



SINCE 1988

**MITCHELL
PROCKTER**
INDEPENDENT FINANCIAL ADVISERS



Confidential Financial Questionnaire

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1-6 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				
Tax identifier: Country	ID Type	LEI			
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				
Tax identifier: Country	ID Type	LEI			
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
	Mobile tel
	Email
Postcode	

5 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	Spouse/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"/> number per day:	No <input type="checkbox"/> Yes <input type="checkbox"/> number per day:
Are you involved in any hazardous pastimes?		

Please detail any health conditions including date first diagnosed; ongoing treatment and any medication:

6 Occupation

	Self	Spouse/Partner
Occupation/activity		
Name of employer/firm		
Address of employer/firm		
	Postcode	Postcode
Work telephone		
Work email		
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

7 Earned Income

7.1 Employed

	Self (£)	Spouse/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 level of income likely to vary significantly in future?		

7.2 Self-employed

Please supply a copy of your most recent accounts

	Self (£)	Spouse/Partner (£)
Income - last year		
Income - preceding year		
Accounting date		
Is level of income likely to vary significantly in future?		

Notes

8 Summary of your Personal Assets

8 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 (£)	Spouse/Partner (£)	Gross Income (£)
Property (main residence)				
Second property				
Pensions				
Stocks and shares (inc. share options)				
Tax-efficient schemes				
Individual Savings Accounts (ISAs)				
Investments				
Bonds				
Cash (bank/building society accounts)				
National Savings				
Other assets (please specify in the Notes below)				
Possible inheritance				
Source of inheritance				

Notes

9 Regular Financial Commitments

9.1 Mortgage on main residence

	Self	Joint	Spouse/Partner
Amount outstanding	(£)	(£)	(£)
Lender			
End date			
Monthly repayments (excluding insurance premiums)			
Repayment method (eg capital and interest; PEP/ISA; endowment; pension)			

9.2 Liabilities

	Self (£)	Joint (£)	Spouse/Partner (£)
Mortgage on other property			
Other qualifying loans (eg for share purchase)			
Maintenance/alimony (state date of agreement)			
Other significant liabilities (eg loans, credit cards)			
Future liabilities (eg tax, share purchase - state date of payable)			

9.3 Current education costs

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

9.4 Income requirements

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

	Self (£)	Spouse/Partner (£)
Today		
At retirement		

10 Pensions

10.1 Planning for the future

	Self	Spouse/Partner
At what age do you anticipate taking your pension benefits?		
Have you applied to the DWP for a State Retirement Forecast?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

10.2 Pension protection - lifetime allowance

Self

Have you applied for pension protection?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES...	Level:	Type:
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Spouse/Partner

Have you applied for pension protection?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES...	Level:	Type:
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10.3 Personal pensions including transfers and buyouts

Self	Provider and plan/account number	Fund(s)	Start date	Current value (£) (if known)	Retirement date/age	Are death benefits in trust? If so for whom?	Premium (£) & frequency
eg Personal Pension	Standard Life 12345	Managed	1999	76,000	60	Yes, spouse	£200/month

Spouse/Partner	Provider and plan/account number	Fund(s)	Start date	Current value (£) (if known)	Retirement date/age	Are death benefits in trust? If so for whom?	Premium (£) & frequency
eg Personal Pension	Standard Life 12345	Managed	1999	76,000	60	Yes, spouse	£200/month

10.4 Company pension schemes

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

	Self	Spouse/Partner
Date entered employment		
Date entered scheme		
Is it a final salary or money purchase scheme?		
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	(£)	x salary (£) x salary
Dependent's pension(s)	(£)	per annum (£) per annum

Notes

10.5 Previous occupational pension schemes

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

	Self	Spouse/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

11 Retirement Objectives and Priorities

ONLY complete this Section if taking immediate retirement benefits - if not, leave blank

11.1 Capital needs

Do you require a capital lump sum?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, how much do you need?	£
Will this mean accessing the whole of your fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
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If YES, please provide details:

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

11.2 Retirement income options

Would you prefer to have a fixed or flexible income in retirement?	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>
Will this income be an important source of income immediately?	Yes <input type="checkbox"/> No <input type="checkbox"/>

11.3 Death benefit options

If married, does your spouse have adequate pension provision in their own right?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to provide for your spouse/dependant(s) in the event of your death?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Would you prefer to keep your options open with regard to the provision of death benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>

12 Policy/Plan Schedules

12.1 Investment schedules

Self

Investment type (eg bonds shares, PEPs & Unit Trusts)	Investment provider plan/account number	Fund(s)	Start date	Purchase price/initial investment (£)	Value (£)	Date of valuation
eg ISA	Fidelity 12345	European	2004	7,000	10,000	06/06/12

Spouse/Partner

Investment type (eg bonds shares, PEPs & Unit Trusts)	Investment provider plan/account number	Fund(s)	Start date	Purchase price/initial investment (£)	Value (£)	Date of valuation
eg ISA	Fidelity 19876	European	2006	6,000	8,500	06/06/12

12.2 Life assurance policies

Do you have life assurance to protect your family in the event of your death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your mortgage covered under a specific life assurance policy in the event of your death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your income protected in the event of long term sickness or disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Type of policy	Provider and policy number	Start date	Sum	Term or maturity expiry date	Life/lives date/age	Is policy in trust or assigned? If so for whom?	Premium (£) & frequency
eg Whole of life	Scottish Widows 456	2003	100k	n/a	Joint life	In trust to children	£125/month

13 Additional Information

13.1 Are you the beneficiary of any Trust fund?

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

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

13.2 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?

13.3 Do you have a Will?

If the answer is YES, please list the main provisions of the Will(s) or supply copies if possible

	Self	Spouse/Partner
Main provisions		
Date of Will		

13.4 Power of attorney

	Self	Spouse/Partner
Have you granted a power of attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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)		

13.5 Professional Advisers

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

	Company/Partnership name	Contact name	Telephone no.
Solicitor			
Accountant			

14 Your Objectives

14 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"/>				
Savings from income	<input type="checkbox"/>				
Investment of capital	<input type="checkbox"/>	Aiming at:	Growth <input type="checkbox"/>	Balance between growth & income <input type="checkbox"/>	Income <input type="checkbox"/>
Investment for children	<input type="checkbox"/>				

In your own words, please state your objectives below:

15 Client declaration

15 Your objectives

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 and a Retail Client Agreement 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 Mitchell Prockter 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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