

# *Personal Client Questionnaire*

## **Independent Financial Advice Centre**

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### **Strictly Confidential**

This Questionnaire has been designed in line with The Financial Services Act 1986 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 kept 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

Terms Of Business Date

Adviser

Source

Client Code

#### **Money Laundering Evidence: Client**

#### **Partner**

Date Obtained

Evidence Obtained

Proof Of  
Name

Evidence Obtained

Proof Of  
Address

### 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 confirm that I/we have been provided with a copy of Independent Financial Advice Centre's Terms of Business and a Business Card.

The information will be held on computer and consequently covered by the Data Protection Act.

#### **Client**

#### **Partner**

### **Signatures**

Date

Date

# *Personal Client Questionnaire*

## *Personal Details*

### Client

### Partner

Title (Mr, Miss, Ms, Mrs, Dr, Rev)

Forenames

Initials

Surname

Maiden Name

Preferred Name

Date Married

Sex

Date of Birth

Place of Birth

Marital Status

Occupation

Employment Status

Contracted In or Out

Employer

Retirement Age

NI Number

Tax District

Tax Reference

## *Address Details*

### **Main Residence**

Home 

Fax 

Client's Mobile 

Partner's Mobile 

E-Mail Address

Post Code

Tenure

### **Client's Business Name**

### **Partner's Business Name**

Post Code

1st 

2nd 

Fax 

Post Code

1st 

2nd 

Fax 

## *Children And Other Dependants Details And Wills*

Relationship

Forenames

Surname

Date of Birth

Sex

Wills

(if yes brief detail)

# ***Personal Client Questionnaire***

## ***Health And Habits***

***Client***

***Partner***

In good health now

Smoker

## ***Mortgage***

Type

Provider Name

Amount Outstanding

Repaid by

Details

(i.e. fixed/variable etc)

## ***Pension Schemes***

Scheme Type

Scheme Name (if any)

Owner (Contribution Payer)

Member Name

Provider Name

Product Name

Policy Number

Investment Type

In Trust

Pensionable Salary p.a.

Joined Date/Commencement Date

Transfer Date

Years Service at Transfer Date

Death Benefit X Salary

Deduction for Death Benefit

Current Value

Protected Rights Fund Value

Regular Contrib. % Yield Loss p.a.

Purpose of Plan and Notes

## ***Attitude to Investment Risk***

***Client***

***Partner***

(No Risk, Low Risk, Medium

Risk, Above Average Risk,

High Risk, Unknown)

***Independent Financial Advice Centre***

# *Personal Client Questionnaire*

## *Annual Income*

	<u><i>Client</i></u>	<u><i>Partner</i></u>	<u><i>Joint</i></u>	<u><i>Total</i></u>
Employment				
Overtime, Commission, Bonuses				
Other Gross				
State Pension				
Occupational Pension				
Other Pensions or Annuities				
Investment Income				
<b>Total Income</b>				

## *Income Tax Allowances*

	<u><i>Client</i></u>	<u><i>Partner</i></u>	<u><i>Joint</i></u>
Age Allowances (y/n)			

## *Benefits In Kind*

Company Car etc

## *Annual Expenditure*

	<u><i>Client</i></u>	<u><i>Partner</i></u>	<u><i>Joint</i></u>	<u><i>Total</i></u>
<i>Home and Other Expenses</i>				
<i>HP, Personal Loans, Credit Cards, Bank Charges</i>				
<i>Savings</i>				
<i>Insurance's</i>				
<b>Total Expenditure</b>	£	£	£	£

## *Regular Policies*

<i>Provider</i>	<i>Number</i>	<i>Type/Life Ass.</i>	<i>Premium</i>	<i>Value Now</i>	<i>Matures On</i>	<i>Cover</i>
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# Personal Client Questionnaire

## Assets

Deposit Account  
 TESSA Accounts  
 National Savings  
 Investment Bonds  
 Personal Equity Plans  
 Unit Trusts  
 Equities  
 Individual Savings Accounts  
 Any Other Cash Equivalents  
 Money to Come


## Property Value

### Personal Possessions

Other Assets

**Total Assets**      Client      Partner      Joint      Total

## Priorities

Client      Partner

Enter the Level of Priority you place on each of the following  
 Not Important (NI), Not Very Important (NVI), Quite Important (QI), Very Important (VI), Essential (E)

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 Priorities

1st

2nd