



**MITCHELL
PROCKTER**
INDEPENDENT FINANCIAL ADVISERS

Confidential Financial Questionnaire

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1-7 Background Information and Personal Details

This confidential questionnaire collects the information we require to be able to provide you with advice that helps you meet your objectives. Please fill in as much as you can and send any associated papers such as copies of your will or life and pension policies.

Spaces are provided throughout for notes.

The information you provide will be treated in the strictest confidence and will not be divulged to third parties without your permission.

1 Personal details

Title	Full name				
Date of birth	Residence status				
Place of birth	Nationality				
National Insurance number	Domicile				
Tax office	Tax reference				
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	Co-habiting <input type="checkbox"/>

2 Spouse/partner's details

Title	Full name				
Date of birth	Residence status				
Place of birth	Nationality				
National Insurance number	Domicile				
Tax office	Tax reference				
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	Co-habiting <input type="checkbox"/>

3 Children/dependent relatives

Full name	Relationship	Married or single	Date of birth

4 Home address

Home tel

Home fax

Mobile tel

Email

Postcode

5 Correspondence address/2nd property address (if applicable)

Home tel

Home fax

Postcode

6 Health and well-being

In case we have to approach insurance companies on your behalf it would be helpful if you would answer the following:

	Self	Partner
General state of health	Good <input type="checkbox"/> Poor <input type="checkbox"/> Disabled <input type="checkbox"/>	Good <input type="checkbox"/> Poor <input type="checkbox"/> Disabled <input type="checkbox"/>
Do you smoke?	No <input type="checkbox"/> Yes <input type="checkbox"/> per day?	No <input type="checkbox"/> Yes <input type="checkbox"/> per day?
Are you involved in any hazardous pastimes?		
Approximately how many units of alcohol do you drink?	Per week	Per week

Notes

7 Occupation

	Self	Partner
Occupation/activity		
Name of employer/firm		
Address of employer/firm		
	Postcode	Postcode
Work tel		
Work fax		
Do you want us to write to you at	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/>

Notes

8 Earned income

8.1 Employed

	Self (£)	Partner (£)
Basic salary		
Bonus – last year		
Bonus – preceding year		
How is any bonus paid? (eg 70% cash, 30% shares)		
Benefits in kind (eg car, BUPA etc)		
Is this level of income likely to vary significantly in future years?		

8.2 Self-employed

Please supply a copy of your most recent accounts

	Self (£)	Partner (£)
Income – last year		
Income – preceding year		
Accounting date		
Is this level of income likely to vary significantly in future years?		

Notes

9 Summary of your personal assets

9 Summary of your personal assets (current market value)

Please show these assets at their current sale or open market value (not insurance values) and attach schedules or valuations where appropriate

	Self (£)	Joint (£)	Partner (£)	Gross income (£)
Property (main residence)				
Contents/effects/cars				
Second property				
Agricultural property				
Woodland/forestry				
Stocks and shares (inc. share options)				
Tax-efficient schemes				
Individual Savings Accounts (ISAs)				
TESSA Only ISAs (TOISAs)				
Personal Equity Plans (PEPs)				
Investment (and unit) trusts				
Single premium insurance bonds				
Cash (bank/building society accounts)				
National Savings				
Other assets (please specify in the notes below)				
Possible inheritance				
Source of inheritance				

Notes

10 Regular financial commitments

10.1 Mortgage on main residence

	Self	Joint	Partner
Amount outstanding	(£)	(£)	(£)
Lender			
Commencement date			
Redemption date			
Current interest rate	%	%	%
If mortgage is fixed – for how long and at what rate?			
Are there penalties for early redemption? (eg 6 months interest)			
Monthly repayments (excluding insurance premiums)			
Repayment method (eg capital and interest, PEP/ISA, endowment, pension)			

Notes

10.2 Liabilities

	Self (£)	Joint (£)	Partner (£)	Gross annual outgoings (£)
Mortgage on other property				
Other qualifying loans (eg for share purchase)				
Maintenance/alimony (give date of agreement)				
Other significant liabilities (eg loans, credit cards)				
Future liabilities (eg tax, share purchase – please give date payable)				

Notes

10.3 Regular savings – excluding life policies

Plan provider	Type of account (eg deposit/investment)	Start date	Contribution and frequency (£) (monthly/annually)	Is current value included as asset in section 9? (yes/no)

Notes

10.4 Current education costs

Child’s name and age	Current fees (pa) (£)	Funded from (income, existing plans etc)

10.5 Income requirements

What level of net income do you require to meet all your financial commitments?

	Self (£)	Partner (£)
Today		
If you or your partner were to die		
If you or your partner were to fall ill or become disabled		

11 Pensions

11.1 Planning for the future

	Self	Partner
At what age do you anticipate taking your pension benefits?		
What level of income would you like to achieve when you take those benefits?		

11.2 Protection

	Self			
Have you applied for pension protection?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Enhanced protection <input type="checkbox"/>	Primary protection <input type="checkbox"/>

	Partner			
Have you applied for pension protection?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Enhanced protection <input type="checkbox"/>	Primary protection <input type="checkbox"/>

11.3 Personal pensions

If you have personal pension or buyout/transfer plan(s) (including Self-Invested Personal Pension Plans – SIPP(s)), please show the details in section 16.2 on page 17

11.4 Occupational pension schemes

Please complete this section as far as you are able and provide a copy of your scheme booklet and most recent benefit statement

	Self	Partner
Date entered employment		
Date entered scheme		
Is it a final salary scheme or money purchase scheme?	final salary/money purchase	final salary/money purchase
What is the scheme retirement age?		
What is your employer's contribution?	% of salary/£	% of salary/£
What is your contribution?	% of salary/£	% of salary/£
What are the death in service benefits?		
Lump sum		
Dependent's pension(s)	x salary pa	x salary pa
Have you made any bonus sacrifices?	Yes/No	Yes/No

11.4 Occupational pension schemes continued

	Self	Partner
Projected pension	pa or %	pa or %
On death after retirement	% of members	% of members
Dependent's pension	pa	pa
By what amount do pensions increase in payment?		
Have you applied for a DWP forecast of your State Benefits?	Yes/No	Yes/No

Notes

11.5 Previous occupational pension schemes

If you have been a member of any other pension scheme provide details below and send copy(ies) of your leaver's statement from the pension scheme

If you have a personal pension plan(s), including a SIPP, please show the details in section 16.2 on page 17

Previous occupational pension scheme	Self	Partner
1 Name of employer		
Date entered scheme		
Date left scheme		
2 Name of employer		
Date entered scheme		
Date left scheme		
3 Name of employer		
Date entered scheme		
Date left scheme		

Notes

12 Retirement objectives and priorities

12.1 Income needs

What level of income do you require?	£
Total retirement income already in payment	£
Total of any other income received (i.e. investment income)	£
Potential shortfall	£
Could this requirement be met either fully or partially by other non-pension sources of income?	Yes/No
If YES, please provide details:	

How much income do you think you will need over the next 10 years?

Year 1	Year 2	Year 3	Year 4	Year 5
£	£	£	£	£
Year 6	Year 7	Year 8	Year 9	Year 10
£	£	£	£	£

12.2 Capital needs

Do you require a capital lump sum?	Yes/No
If YES, how much do you need?	£
Will this mean accessing the whole of your fund?	Yes/No
Is this needed as a one-off lump sum or a series of payments?	Yes/No
What is the purpose of the lump sum?	
Could the capital requirement be met either fully or partially by other non-pension sources of capital?	Yes/No
If YES, please provide details:	

If you depleted all funds, how would you survive in retirement?

12.3 Retirement income options

Would you prefer to have a fixed level of income in retirement?	Yes/No
Will this income be an important source of income immediately?	Yes/No
Would you like the ability to vary your income each year to reflect your circumstances?	Yes/No
Would you prefer to protect your pension income against inflation?	Yes/No
Would you prefer to secure part of your pension now but keep your options open on the rest of the fund?	Yes/No
Would you rather deter the purchase of an annuity?	Yes/No

12.4 Death benefit options

If married, does your spouse have adequate pension provision in their own right?	Yes/No
Do you wish to provide for your spouse/dependant(s) in the event of your death?	Yes/No
Is the provision of a lump sum death benefit for your spouse/dependant(s) more important than provision of a spouse/dependant(s) pension?	Yes/No
If you intend to make provision for your spouse or dependant(s), would you like to leave your residual pension to your estate?	Yes/No
Would you prefer to keep your options open with regard to the provision of death benefits?	Yes/No

12.5 Retirement priorities

Please rate the following in order of priority from 1 (highest) to 7 (lowest)	Rating (1 - 7)
Lump sum death benefits	
Security of guaranteed income	
Income/death benefit flexibility	
Ability to leave part of pension fund invested	
Provision of spouse/dependant(s) pension	
Ability to take the maximum tax free lump sum	
Flexibility to take lump sum payments as and when required	

12.6 Other considerations

1. Health	Client 1	Client 2
Are you in good health?	Yes/No	Yes/No
Do you have some health problems which should be taken into account?	Yes/No	Yes/No
Do you have significant health problems which are likely to affect your life expectancy?	Yes/No	Yes/No
Do you smoke?	Yes/No	Yes/No
Have you ever taken prescription medicine?	Yes/No	Yes/No
Have you ever been hospitalised for a medical condition?	Yes/No	Yes/No
2. Tax position	Client 1	Client 2
Are you a higher rate tax payer and expect to remain so in retirement?	Yes/No	Yes/No
Are you a higher rate tax payer but expect this to fall in retirement?	Yes/No	Yes/No
Are you a basic rate tax payer and expect to remain so in retirement?	Yes/No	Yes/No
Are you a basic rate tax payer but expect this to fall in retirement?	Yes/No	Yes/No
Specific tax information excluding any funds to be drawn down		
Expected tax position in tax year:		
Expected tax position in tax year:		
Expected tax position in tax year:		

12.7 Investment experience

When it comes to investments, how would you describe your knowledge?	Client 1	Client 2
No understanding/knowledge	<input type="checkbox"/>	<input type="checkbox"/>
Very little understanding/knowledge	<input type="checkbox"/>	<input type="checkbox"/>
About as much understanding/knowledge as the next person	<input type="checkbox"/>	<input type="checkbox"/>
A fair degree of understanding/knowledge	<input type="checkbox"/>	<input type="checkbox"/>
A high level of understanding/knowledge	<input type="checkbox"/>	<input type="checkbox"/>
Do you have strong views on where your money is invested?	Yes/No	Yes/No

Details:

13 Life policies

Please provide a schedule of your life policies in section 16.3 on page 19

14 Additional information

14.1 Interests under trusts

Please supply a copy deed and investment valuation and/or a summary of trust assets

Beneficiary	Settlor (eg creator/donor)	Nature of interest (eg income only, discretionary or reversionary)	Value (£)	Gross income (£)

14.2 Lifetime gifts

If you have made any lifetime gifts, please give more details

To whom was the gift given?	What was the value of the gift?	When was it given?

14.3 Wills

Please list the main provisions of the will(s) or supply copies if possible

	Self	Partner
Main provisions		
Date of will		
Are you contemplating revisions? If so, in what way and when?		

Notes

14.4 Power of attorney

	Self	Partner
Have you granted a power of attorney?	Yes/No	Yes/No
If yes, which type of power of attorney have you granted?	Enduring/Lasting	Enduring/Lasting
To whom have you granted that power of attorney?		
Relationship (eg offspring/solicitor)		

14.5 Professional advisers

Please note that we will not approach your other advisers without your permission

	Company/Partnership name	Contact name	Telephone no.
Solicitor			
Accountant			
Bank			
Insurance broker or financial adviser			
Stockbroker/fund manager			
Do any of the above keep complete records of your financial affairs including your insurance and pension policies?	Yes/No		
If so, whom?			

Notes

15 Your objectives

15 Your objectives

Please consider this section carefully because it will form the basis of our planning efforts once we have discussed and clarified your objectives with you. Tick those that apply to you.

Family security on death	<input type="checkbox"/>			
Family security on serious illness	<input type="checkbox"/>			
Retirement planning	<input type="checkbox"/>			
Education	<input type="checkbox"/>			
Tax planning (income or capital gains)	<input type="checkbox"/>			
Inheritance tax planning	<input type="checkbox"/>			
Future house purchase	<input type="checkbox"/>	Desired/known date	Value (£)	
Saving from income	<input type="checkbox"/>			
Investment of capital	<input type="checkbox"/>	Aiming at:	Growth <input type="checkbox"/>	Balance between growth & income <input type="checkbox"/>
Investment for children	<input type="checkbox"/>			Income <input type="checkbox"/>
Financial independence	<input type="checkbox"/>	At what age would you like to achieve this?		
Career change	<input type="checkbox"/>	By when?	To what?	
Any other objectives (please specify in notes section below)				

Notes

16.3 Life assurance policies

Type of policy	Provider and policy number	Start date	Sum assured (£)	Term or Maturity/ expiry date	Life/lives assured	Is policy in trust or assigned? If so, to whom?	Premium (£) and frequency
eg Whole of Life policy	Scottish Widows, A/c 12345	2003	£100k	N/A	Joint life	In trust to children	£125 per month

17 Client declaration

17 Client Declaration

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

I/we understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I/we understand that I/we must be sure of my/our ability to meet that commitment having given consideration to all other expenditures and the provision of any emergencies which may require access to funds.

I/we confirm that I/we have received a business card, Terms of Business, Key Facts about our services and Key Facts about the cost of our services. I/we understand that these documents should be read carefully.

I/we further declare that if I/we have not disclosed certain personal/financial information I/we am/are aware that this may prevent my Adviser from being able to identify areas where it might have been appropriate to make recommendations or could have an effect on any recommendations made.

Please note that MitchellProckter Financial Services Ltd reserve the right to decline to give advice if full information is not provided.

Data Protection Act

This information will be stored on computer and in paper format and may be used for marketing and statistical purposes. Details may be passed to our regulatory authorities and auditors. 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.

Signature _____ Date _____

Signature _____ Date _____



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