



Financial Questionnaire

Strictly confidential

Financial Services & Markets Act 2000

Financial Advisers are required to have a proper regard for a client's best interests in any advice given. We therefore need to be aware of your personal and financial circumstances to make sure our advice is suitable for your needs.

The questions in this form here have been specifically designed to help us provide advice that meets your needs. Our advice will be based on the information you provide. So, if for any reason you decline to answer any of the questions or if you fail to provide accurate information to the best of your knowledge, our advice may be impaired because of this.

Data Protection Act 2018 and GDPR

The Information given in this document will be retained on computer for reference purposes and will be held in accordance with the Data Protection Act 2018 and GDPR. The information may also be used to provide you with the details of products suitable to your requirements.

Introduction

IMPORTANT NOTE - PLEASE READ CAREFULLY BEFORE COMPLETING

In order that we may advise you regarding your financial planning requirements, it is essential that we obtain from you, current and relevant information. Please therefore complete the following details as comprehensively as you are able.

If you choose to omit sections, you should be aware that our advice will be based only on the information provided. Prior to completion, you will find it useful to gather together the following:

- Payslip, P60, accounts
- Bank, credit card, mortgage, savings and share statements
- Life assurance, savings, PEP/ISA statements and other policy details/documents
- Personal pension policy details/documents
- Company /occupational pension statements and booklets

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Personal Details						
		Client		Partner		
Title/Surname						
Forename(s)						
Previous name						
Address						
Postcode						
Mobile telephone						
Home telephone						
Home email address						
Living with partner						
Marital status / date of marriage or civil partnership						
Married to partner?		Yes	No		Yes	No
Nationality						
Residency						
Tax domicile						
Gender (male/female)						
Date of birth						
Place of birth						
Have you smoked in the last 12 months?	Yes	No	Cigars only	Yes	No	Cigars only
Height / Weight / Alcohol (units p/wk)						
State of health						
Details						
Do you engage in any hazardous sports or pastimes?		Yes	No		Yes	No
If yes please give details						
Have you made a Will?		Yes	No		Yes	No
If so when was it last reviewed?						
Employment status						
Occupation						
Occupation description						
Business name						
Business address						
Business postcode						
Business email address						
Business telephone no. / fax no.						
Date employment commenced						
NI number						
Tax office						
Tax reference no.						

Family & Dependents

Is there anyone over the age of 17 who is a resident with you?

Yes No

Is there anyone who is financially dependent on you?

Yes No

Dependent name	Date of birth	Dependent of	Relationship	Reason for dependency	Living at home
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

	Both
Is anyone in the family getting married in the near future?	
Are the children or grandchildren going to fee paying schools or university now or in the future?	
Do any of your children have income or capital? If so approximately how much?	
Have you any dependents other than those listed above?	
Are any dependents mentally or physically ill?	
	Client Partner
Do you intend to leave the UK?	
Are your parents UK nationals?	

Notes

Professional Advisers

	Client	Partner
SOLICITOR		
Company Name		
Address		
Postcode		
Telephone		
ACCOUNTANT		
Company Name		
Address		
Postcode		
Telephone		
DOCTOR		
Company Name		
Address		
Postcode		
Telephone		
BANK		
Company Name		
Address		
Postcode		
Telephone		
Account Number		
Account Name		
Sort Code		
OTHER		
Service provided / function		
Company Name		
Address		
Postcode		
Telephone		

Income Analysis

EARNED INCOME	Client		Partner	
	Amount	Frequency	Amount	Frequency
Basic annual income		A		A
Basic salary		A		A
Bonus		A		A
Overtime		A		A
Director's dividends		A		A
Net Relevant Earnings (self employed)		A		A
Business Profits (self employed)		A		A
Profit Related Pay		A		A
P11d (beneficial) income (list below)		A		A
P11d Details				
Pension Income		A		A
Private pension income		A		A
State pension income (gross)		A		A
Investment Income		A		A
Shares		A		A
Fixed interest stocks		A		A
Unit trusts		A		A
Offshore funds		A		A
Guaranteed income bonds		A		A
Retail profit		A		A
Investment annuities		A		A
Bank deposits		A		A
Building Society deposits		A		A
Lloyds underwriting		A		A
Trust income		A		A
Tax free income		A		A
PEPs / ISAs		A		A
Investment Bond withdrawals		A		A
National Savings		A		A
TESSAs		A		A
Social Security benefits		A		A
Other		A		A
Total income		A		A
Unrealised but taxable investment income		A		A
Do you anticipate any significant change in income?				
When is your salary review date / the end of your trading year?				

Income Deductions

EARNED INCOME	Client		Partner	
	Amount	Frequency	Amount	Frequency
Deductions				
Highest tax rate paid				
Tax code		A		A
Tax		A		A
National Insurance		A		A
Occupational pension contributions		A		A
Company loans		A		A
Other		A		A
Total income		A		A
Net Income (Total income - deductions)		A		A
Joint net income		A		A

Notes

Expenditure

	Client		Partner		Joint	
	Amount	Frequency	Amount	Frequency	Amount	Frequency
Mortgage / Rent						
Mortgage payment / rent		M		M		M
Other financial commitments						
Personal loans / credit cards		M		M		M
Home improvement loans		M		M		M
Overdraft repayment		M		M		M
School fees		M		M		M
Maintenance payments		M		M		M
Child support payments		M		M		M
Sub Total		M		M		M
Pension contributions						
Voluntary / Personal Pension		M		M		M
Regular savings						
Regular savings		M		M		M
Personal insurances						
Life insurance		M		M		M
Critical illness insurance		M		M		M
Permanent health insurance		M		M		M
Private medical insurance		M		M		M
Sub Total		M		M		M
Other insurances						
Mortgage related insurance		M		M		M
Building & contents insurance		M		M		M
Car insurance		M		M		M
Sub Total		M		M		M
Utilities and household bills						
Property maintenance		M		M		M
Council Tax*		M		M		M
Water rates*		M		M		M
Gas / oil		M		M		M
Electricity		M		M		M
Telephone & internet (standing charges)		M		M		M
Telephone (call charges)		M		M		M
TV License & pay channels		M		M		M
Sub Total		M		M		M
Living costs						
Food and drink		M		M		M
Clothing		M		M		M
Spending money		M		M		M
Bank charges etc.		M		M		M
Gifts		M		M		M
Professional fees		M		M		M
Childcare		M		M		M
Care for dependents		M		M		M
Pets and pet care		M		M		M
Subscriptions		M		M		M
Sub Total		M		M		M

* Typically paid monthly over 10 months

Expenditure

	Client		Partner		Joint	
	Amount	Frequency	Amount	Frequency	Amount	Frequency
Transport and travel						
Travel		M		M		M
Car expenditure (services etc.)		M		M		M
Petrol		M		M		M
Sub Total		M		M		M
Leisure						
Entertainment		M		M		M
Holidays		M		M		M
Dining out		M		M		M
Clubs and societies		M		M		M
Health and beauty		M		M		M
Sub Total		M		M		M
Other						
Other variable items		M		M		M
Other fixed items		M		M		M
Sub total		M		M		M
Total expenditure		M		M		M

Notes

Assets

	Client		Partner		Joint	
	Asset	✓	Asset	✓	Asset	✓
Cash accounts						
Bank accounts						
Building Society accounts						
Offshore bank accounts						
Cash ISA's						
Non-liquid assets (excl life assurance)						
Private home						
Other property						
Share in partnership / Business assets						
Private company shares						
Farmland / woodland						
Life Assurance (death benefit including Discounted FIB) in Trust						
Life Assurance (not written in trust)						
Realisable assets						
Shares						
Fixed interest stocks						
Unit trusts / OEICs						
Investment trusts						
PEP's / ISA's						
Investment bonds						
Offshore bonds						
VCT / EIS						
National Savings						
Endowments / Savings plans (Life Assurance cash value)						
Pension funds						
Pensions (current fund value)						
Other (personal effects)						
Chattels						
Motor cars / Boat / Caravan etc.						
Antiques / Jewellery / Works of art						
Entitlement from Trust (s)						
Other items						
Total Assets on survival						
Total Assets on death						

Please state approximate current values and insert a (✓) next to value for assets written under trust

Notes

Liabilities

	Client	Partner	Joint
Mortgage on private residence			
Mortgage on other property			
Bank loans			
Building Society loans			
Overdraft			
Hire purchase			
Other significant liabilities			
Capital expenditure expected			
Assets charged / encumbered			
Deeds of covenant			
Credit cards			
Store cards			
Other items			
Totals			

Please state approximate current values and use the notes space below if required

Notes

Mortgage & Loans

MORTGAGES	1st Property		2nd Property	
	Yes	No	Yes	No
Do you own the property ?				
Tenure of property				
Property value				
Ownership (joint etc.)				
Private pension income				
Held as tenants in common (%)				
Do you have a mortgage?	Yes	No	Yes	No
If so, who is the lender?				
Loan type				
Amount of loan outstanding				
Mortgage start date				
Mortgage term				
Current interest rate				
Current rate expiry date (if appropriate)				
Repayment month / year				
Early repayment charge				
What protection do you have relating to the mortgage?	Life assurance		Life assurance	
	Critical illness		Critical illness	
	Sickness		Sickness	
	Unemployment		Unemployment	
Is the mortgage portable to a new property?	Yes	No	Yes	No

LOANS*	Client		Partner	
	Yes	No	Yes	No
Do you have any personal loans?				
If so, total amount outstanding				
Main purpose of loan/s				
Earliest loan repayment date				
Amount secured on property				
Other assets encumbered				
Total monthly loan repayment				
Remaining term of loan				

*If you have more than one loan, then please detail separately

CREDIT / STORE CARDS

Client

Partner

Total amount outstanding		
Total Monthly repayment commitment		

	Client		Partner	
	Yes	No	Yes	No
Have you had any credit problems?				
Have you ever been in default of a mortgage payment?				
Have you ever had a County Court Judgement issued against you?				
Have you ever been declared bankrupt?				
Have you ever entered into an Individual Voluntary Arrangement?				
Have you ever been in default of any other loan payment?				

Planning Objectives & Priorities

Please indicate the relative importance of the following needs / objectives on a scale of 1 to 5. Insert 1 to indicate very important and 5 to indicate that you attach little importance to that item.

	Priorities	
	Client	Partner
Mortgage planning		
Life assurance		
Critical Illness Cover		
Permanent health insurance		
Pension planning		
Lump sum investments		
IHT planning		
Long term care		
Regular savings		

Notes regarding your priority needs including other financial priorities not listed above

How much can you afford to contribute towards your financial planning needs?

	Client	Partner
Regular monthly		
Lump sum		

LIST ANY SPECIFIC FUTURE EVENTS FOR WHICH YOU WISH TO PLAN

(E .G. Holiday home, early retirement, Inheritance Tax, school/university fees, children's wedding, new car, long term care.)

Date	Event	Any existing provision

Protection

IN THE EVENT OF DEATH	Client		Partner	
	Yes	No	Yes	No
Is life assurance a current priority?				
Adviser comments				
In the event of death would you want to clear all debt?				
Lump sum required on death				
Do you wish for the lump sum to increase?				
If yes %				
Do you require additional capital, beyond debt repayment?				
If so, how much additional capital would you require?				
Over what term is cover required? (years)				
Would you want to supplement income?				
Target income in today's terms				
Do you wish for the income to increase?				
If yes %				
Over what period should the income be payable (years)				
Attitude to risk (1 lowest 5 highest)				

CURRENT OCCUPATIONAL PROVISION	Client		Partner	
	Yes	No	Yes	No
Are you entitled to any lump sum death in service benefits?				
Amount of cover				
Nominated beneficiaries				
Do you want to exclude this benefit from the calculations?				
Will your spouse or dependents be entitled to any pension benefit in the event of your death?				
Amount of cover per annum				

Notes

Protection

IN THE EVENT OF CRITICAL ILLNESS		Client		Partner	
Do you consider critical illness cover a current requirement?	Yes	No	Yes	No	
Adviser comments					
Would you want to clear all debt?	Yes	No	Yes	No	
Lump sum required on critical illness					
Do you wish for the lump sum to increase?	Yes	No	Yes	No	
If yes %					
Do you require additional capital beyond debt repayment?	Yes	No	Yes	No	
If so, how much additional capital would you require?					
Over what term is cover required? (years)					
Would you want to supplement income?	Yes	No	Yes	No	
Target income in today's terms					
Over what period should the income be payable (years)					

CURRENT OCCUPATIONAL PROVISION	Client		Partner	
Are you entitled to critical illness cover?	Yes	No	Yes	No
Details of cover				
Amount of cover				

Notes

Protection

IN THE EVENT OF LONG TERM ILLNESS	Client		Partner	
(Consider the financial impact of inability to work)				
Is Permanent health insurance a current priority?	Yes	No	Yes	No
Adviser comments				
Would you want to maintain income in the event of illness or disability?	Yes	No	Yes	No
What is the income you would require in today's terms?				
For how long could you support yourself/spouse before the income was required [answer in weeks]?				
Are any of your committed monthly outgoings protected in the event of long term illness?	Yes	No	Yes	No
If yes, provide details				
To what age should protection be in place?				

CURRENT OCCUPATIONAL PROVISION	Client		Partner	
Would your employer pay your salary in the event of you being absent from work due to illness?	Yes	No	Yes	No
What is the income you will receive from your employer?				
For how long would your employer pay your salary in the event of you being absent from work due to illness?				
Are you entitled to income protection cover?	Yes	No	Yes	No
Details of cover				

Notes

Protection

PRIVATE MEDICAL EXPENSES - NEEDS AND EXPECTATIONS	Client	Partner
Do you consider private medical insurance a current requirement?	Yes	Yes
	No	No
	Not now	Not now
Is family cover required?	Yes ___ No	Yes ___ No
What level of excess are you prepared to pay?		
Adviser comments		

CURRENT OCCUPATIONAL PROVISION	Client	Partner
Are you entitled to medical insurance cover?	Yes _ No	Yes __ No
Details of cover		

Notes

PLANNING PRIORITIES	Client's priorities		Agreed Priorities	
Please show the comparative importance of the following needs / objectives on a scale of 1 to 5. Insert 1 to indicate very important and 5 to indicate that you attach little importance to that item.	Client	Partner	Client	Partner
Ensure that your debts are repaid in the event of death.				
Ensure that your debts are repaid in the event of serious illness.				
Ensure that in the event of your death your family will be able to maintain their current standard of living.				
Ensure that your outgoings are maintained in the event of you being unable to work due to long term illness.				
Protect against the cost of medical or hospital bills.				

Savings & Investments

INVESTMENT PLANNING - NEEDS AND EXPECTATIONS	Client		Partner	
(Consider current and desired rate of investment return)				
Do you wish to save / invest for a particular purpose?	Yes	No	Yes	No
If yes, please give details:				
Adviser comments				
Do you have a lump sum available for investment?	Yes	No	Yes	No
If so, how much do you have to invest?				
What is the source of the funds available for investment?				
How much capital should be retained for emergencies/contingency?				
Over what period do you wish to invest? (years)				
Do you want access to the capital?	Yes	No	Yes	No
Do you want to invest for capital growth?	Yes	No	Yes	No
For what purposes do you wish to use the capital?				
Will you accept capital volatility?	Yes	No	Yes	No
Do you want to invest for income?	Yes	No	Yes	No
Amount of income required?				
For what purpose do you require the income?				
Do you want the income to be guaranteed?	Yes	No	Yes	No
Can you accept income volatility?	Yes	No	Yes	No
Attitude to risk (see risk profiling questionnaire)				

Savings & Investments

REGULAR SAVINGS	Client		Partner	
(Consider current and desired rate of investment return)				
Is regular saving a current priority?	Yes		Yes	
Adviser comments				
How much do you want to save?				
Over what period (years) do you want to save?	years		years	
How much capital should be retained for emergencies/contingency?	p.m.		p.m.	
For what purposes do you want to save?				
Attitude to risk (see risk profiling questionnaire)				
Where you are saving for more than one purpose, are the various priorities recorded in the savings notes section?				
Will these policies be written in trust?	Yes	No	Yes	No
Is the plan to be used to mitigate Inheritance Tax or Capital Gains Tax?	Yes	No	Yes	No
If yes, please provide details				

Notes

Retirement

RETIREMENT PLANNING - NEEDS AND EXPECTATIONS	Client	Partner
(Consider client's anticipated lifestyle in retirement years)		
Is retirement planning a current priority?	Yes No	Yes No
Adviser comments		
Are you retired?	Yes _____ No _____ Partly _____	Yes _____ No _____ Partly _____
At what age would you choose to retire?		
What is the latest age you wish to retire?		
Would you like to fund your retirement planning to reach a specific income?	Yes No	Yes No
If yes, what income would you want in today's terms?		
What is the least amount of income you would require in today's terms?		
Would you want to protect your pension contributions against accident or illness?		
Do you want these premiums to increase each year?		
If yes please specify %		
Do you wish to contribute a single premium?		
Attitude to risk (see risk profiling questionnaire)		

BUDGET	Client	Partner
How much can you afford to contribute towards retirement planning?		
Who will be the beneficiaries of your retirement plans?		

Notes

Retirement

EMPLOYER SPONSORED SCHEMES	Client		Partner	
Does your employer offer a pension arrangement?	Yes	No	Yes	No
If so, is the scheme a Defined Contribution or Defined Benefit?				
Are you a member?	No		No	
	Member currently		Member currently	
	Member future		Member future	
	Opted out		Opted out	
Are you eligible to join this arrangement?	Yes	No	Yes	No
If yes, provide date of joining (or date eligible to join)				

DEFINED BENEFIT SCHEME	Client		Partner	
If final salary, accrual rate	30th		30th	
	60th		60th	
	80th		80th	
	Other		Other	
Contracted in or out?	Contracted out		Contracted out	
	Contracted in		Contracted in	
Date of joining (or date expected to join)				
Scheme normal retirement age				
Definition of pensionable salary				
Early retirement penalties				
Approximately what pension benefits are payable on retirement (state benefit type: final salary, annuity purchase, etc and lump sum, commutation and benefit escalation in retirement)?*				
State level of personal contribution (%)**				
State level of company contribution (%)**				
Do you contribute to an AVC scheme?	Yes	No	Yes	No
If yes, level of contribution (£)				
* Also state accrual rate for final salary schemes ** Percentage of pensionable salary contributed to the company pension *** Note: If you are contracted out via a personal pension, please record purchase, scheme membership details should be recorded				
	scheme		Note: If money in the current pensionable - pensions sections in current provision - pensions (page 14)	

MONEY PURCHASE SCHEME	Client		Partner	
Are you a member of your employer's current scheme?	Yes	No	Yes	No
Group personal pension	Yes	No	Yes	No
Stakeholder plan	Yes	No	Yes	No
Product provider				
Start date				
Retirement age				
Employer contribution				
Employee contribution				
Fund				
Did you contract out of S2P using this plan?	Yes	No	Yes	No
Are you currently contracted out of S2P?	Yes	No	Yes	No

Retirement

	Client	Partner
Do you imminently expect to leave your employer?	Yes No	Yes No
If yes, please indicate the date on which you expect to leave your current employer?		
How long do you anticipate staying with your current employer?		
When will you be entitled to join any new employer's pension scheme (if you are yet to join)?		

OPT OUTS	Client	Partner
Have you ever chosen not to join a company pension scheme? (If yes, please provide details in the notes section below)		

Notes

Retirement

RETAINED BENEFITS	Client		Partner	
	Yes	No	Yes	No
Do you have pension scheme benefits in the scheme of a previous employer?				
If so is the scheme Defined Contribution or Defined Benefit?				
Name and address of pension scheme manager (this question relates to any past employer with whom you may have pension benefits remaining)				
Date of joining scheme				
Date of leaving service				
Was the scheme contracted in / out				
The accrual rate of the scheme				
Scheme retirement date				
Current transfer value				
Current deferred pension (p.a.)				
Projected pension at NRD				

Notes

Long Term Care

NEEDS AND EXPECTATIONS		Client	Partner	
(Consider the cost of receiving long term care)				
Is planning for the cost of long term care a current requirement?	Yes	No	Yes	No
Adviser comments				
Would you want to protect your estate?	Yes	No	Yes	No
How much income would you need to fund care costs?				
Would you release assets to provide income to fund care costs?	Yes	No	Yes	No
What level of assets would you be prepared to release?				
What contribution could you make towards capital?				
Would you want to receive care (home / nursing / residential)?				
Attitude to risk (1 lowest 5 highest)				
Over what period should cover / investment extend?				

POTENTIAL SHORTFALLS	Client	Partner
What is the income you would require for LTC in today's money?		
What income could you currently expect from LTC policies, investments, income and state benefits?		
Shortfall		

Notes

Wills & Inheritance Tax

ESTATE VALUE / LIABILITY	Client	Partner
Is your estate likely to be subject to IHT?	Yes ___ No	Yes ___ No
Are you concerned about the implications of IHT?		
Adviser comments		

Notes

Declaration - Please read carefully then sign and date below

I confirm that the information I have provided is to the best of my knowledge correct. I have provided this information, understanding that it is used to form the basis of any advice and recommendations made to me and that I am not under any obligation to take up any recommendations made.

I consent to being contacted in the future to review my arrangements.

Data Protection

I/we understand Bluegrove Wealth Limited may store the information from this document.

Client Signature	
Date	
Partner Signature	
Date	