisors Note: Not currently importable. | | |

Notes

Enter additional information

Property and Other Assets

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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 (1) | Property (2) |
|---|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| - If unknown, leave blank | | |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| Mortgage / Other Associated Debts? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No |
| - If yes, enter details under "Debts and Mortgages" | | |
| Income from Property? | <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly | <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly |
| - e.g. rental income | | |

Notes

Enter additional information below

| | Property (3) | Property (4) |
|---|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| - If unknown, leave blank | | |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| Mortgage / Other Associated Debts? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No |
| - If yes, enter details under "Debts and Mortgages" | | |
| Income from Property? | <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly | <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly |
| - e.g. rental income | | |

Notes

Enter additional information below

Additional properties/assets?

[Click here](#) for additional forms.

Advisors Note: + Indicates importable value.

Debts

Financial Planning Questionnaire

Confidential Financial Review

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

| | Debt (1) | Debt (2) |
|----------------------------------|---|---|
| Name or Description | <input type="text"/> | <input type="text"/> |
| Type of Debt | <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"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | % <input type="text"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Owner(s) of Debt | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| Associated Home, Property | <input type="text"/> | <input type="text"/> |

Notes

Enter additional information below

| | Debt (3) | Debt (4) |
|----------------------------------|---|---|
| Name or Description | <input type="text"/> | <input type="text"/> |
| Type of Debt | <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"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | % <input type="text"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Owner(s) of Debt | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| Associated Home, Property | <input type="text"/> | <input type="text"/> |

Notes

Enter additional information below

Additional debts?

[Click here](#) for additional forms.

Protection – Term Life

Financial Planning Questionnaire

Confidential Financial Review

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"/> | <i>Enter additional information below</i> |
| Name of Person(s) Covered | <input type="text"/> | <input type="text"/> | |
| Type of Policy | <input type="checkbox"/> Personal Policy <input type="checkbox"/> Employee Benefit | <input type="checkbox"/> Personal Policy <input type="checkbox"/> Employee Benefit | |
| - Leave section blank if the policy is an employment benefit | PERSONAL POLICY | | |
| Amount of Cover | £ <input type="text"/> | £ <input type="text"/> | |
| Premium | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | |
| - Leave section blank if personal policy | EMPLOYEE BENEFIT | | |
| Name of Employer | <input type="text"/> | <input type="text"/> | |
| - Usually a multiple or percentage of salary | Amount of Cover | <input type="text"/> | |
| - Leave blank if term is duration of employment | Term Remaining | <input type="text"/> | Additional term life cover? Click here for additional forms. |

Advisors Note: Not currently importable.

Protection – Whole Life

Financial Planning Questionnaire

Confidential Financial Review

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 <i>Enter additional information below</i> |
|---------------------------|---|---|--|
| Name of Insurer or Policy | <input type="text"/> | <input type="text"/> | |
| Person(s) Covered | <input type="text"/> | <input type="text"/> | |
| Premium | <input type="text" value="£"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | <input type="text" value="£"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | |
| Amount of Cover | <input type="text" value="£"/> | <input type="text" value="£"/> | |

| | Whole Life 3 | Whole Life 4 | Notes <i>Enter additional information below</i> |
|---------------------------|---|---|--|
| Name of Insurer or Policy | <input type="text"/> | <input type="text"/> | |
| Person(s) Covered | <input type="text"/> | <input type="text"/> | |
| Premium | <input type="text" value="£"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | <input type="text" value="£"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | |
| Amount of Cover | <input type="text" value="£"/> | <input type="text" value="£"/> | |

Advisors Note: Not currently importable.

Protection – Endowments

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

| | Endowment 1 | Endowment 2 |
|--|---|---|
| Name of Insurer or Policy | <input type="text"/> | <input type="text"/> |
| Person(s) Covered | <input type="text"/> | <input type="text"/> |
| Guaranteed Sum Assured | £ <input type="text"/> | £ <input type="text"/> |
| Current Endowment Sum Assured (Plus Bonuses) | £ <input type="text"/> | £ <input type="text"/> |
| Maturity Date | <input type="text"/> | <input type="text"/> |
| Premium | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |

Notes

Enter additional information below

| | Endowment 3 | Endowment 4 |
|--|---|---|
| Name of Insurer or Policy | <input type="text"/> | <input type="text"/> |
| Person(s) Covered | <input type="text"/> | <input type="text"/> |
| Guaranteed Sum Assured | £ <input type="text"/> | £ <input type="text"/> |
| Current Endowment Sum Assured (Plus Bonuses) | £ <input type="text"/> | £ <input type="text"/> |
| Maturity Date | <input type="text"/> | <input type="text"/> |
| Premium | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |

Notes

Enter additional information below

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 1 | Family Income Benefit 2 |
|--------------------------|---|---|
| Name of Benefit | <input type="text"/> | <input type="text"/> |
| Amount of Benefit | <input type="text"/> | <input type="text"/> |
| Term Remaining | <input type="text"/> Years | <input type="text"/> Years |
| Premium | <input type="text"/> £ Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | <input type="text"/> £ Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |

Notes

Enter additional information below

| | Family Income Benefit 3 | Family Income Benefit 4 |
|--------------------------|---|---|
| Name of Benefit | <input type="text"/> | <input type="text"/> |
| Amount of Benefit | <input type="text"/> | <input type="text"/> |
| Term Remaining | <input type="text"/> Years | <input type="text"/> Years |
| Premium | <input type="text"/> £ Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | <input type="text"/> £ Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |

Notes

Enter additional information below

Advisors Note: Not currently importable.

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 |
|------------------------------------|---|---|
| Name of Policy or Insurer | <input type="text"/> | <input type="text"/> |
| Person(s) Covered | <input type="text"/> | <input type="text"/> |
| 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 | | |
| Premium | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
| Amount of Cover | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
| Maximum Duration of Benefit | <input type="text"/> Years | <input type="text"/> Years |
| Maximum Benefit Age | <input type="text"/> | <input type="text"/> |
| EMPLOYEE BENEFIT | | |
| Name of Employer | <input type="text"/> | <input type="text"/> |
| Amount of Cover | £ <input type="text"/> -or- % <input type="text"/> of salary Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> -or- % <input type="text"/> of salary Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
| Maximum Duration of Benefit | <input type="text"/> Years | <input type="text"/> Years |

Notes

Enter additional information below

- Leave section blank if the policy is an employment benefit

- Leave section blank if personal policy

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 1 | Critical Illness Policy 2 |
|---|--|--|
| Name of Policy or Insurer | <input type="text"/> | <input type="text"/> |
| Person(s) Covered | <input type="text"/> | <input type="text"/> |
| Premium | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
| 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 |

Notes

Enter additional information below

Advisors Note: Not currently importable.

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.

| | Long Term Care Policy 1 | Long Term Care Policy 2 |
|----------------------------------|---|---|
| Name of Policy or Insurer | <input type="text"/> | <input type="text"/> |
| Person(s) Covered | <input type="text"/> | <input type="text"/> |
| Amount of Cover | <input type="text"/> £ Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | <input type="text"/> £ Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
| 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"/> £ Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | <input type="text"/> £ Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |

Advisors Note: Not currently importable.

Notes

Enter additional information

Notes

Enter additional information below

Expenses

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

⊕ a. Total Household Expenses

£

☐

Monthly

☐

Yearly

⊕ b. Household Expense Worksheet

Advisors Note: ⊕ Indicates importable value.

| Expense ⊕ | Amount ⊕ | Paid ⊕ |
|------------------------|----------|--|
| Mortgage / Rent | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Council Tax | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Home Insurance | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Home Maintenance | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Charitable Donations | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Child Care | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Furnishings | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Gardening | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Newspapers / Magazines | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Pets | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Clothing | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Education | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Entertainment | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Food | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Gifts | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Membership Fees | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Digital TV / Satellite | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Electricity | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Gas / Heating Fuel | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Water / Wastewater | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Home Telephone | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Mobile Telephone | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Internet | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| Security | £ | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |

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.

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

Advisors Note:
Not importable.

Wills – Estate Plans

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? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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)

Other Information (continued)

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 | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |
| + Occupation or Employer | <input type="text"/> | <input type="text"/> |
| - Please enter annual salary before taxes | + Gross Annual Salary <input type="text" value="£"/> | <input type="text" value="£"/> |
| - Average annual bonuses and commissions | + Other Earnings (Bonuses, Commissions) <input type="text" value="£"/> | <input type="text" value="£"/> |
| - Average annual value of any benefits received in kind | + Benefits in Kind <input type="text" value="£"/> | <input type="text" value="£"/> |
| Self-Employed or Company Owner? | | |
| | + Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - If yes, enter any earnings on average from company dividends | + Are you a company owner? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | + Company Dividends <input type="text" value="£"/> | <input type="text" value="£"/> |
| Pensions and Other Benefits? | | |
| - If yes, enter additional details in the Money Purchase or Final Salary sections of this questionnaire | 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 |
| | Type of pension scheme? <input type="checkbox"/> Money Purchase <input type="checkbox"/> Final Salary | <input type="checkbox"/> Money Purchase <input type="checkbox"/> 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? | |
| | <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 |
| - Click any that apply. | <input type="checkbox"/> Stock Purchase Plan | <input type="checkbox"/> Stock Purchase Plan |
| - Further details may be noted right. | <input type="checkbox"/> Other (please specify in notes, right) | <input type="checkbox"/> Other (please specify in notes, right) |
| | Advisors Note: + Indicates importable value. | |

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

Appendix I – Employment (additional forms)

| | Employment (5) | Employment (6) |
|---|--|---|
| + Earner / Recipient | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |
| + Occupation or Employer | <input type="text"/> | <input type="text"/> |
| - Please enter annual salary before taxes | <input type="text"/> | <input type="text"/> |
| + Gross Annual Salary | <input type="text"/> | <input type="text"/> |
| - Average annual bonuses and commissions | <input type="text"/> | <input type="text"/> |
| + Other Earnings (Bonuses, Commissions) | <input type="text"/> | <input type="text"/> |
| - Average annual value of any benefits received in kind | <input type="text"/> | <input type="text"/> |
| + Benefits in Kind | <input type="text"/> | <input type="text"/> |
| Self-Employed or Company Owner? | | |
| + Are you self-employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - If yes, enter any earnings on average from company dividends | <input type="text"/> | <input type="text"/> |
| + Are you a company owner? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| + Company Dividends | <input type="text"/> | <input type="text"/> |
| Pensions and Other Benefits? | | |
| - If yes, enter additional details in the Money Purchase or Final Salary sections of this questionnaire | 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 |
| | Type of pension scheme? <input type="checkbox"/> Money Purchase <input type="checkbox"/> Final Salary | <input type="checkbox"/> Money Purchase <input type="checkbox"/> 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? | |
| | <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 |
| - Click any that apply. | <input type="checkbox"/> Stock Purchase Plan | <input type="checkbox"/> Stock Purchase Plan |
| - Further details may be noted right. | <input type="checkbox"/> Other (please specify in notes, right) | <input type="checkbox"/> Other (please specify in notes, right) |

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Advisors Note: + Indicates importable value.

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 | <input type="text"/> | <input type="text"/> |
| + Annual Income | £ <input type="text"/> | £ <input type="text"/> |
| + Is this income taxable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Expected duration? | <input type="text"/> Years | <input type="text"/> Years |
| + Earner / Recipient | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |

Notes

Enter additional information below

| | Other Income (7) | Other Income (8) |
|---------------------------|--|--|
| + Other Income Source | <input type="text"/> | <input type="text"/> |
| + Annual Income | £ <input type="text"/> | £ <input type="text"/> |
| + Is this income taxable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Expected duration? | <input type="text"/> Years | <input type="text"/> Years |
| + Earner / Recipient | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

Advisors Note: + Indicates importable value.

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 | <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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Advisors Note: + Indicates importable value.

Notes

Enter additional information below

| | Savings / Investment (7) | Savings / Investment (8) |
|---|---|---|
| + 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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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

| | 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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Advisors Note: + Indicates importable value.

Notes

Enter additional information below

| | 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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Notes

Enter additional information below

Entries completed?

[Click here](#) 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 | <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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Advisors Note: + Indicates importable value.

Notes

Enter additional information below

| | Savings / Investment (15) | Savings / Investment (16) |
|---|---|---|
| + 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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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

| | Savings / Investment (17) | Savings / Investment (18) |
|---|---|---|
| + 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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Advisors Note: + Indicates importable value.

Notes

Enter additional information below

| | Savings / Investment (19) | Savings / Investment (20) |
|---|---|---|
| + 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"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| + Current Balance | £ <input type="text"/> | £ <input type="text"/> |
| + Regular Contributions? | £ <input type="text"/> - Per year, if applicable. | £ <input type="text"/> - Per year, if applicable. |
| Remaining Term? | <input type="text"/> - Years, if applicable. | <input type="text"/> - Years, if applicable. |

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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) | Notes |
|--|---|---|------------------------------------|
| + Type of Money Purchase | <input type="text"/> | <input type="text"/> | Enter additional information below |
| + 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 Value (Account Balance) | £ <input type="text"/> | £ <input type="text"/> | |
| Retirement Age | <input type="text"/> | <input type="text"/> | |
| - If applicable - Enter either as an annual amount (before tax) or as % of salary + Your Contributions | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | |
| - If applicable - Enter either as an annual amount or as % of salary Your Employer's Contributions | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | |

| | Money Purchase (7) | Money Purchase (8) | Notes |
|--|---|---|------------------------------------|
| + Type of Money Purchase | <input type="text"/> | <input type="text"/> | Enter additional information below |
| + 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 Value (Account Balance) | £ <input type="text"/> | £ <input type="text"/> | |
| Retirement Age | <input type="text"/> | <input type="text"/> | |
| - If applicable - Enter either as an annual amount (before tax) or as % of salary + Your Contributions | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | |
| - If applicable - Enter either as an annual amount or as % of salary Your Employer's Contributions | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | £ <input type="text"/> - or % <input type="text"/> annual contribution amount or % of salary | |

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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) |
|--|---|---|
| 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"/> |
| If No - Are you 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 |
| Pension – Income Expected or Current | £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly | £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly |
| Retirement Age | <input type="text"/> | <input type="text"/> |
| Survivor Benefits? | <input type="text"/> | <input type="text"/> |
| - Leave blank, if unknown | | |

- Enter current or estimated future pension income before tax

- If presently active member or if pension is deferred

Survivor benefits might include:

- Death in Service / Widow's Pension
- Death in Deferment Benefits

Notes

Enter additional information

| | Final Salary (7) | Final Salary (8) |
|--|---|---|
| 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"/> |
| If No - Are you 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 |
| Pension – Income Expected or Current | £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly | £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly |
| Retirement Age | <input type="text"/> | <input type="text"/> |
| Survivor Benefits? | <input type="text"/> | <input type="text"/> |
| - Leave blank, if unknown | | |

- Enter current or estimated future pension income before tax

- If presently active member or if pension is deferred

Advisors Note:
Not currently importable.

Notes

Enter additional information

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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) |
|---|---|---|
| Owner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |
| 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 |
| Income Current or Expected | £ <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 If Joint Life - Survivor Percentage <input type="text"/> % | <input type="checkbox"/> Single <input type="checkbox"/> Joint Life If Joint Life - Survivor Percentage <input type="text"/> % |

Advisors Note: Not currently importable.

| | Annuity (7) | Annuity (8) |
|---|---|---|
| Owner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner |
| 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 |
| Income Current or Expected | £ <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 If Joint Life - Survivor Percentage <input type="text"/> % | <input type="checkbox"/> Single <input type="checkbox"/> Joint Life If Joint Life - Survivor Percentage <input type="text"/> % |

Notes

Enter additional information below

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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.

| | Property (5) | Property (6) |
|---|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| - If unknown, leave blank | | |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| - If yes, enter details under "Debts and Mortgages" | Mortgage / Other Associated Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No Income from Property? <input type="checkbox"/> No <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly | Mortgage / Other Associated Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No Income from Property? <input type="checkbox"/> No <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly |
| - e.g. rental income | | |

Notes

Enter additional information below

| | Property (7) | Property (8) |
|---|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| - If unknown, leave blank | | |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| - If yes, enter details under "Debts and Mortgages" | Mortgage / Other Associated Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No Income from Property? <input type="checkbox"/> No <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly | Mortgage / Other Associated Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No Income from Property? <input type="checkbox"/> No <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly |
| - e.g. rental income | | |

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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

| | Property (9) | Property (10) |
|---|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| - If unknown, leave blank | | |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| - If yes, enter details under "Debts and Mortgages" | Mortgage / Other Associated Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mortgage / Other Associated Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - e.g. rental income | Income from Property? <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly | Income from Property? <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly |

Notes

Enter additional information below

| | Property (11) | Property (12) |
|---|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| - If unknown, leave blank | | |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| - If yes, enter details under "Debts and Mortgages" | Mortgage / Other Associated Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mortgage / Other Associated Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - e.g. rental income | Income from Property? <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly | Income from Property? <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly |

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

Advisors Note: + Indicates importable value.

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

| | Property (13) | Property (14) |
|------------------------------------|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| Mortgage / Other Associated Debts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income from Property? | <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly | <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly |

- If unknown, leave blank

- If yes, enter details under "Debts and Mortgages"

- e.g. rental income

Notes

Enter additional information below

| | Property (15) | Property (16) |
|------------------------------------|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| Mortgage / Other Associated Debts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income from Property? | <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly | <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly |

- If unknown, leave blank

- If yes, enter details under "Debts and Mortgages"

- e.g. rental income

Notes

Enter additional information below

Advisors Note: + Indicates importable value.

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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

| | Property (17) | Property (18) |
|------------------------------------|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| Mortgage / Other Associated Debts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income from Property? | <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly | <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly |

Notes

Enter additional information below

| | Property (19) | Property (20) |
|------------------------------------|---|---|
| + Name or Description | <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 | £ <input type="text"/> | £ <input type="text"/> |
| + Owner(s) | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| Mortgage / Other Associated Debts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income from Property? | <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly | <input type="checkbox"/> No <input type="checkbox"/> Yearly <input type="checkbox"/> Yes - £ <input type="text"/> <input type="checkbox"/> Monthly |

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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.

| | | Debt (5) | Debt (6) | Notes |
|----------------------------|---------------------------|---|---|------------------------------------|
| | + Name or Description | <input type="text"/> | <input type="text"/> | Enter additional information below |
| - If other, please specify | + Type of Debt | <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"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | % <input type="text"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | + Owner(s) of Debt | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | |
| - If mortgage | Associated Home, Property | <input type="text"/> | <input type="text"/> | |

| | | Debt (7) | Debt (8) | Notes |
|----------------------------|---------------------------|---|---|------------------------------------|
| | + Name or Description | <input type="text"/> | <input type="text"/> | Enter additional information below |
| - If other, please specify | + Type of Debt | <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"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | % <input type="text"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | + Owner(s) of Debt | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | |
| - If mortgage | Associated Home, Property | <input type="text"/> | <input type="text"/> | |

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

Appendix 8 – Debts (additional forms, continued)

| | Debt (9) | Debt (10) |
|---|---|---|
| + Name or Description | <input type="text"/> | <input type="text"/> |
| - If other, please specify + Type of Debt | <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"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | % <input type="text"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| + Owner(s) of Debt | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| - If mortgage Associated Home, Property | <input type="text"/> | <input type="text"/> |

Notes

Enter additional information below

| | Debt (11) | Debt (12) |
|---|---|---|
| + Name or Description | <input type="text"/> | <input type="text"/> |
| - If other, please specify + Type of Debt | <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"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | % <input type="text"/> Interest Only Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| + Owner(s) of Debt | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly | <input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Owned Jointly |
| - If mortgage Associated Home, Property | <input type="text"/> | <input type="text"/> |

Notes

Enter additional information below

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

Advisors Note: + Indicates importable value.

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 | Notes |
|--|---|---|---|
| Name of Insurer or Policy | <input type="text"/> | <input type="text"/> | Notes <i>Enter additional information below</i> |
| Name of Person(s) Covered | <input type="text"/> | <input type="text"/> | |
| Type of Policy | <input type="checkbox"/> Personal Policy <input type="checkbox"/> Employee Benefit | <input type="checkbox"/> Personal Policy <input type="checkbox"/> Employee Benefit | |
| - Leave section blank if the policy is an employment benefit | PERSONAL POLICY | | |
| Amount of Cover | £ <input type="text"/> | £ <input type="text"/> | |
| Premium | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | |
| - Leave section blank if personal policy | EMPLOYEE BENEFIT | | |
| Name of Employer | <input type="text"/> | <input type="text"/> | |
| - Usually a multiple or percentage of salary | Amount of Cover | <input type="text"/> | |
| - Leave blank if term is duration of employment | Term Remaining | <input type="text"/> | |

Advisors Note: Not currently importable.

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

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 | Notes |
|------------------------------------|---|---|---|
| Name of Policy or Insurer | <input type="text"/> | <input type="text"/> | Notes <i>Enter additional information below</i> |
| Person(s) Covered | <input type="text"/> | <input type="text"/> | |
| 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 | | | |
| Premium | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | |
| Amount of Cover | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | |
| Maximum Duration of Benefit | <input type="text"/> Years | <input type="text"/> Years | |
| Maximum Benefit Age | <input type="text"/> | <input type="text"/> | |
| EMPLOYEE BENEFIT | | | |
| Name of Employer | <input type="text"/> | <input type="text"/> | |
| Amount of Cover | £ <input type="text"/> -or- % <input type="text"/> of salary Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | £ <input type="text"/> -or- % <input type="text"/> of salary Paid <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | |
| Maximum Duration of Benefit | <input type="text"/> Years | <input type="text"/> Years | |

- Leave section blank if the policy is an employment benefit

- Leave section blank if personal policy

Entries completed?

[Click here](#) to go to the next step in the questionnaire.

Advisors Note: Not currently importable.