



Invest with confidence



Financial **Focuser**TM

Pre-Meeting

Personal Financial Planning Questionnaire

(Strictly Confidential)

In order for us to advise you regarding your financial planning requirements, it is essential that we obtain current and relevant information from you. As such, we would be grateful if you could complete the following questionnaire as comprehensively as possible.

If you choose to omit various sections, you should be aware we can only provide advice on the information provided.

Areas to Address

Please tick your areas that relate to your objectives:

Life 1	Life 2	Joint		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review of current investments (Second Opinion Service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long-term care protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trust planning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inheritance tax planning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investment advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Key person protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business shareholder protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lump sum investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income protection
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage protection
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protecting your family

Which of the above needs/objectives do you wish to address immediately?

What is your greatest personal goal?

What is your greatest financial fear?

What is your greatest financial goal?

Specific future events you wish to plan for:

(e.g. holiday home, early retirement, inheritance tax, school fees, children's wedding, new car, long-term care)

Date	Event	Any Existing Provision

Are your circumstances likely to change in the foreseeable future?

Yes ☐ No ☐

(e.g. employment, moving abroad, inherit wealth, etc.)

Personal Information

	Self	Partner
Title:	Mr/Miss/Mrs/Other	Mr/Miss/Mrs/Other
Forenames:		
Surname:		
Sex:		
Date of Birth:		
National Insurance Number:		
Address:		
Postcode:		
Home Telephone:		
Business Telephone:		
Mobile:		
Email Address:		
Marital Status:		
Nationality/Domicile:		
Have you any intention of living abroad in the future?		

Employment Information

	Self	Partner
Employer Name:		
Occupation:		
Total Gross Income:		
Employed/ Self Employed:		
If self employed, please list the names of all the Directors of the business		
Anticipated Retirement Age:		
How much income would you like in retirement :		
Are you a member of your employer pension scheme:		
Do you have any other employee benefits such as Death in service or Income protection:		

Children/Dependents

Name	Date of Birth	Relationship	Reason For Dependency

Assets & Liabilities

Property Assets	Client 1	Client 2	Joint
Main Residence	£	£	£
Other Properties	£	£	£
Other Assets	Client 1	Client 2	Joint
Personal Possessions	£	£	£
Trust Entitlements	£	£	£
Other Assets	£	£	£
Total Assets	£	£	£

Mortgages Loans & Other Liabilities	Client 1	Client 2	Joint
Main Residence - Interest Only <input type="checkbox"/> Capital Repayment <input type="checkbox"/> Mortgage Term <input type="text"/>	£	£	£
Other Properties - Interest Only <input type="checkbox"/> Capital Repayment <input type="checkbox"/> Mortgage Term <input type="text"/>	£	£	£
Bank Overdrafts and Loans	£	£	£
Total	£	£	£
Life			
Do you have Life Assurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much?	£	£	£
Is this held in trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Would you like to discuss taking out any further Life Assurance?

Yes ☐ No ☐

If yes, for what amount?

£

Would you like to discuss Critical Illness Cover and its benefits?

Yes ☐ No ☐

Interest Bearing Accounts & Other Cash		Client 1	Client 2	Joint
Cash Based	Current Accounts	£	£	£
	Savings Accounts	£	£	£
	Cash ISA	£	£	£
	National Saving & Premium Bonds	£	£	£
Other	Investment Bonds	£	£	£
	Unit Trusts	£	£	£
	Equities	£	£	£
	Equity ISA	£	£	£
	Pensions	£	£	£
Total		£	£	£

Estate & Wills

	Self	Partner
Do you have a will in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When was your will last updated?		
Do you hold an Enduring Power Of Attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you married, remarried, entered into a relationship or divorced since you last renewed your will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any beneficiaries in your will that you no longer wish to provide for or who have passed away?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you established family trusts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware that your estate could be subject to Inheritance Tax?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you expect any inheritance? If yes, please indicate amount?	£	£
Do you have guardians in place for your children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Long-Term Care & Estate Preservation (needs and expectations)

Long-Term Care & Estate Preservation (needs and expectations)	Client 1	Client 2	Joint
Would you want to completely protect your estate from Inheritance Tax?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much income would you need to fund care costs?	£	£	£
Would you release assets to provide income to fund care costs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want to receive care at home rather than in a nursing/residential home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income & Expenditure

Income

Income	Client 1	Client 2	Joint
Gross Salary	£	£	£
Self-Employed Income	£	£	£
Rental Income	£	£	£
Other Income	£	£	£
Total Income	£	£	£
Total Monthly Expenditure	£	£	£
Monthly Surplus/Shortfall	£	£	£

Pension Income

Pension Income	Client 1	Client 2	Client 3
State Pension	£	£	£
Private Pension	£	£	£

Monthly Budget

Living Expenses	Monthly Amount
Groceries	£
Clothing	£
Entertainment	£
Utility Bills	£
Telephone, Internet etc.	£
Education Costs	£
Private Medical Insurance Premiums	£
Health Cost (medical, dental, chemist and any other costs not covered under any health insurance plan)	£
Work-related Spending (transport, uniforms, childcare)	£
Debt/Rental Expenses	
Rent or Mortgage Payments	£
Maintenance	£
Residential Investment Properties	£
Motor Expenses - (only complete on vehicles, not salary packaged)	
Fuel	£
Service/Maintenance	£
Tax	£
Other Expenses	£
Total Expenditure	£

Planning Objectives

General Advice Concerns

C1 <input type="checkbox"/>	C2 <input type="checkbox"/>	You are concerned that you are not receiving regular reviews and advice with regards to your portfolio.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned that you don't receive independent advice.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned about the fees/charges you are paying

Investment Based Concerns

C1 <input type="checkbox"/>	C2 <input type="checkbox"/>	You are concerned about stock market fluctuations with regards to your portfolio.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned about how much risk you are exposed to.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned about the performance of your existing portfolio and do not feel that sufficient growth is being achieved.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned about the effects of inflation on your investments.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned about the current interest rate environment.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned that your investment portfolio is not generating sufficient income.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned about the lack of flexibility within your investment portfolio.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned that your investment portfolio does not meet your ethical investment criteria.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned with regards to your capital gains tax allowance and the best way to mitigate any liability.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned that you haven't as yet made use of your ISA allowance for the current tax year.

Specific Retirement Planning Concerns

C1 <input type="checkbox"/>	C2 <input type="checkbox"/>	You would like to know what your future retirement options are for your pension portfolio.
<input type="checkbox"/>	<input type="checkbox"/>	You have a target pension income amount and are concerned as to whether this is achievable based on your current pension contributions.
<input type="checkbox"/>	<input type="checkbox"/>	You would like for us to provide you with an estimation of likely retirement benefits available at various retirement dates.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned that you haven't yet made use of your annual pension allowance for the current tax year.

Specific Retirement Income Concerns

C1 <input type="checkbox"/>	C2 <input type="checkbox"/>	You require a lump sum to be drawn from your pension portfolio and you would like to know the options available to achieve this.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned that your retirement income portfolio is not being eroded by either the effect of inflation and/or income being drawn.
<input type="checkbox"/>	<input type="checkbox"/>	You would like to know your retirement options for your pension portfolio as you now require a retirement income.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned that your spouse/partner will not have sufficient retirement income were you to predecease her/him.
<input type="checkbox"/>	<input type="checkbox"/>	You are concerned that your retirement income will diminish in real terms and wish for any retirement income to increase each year.

Protection Concerns		
C1	C2	<p>You are concerned that you do not have sufficient life cover protection in place to provide your family with adequate provision in the event of death and/or illness.</p> <p>You are concerned that you do not have sufficient income cover in place to provide your family with adequate provision in the event of becoming unable to work.</p> <p>You are concerned that you do not have sufficient life cover protection to repay your mortgage in the event of death and/or illness.</p> <p>You would like for protection cover to pay out a lump sum payment in the event of death and/or illness.</p> <p>You would like for protection cover to pay out regular income in the event of death and/or illness for the required term.</p> <p>You would like for us to provide you with an estimation of the likely shortfall in income in the event of death and/or illness.</p>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Long-Term Care Concerns		
C1	C2	<p>You are concerned that you do not have sufficient long term care protection in place to provide you with a suitable retirement home in the event of you requiring long-term care.</p> <p>You are concerned that you may have to use your investments to provide long-term care.</p> <p>You are concerned about the implications of long-term care funding.</p> <p>You are concerned that your family home (or its value) might not be left to your desired beneficiaries.</p> <p>You are concerned whether you can top up the local authorities payments for long-term care and choose the care home yourselves.</p>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Estate Planning Concerns		
C1	C2	<p>You are concerned that your estate that you leave to your beneficiaries could be reduced by Inheritance Tax.</p> <p>You would like to reduce your inheritance tax liability without reducing your investment income.</p> <p>You would like to discuss how a combination of Wills and Trusts can assist your Inheritance Tax planning.</p> <p>You want a Will package that is flexible and easy to amend in the future if necessary.</p> <p>You would like to use gift allowance to mitigate Inheritance Tax.</p> <p>You are concerned and want to ensure that if the survivor of you remarries, your beneficiaries will still benefit from your assets.</p> <p>You are concerned that the existing trust you set up is not in today's rules.</p> <p>You are concerned that lifetime gifts passed down to your children are not protected from divorce or bankruptcy.</p>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Notes & Other Concerns You May Have

Notes

Please Provide The Following Information On The Policies You Hold

Owner (Self / Partner / Joint)	Provider Name	Policy Number	Policy Type

For Completion By Your Wealth Management Team

How long do you anticipate investing your capital?	Client 1	Client 2
Up to 5 years	<input type="checkbox"/>	<input type="checkbox"/>
Between 5 and 10 years	<input type="checkbox"/>	<input type="checkbox"/>
Over 10 years	<input type="checkbox"/>	<input type="checkbox"/>

What are you investing for?	Client 1	Client 2
Long-Term Capital Growth	<input type="checkbox"/>	<input type="checkbox"/>
Income	<input type="checkbox"/>	<input type="checkbox"/>
A Combination Of Both	<input type="checkbox"/>	<input type="checkbox"/>

	Client 1	Client 2
Health		
Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Client 1	Client 2	Joint
Attitude to Risk			
Ethical Criteria			
Emergency Fund	£	£	£

Basis of Advice	
Full?	
Limited?	
Execution Only?	

Has Any Information Not Been Disclosed?

Hobbies & Interests

Theatre	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Art	<input type="checkbox"/>	Health & Fitness	<input type="checkbox"/>		
Wine & Cheese	<input type="checkbox"/>	Motor Sport	<input type="checkbox"/>		
Horse Racing	<input type="checkbox"/>	Rugby	<input type="checkbox"/>		
Polo	<input type="checkbox"/>	Cricket	<input type="checkbox"/>		
Golf	<input type="checkbox"/>	Football	<input type="checkbox"/>		

Confirmation

I confirm the information I/We have supplied is a true and accurate reflection of my current situation and require you to use and act upon this information.

Client 1	
Name	
Signature	
Date	

Client 2	
Name	
Signature	
Date	

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