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Strictly Confidential

This Questionnaire has been designed in line with the Financial Services and Markets Act 2000 and subsequent consumer legislation, to obtain information to assist in preparing a detailed Report on your financial needs. The information provided by you will be used in the strictest confidence and is only required to provide you with the best possible advice.

Client ____ **Partner** ____

First Completed Date ____ Last Review Date ____ Next Review Date ____

Key Facts Date ____ Fee Agreement Date ____ Source ____

Client Type ____

Purpose of Meeting:	**Client**		**Partner**
Mortgages		Mortgages	
Protection		Protection	
Pension Planning		Pension Planning	
Savings/Investments		Savings/Investments	
Estate Planning		Estate Planning	

Declaration

This information has been provided by me/us on the understanding that it will be used in the strictest confidence and that it places me/us under no obligation to take up any suggested recommendations.

I/We have completed this document as much as I/We are able/willing to and understand that any recommendations can only be based on the information available at the date at which this questionnaire was completed or last updated. I/We understand that failure to provide some information may lead to inappropriate advice being given.

I/We confirm that I/we have been provided with a copy of Westminster Financial Planning Limited's Terms of Business together with the Key Facts about their Costs and Services, and a Business Card.

Data Protection Act

This information will be stored on computer and may be used for marketing and statistical purposes. Details may be passed to our regulatory authorities and auditors for the purpose of compliance. This information is consequently covered by the Data Protection Act. I/We consent to the processing and storage of the information contained in this document on computer.

Periodically we may issue information and newsletters to clients to keep them abreast of tax and product changes. A tick in this box signifies that you wish to receive these. ☐

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

	Client		**Partner**
Signatures			
Date		Date	

Adviser Name: ____ Adviser Signature ____ Date ____

Personal Client Questionnaire

Personal Details

	Client		Partner
Title		(Mr, Miss, Ms, Mrs, Dr, Rev etc.)	
Forenames			
Initials			
Surname			
Maiden Name			
Preferred Name			
Date Married		Years Married / Joint Preferred Name	
Sex		(Male, Female)	
Date of Birth			
Place of Birth			
Marital Status		(Unknown, Cohabiting, Divorced, Married, Separated, Single, Widowed)	
Occupation			
Employment Status		(Unknown, Employed, Director, Self Employed, Mixed, Not Employed, Retired, Housewife)	
Contracted In or Out		(Unknown, In, Out)	
Employer			
Start Date		NI Number	NI Number
Changing Jobs Soon		(Yes, No)	
Residency			
Tax District			
Tax Reference			
Retirement Age		Retirement Date	Retirement Date
Do you foresee any personal circumstance changes		(Yes, No)	Do you foresee any changes

Address Details

Main Residence Address

Post Code

Home ☎ Fax ☎

Mobile ☎ Client Partner

Client Email

Partner Email

Tenure (Freehold, Leasehold, Feudal, Rented, Unknown)

Client's Business Name And Address

Post Code

1st ☎ 2nd ☎

Fax ☎

Partner's Business Name And Address

Post Code

1st ☎ 2nd ☎

Fax ☎

Addresses For Letters

(Home Address, Clients Business Address, Partners Business Address)

Client Address For Letters

Partner Address For Letters

Joint Address For Letters

Default Address For Letters

Default Mailing Style

Mailings OK ☐ ✓ (Client, Partner, Joint)

Client Preferred Contact Method

(Telephone, Mobile, Email, Letter, Fax)

Partner Preferred Contact Method

Children And Other Dependants Details

☐ Information Not Disclosed ☐ No Dependants
☐ Yes, Have Dependants But Details Not Disclosed

	1st Child or Dependant	2nd Child or Dependant
Relationship	(Son, Daughter, Grandson, Granddaughter, Step Son, Step Daughter, Father, Mother, Step Father, Step Mother, Other)	
Forenames		
Surname		
Date of Birth		
Sex	(Male or Female)	
Claiming Child Benefit		
Financially Dependent		

	3rd Child or Dependant	4th Child or Dependant
Relationship	(Son, Daughter, Grandson, Granddaughter, Step Son, Step Daughter, Father, Mother, Step Father, Step Mother, Other)	
Forenames		
Surname		
Date of Birth		
Sex	(Male or Female)	
Claiming Child Benefit		
Financially Dependent		

	5th Child or Dependant	6th Child or Dependant
Relationship	(Son, Daughter, Grandson, Granddaughter, Step Son, Step Daughter, Father, Mother, Step Father, Step Mother, Other)	
Forenames		
Surname		
Date of Birth		
Sex	(Male or Female)	
Claiming Child Benefit		
Financially Dependent		

	7th Child or Dependant	8th Child or Dependant
Relationship	(Son, Daughter, Grandson, Granddaughter, Step Son, Step Daughter, Father, Mother, Step Father, Step Mother, Other)	
Forenames		
Surname		
Date of Birth		
Sex	(Male or Female)	
Claiming Child Benefit		
Financially Dependent		

Personal Client Questionnaire

Health And Habits

	Client			Partner		
Medical history						
In good health now		(Unknown, Yes, No)		In good health now		
Height: Metres		OR Feet and inches		Height: Metres		Feet and inches
Weight: Kilos		OR Stones/Lbs		Weight: Kilos		Stones/Lbs
Smoker		(Yes, No)		Smoker		

Tobacco Consumption per day:

Client			Partner		
Pipe	(In Grammes)		Pipe		
Cigars			Cigars		
Cigarettes			Cigarettes		
Drinker	(Yes, No)		Drinker		
Units consumed per week			Units consumed per week		

(1 Drink Unit = ½ a Pint of Ordinary Beer, a Pub Measure of Spirits or ½ a Glass (175ml) of Wine)

Attitude to Risk

Please enter the attitude to risk that you are willing to take in the following areas by selecting from the risk groups below:

Area	Client	Partner
Mortgage Repayment		
Pension Planning		
Protection		
Tax Planning		
Short Term Regular Savings		
Medium Term Regular Savings		
Long Term Regular Savings		
Short Term Lump Sum Investments		
Medium Term Lump Sum Investments		
Long Term Lump Sum Investments		

Risk Group	Description
1.Very Cautious	You prefer very stable returns even if this means the long-term return is lower
2. Very Cautious to Cautious	You prefer very stable returns even if this means the long-term return is lower
3. Cautious	You prefer stable returns even if this means the long-term return is lower
4. Cautious to Moderate	You prefer stable returns even if this means the long-term return is lower
5. Moderate	You are willing to accept moderate volatility for the chance of higher long term returns
6. Moderate to Speculative	You are willing to accept more volatility for the chance of higher long term returns
7. Speculative	You are willing to accept more volatility for the chance of higher long term returns
8. Speculative to Very Speculative	You are willing to accept higher volatility for the chance of higher long term returns
9. Very Speculative	You are willing to accept higher volatility for the chance of higher long term returns
10. Ultra Speculative	You are willing to accept very high volatility for the chance of higher long term returns

Planning Assumptions

To perform certain planning calculations your assumptions for the following values are required.

	Client % P/A	Partner % P/A
Your estimated average percentage Increase in Income each year.		
Your estimated average percentage Increase in your Assets each year.		
Your estimate for Annual Inflation.		
Your estimate for Fixed Interest growth, e.g. Bank/Building Society rate.		
Your estimate for Gross growth, e.g. PEPs, Pensions etc.		

Personal Client Questionnaire

Other Advisers

1st Adviser / ***2nd Adviser***

Description

(Accountant, Bank Manager Doctor, Estate Agent, Financial Adviser, Insurance Broker, Solicitor, Stock Broker, etc.)

Adviser To Who (Client, Partner, Joint, Family)

Contacts Name

Preferred Name

Telephone Numbe Fax

EMail Address

Company Name

Address

Post Code

3rd Adviser / ***4th Adviser***

Description

(Accountant, Bank Manager Doctor, Estate Agent, Financial Adviser, Insurance Broker, Solicitor, Stock Broker, etc.)

Adviser To Who (Client, Partner, Joint, Family)

Contacts Name

Preferred Name

Telephone Numbe Fax

EMail Address

Company Name

Address

Post Code

5th Adviser / ***6th Adviser***

Description

(Accountant, Bank Manager Doctor, Estate Agent, Financial Adviser, Insurance Broker, Solicitor, Stock Broker, etc.)

Adviser To Who (Client, Partner, Joint, Family)

Contacts Name

Preferred Name

Telephone Numbe Fax

EMail Address

Company Name

Address

Post Code

Personal Client Questionnaire

Your Expectations

This may give an indication of current and future needs (Please answer Yes or No)

	Client	Partner
Are you planning a family?		
Do you plan to change your job?		
Do you intend to move house?		
Do you want your children educated privately?		
Do you plan to retire early?		

Priorities

Enter the Level of Priority you place on each of the following:

(Not Important, Not Very Important, Quite Important, Very Important, Essential, Future Priority)

	Client	Partner	Adviser Agrees (Yes/No)	Future Review Date
Investing only into ethically managed funds or companies.				
Providing for your family in the event of your Premature Death.				
Providing for yourself/family in the event of a Serious Illness or Disablement.				
Providing for the cost of Long Term Care.				
Providing a sound financial start for your Children/Grandchildren.				
Providing a good return on your Savings/Investments.				
Providing for the cost of future Education Fees.				
Planning for your Retirement.				
Reducing your Tax Bill.				
Mitigating possible Inheritance Tax.				
Repaying your Mortgage early or more economically.				
Increasing your Investment Income.				
Raising Money.				
Saving for Specific Future Purchase(s).				

Additional Immediate Priorities/Needs

1st			
2nd			

Future Purchase Details

*Who For: Client, Partner, Joint, Chil

Who For*	Date Required	Future Purchase	Current Cost	Inflation % P/Annum

Personal Client Questionnaire

Annual Income

	Client	Partner	Joint	Total
Main Employment				
Self Employment				
Overtime, Commission, Bonuses				
Other Gross				
Non Taxable Income/Benefits				
Rental				
State Pension				
Occupational Pension				
Other Pensions or Annuities				
Investment Bonds				
Unit Trusts				
PEPs/ISAs				
Equities				
Yield and Dividends				
Interest				
Maintenance				
Child Benefit				
Total Income				

Income Tax Allowances

	Client	Partner	Joint
Allowable Employment Expenses			
Tax Credits plus any other Allowances			
Small Maintenance Payments			
Net Gift Aid Donations			
EZT/VCT Investments			
Tax Allowable Forestry Losses			
Other Tax Allowable Payments or Losses			

Benefits In Kind (P11d)

	Client	Partner	
Enter total P11d benefits OR provide details below			
Company Car: Registration Date		/ /	
Make and Model			
New Value (or Current if 15+ years old)			
Type of fuel used			(Battery, LPG/CNG, Petrol, Hybrid Petrol, Diesel)
CO2 g/km			
Euro IV Compliant	☐ ✓	☐	
Engine CC			
Private use fuel provided	☐ ✓	☐	
Private Fuel Benefit			
Private/Mobile Telephone Benefit			
Health Insurance Benefit			
Private Use of Company Credit Card			

Personal Client Questionnaire

Annual Expenditure

	Client	Partner	Joint	Total
Home and Other Properties Expenses				
Rent				
Mortgage(s) and Other Property Loan(s)				
Ground Rent/Lease				
Council Tax				
Water Rates				
Buildings and Contents Insurance				
Gas, Electricity and Other Fuels				
Maintenance, Repairs, Decorating and Furniture				
Telephone, Mobile Internet				
TV Licence				
Home Help, Housekeeper, Cleaner etc				
Gardening/Handyman				
Other				
HP, Personal Loans, Credit Cards, Bank Charges				
HP and Personal Loans				
Credit and Store Cards				
Bank Interest and Charges				
Other				
Child Care and Expenses				
Baby-sitter/Nanny				
Education Fees				
Matrimonial/Child Maintenance				
Childrens Pocket Money and School Meals				
Other				
Future Wealth Creation				
Pension Contributions				
Investment Contributions				
Other Regular Savings				
Other				
Income Protection, Life and Other Insurances				
Regular Insurance Premiums				
Other Insurance Premiums				
Income Protection Insurance Premiums				
Other				
Living Costs and Clothing				
Food, Drink, Tobacco etc				
Clothing, Footwear, Laundry and Dry Cleaning				
Personal Grooming and Cosmetics				
Other				

Continued on next page...

Personal Client Questionnaire

Annual Expenditure

	Client	Partner	Joint	Total
Medical Expenses				
Dentist, Optician and Other Practitioners				
Medicines and Prescriptions				
Medical/Health Care Premiums				
Medical Attendant or Other Carer				
Other				
Transportation Expenses				
Vehicle Lease Payment				
Vehicle Insurance				
Licence and Tax				
Fuel and Oil				
Vehicle Maintenance, Repairs, Cleaning				
AA/RAC etc.				
Vehicle Parking Fees				
Buses, Trains, Taxis				
Other				
Leisure, Holidays and Entertainment				
Recreation/Entertaining (Films, Meals Out etc)				
Holidays				
Reading Material, Music, Videos etc				
Club Dues, Sport, Hobbies, Betting etc				
Other				
Gifts and Donations				
Church				
Non Gift Aid Donations				
Gift Aid Donations				
Birthday Presents, Christmas Presents etc				
Other				
Professional Adviser Fees				
Personal Accountant				
Personal Solicitor				
Financial Adviser				
Other				
Tax/NIC For Tax Year 2008/2009				
Income Tax				
National Insurance Contributions				
Capital Gains Tax				
Personal Discretionary				
Miscellaneous				
Total Expenditure				

Personal Client Questionnaire

Assets

	Client	*Partner*	*Joint*	*Total*
Interest Bearing Accounts and Other Cash				
Current Accounts				
Deposit Accounts				
Savings Accounts				
TESSA Accounts				
National Savings				
Premium Bonds				
Money Owed				
Other Cash				
Cash Value of Policies				
Investment Bonds				
Personal Equity Plans				
Unit Trusts				
Equities				
Individual Savings Accounts				
Any Other Cash Equivalents				
Property				
Main Residence				
Holiday Home				
Other Property				
Personal Possessions				
Furniture/Furnishings				
Car/Caravan/Boat				
Clothing				
Jewellery/Furs				
Art/Antiques etc				
Own Business Shares				
Trust Entitlements				
Other Assets				
Total Assets				

Liabilities

	Client	***Partner***	***Joint***	***Total***
Credit Cards				
Gas/Electric or Other Fuel				
Telephone, Mobile and Internet				
Council Tax and Water Rates				
Insurance Premiums				
Matrimonial or Child Maintenance				
Overdue Rents				
Other Bills, Debts uncleared CCJ's and Arrears				
Income Tax				
National Insurance Contributions				
Capital Gains or Other Taxes				
Mortgages and Loans				
Main Residence Balance				
Other Property Balance				
Home Improvement Loans Balance				
Personal Loans Balance or Remaining Repayments				
Hire Purchase Balance or Remaining Repayments				
Life Policy Loans				
Pension Loans				
Any Other Loans				
Bank Overdrafts				
Education Fees				
Total Liabilities				

Notes