

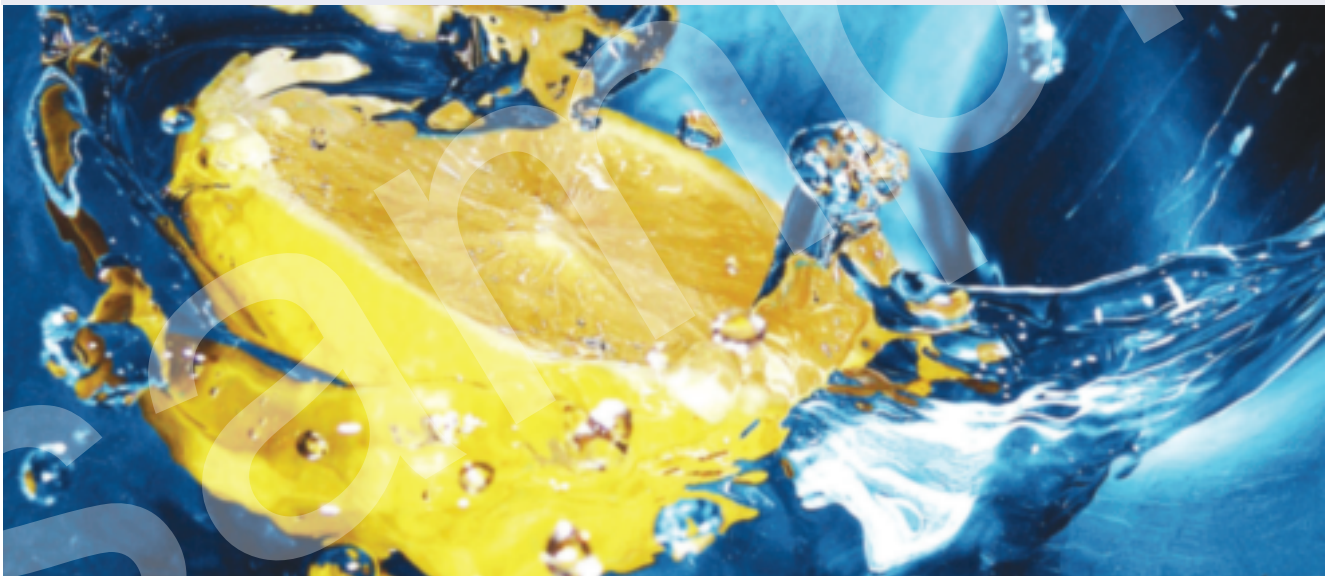
Personal Financial Questionnaire

Strictly confidential

Financial Planning

True Wealth Ltd

The Lodge, 66 St. Leonards Road, Windsor SL4 3BY, Telephone: 01753 201339 Fax: 01753 868428



Client name:

Adviser name:

Date Fact Find completed:

IDD given to client:

Data protection leaflet(s)

given/sent to client:

Financial Services & Markets Act 2000

Financial Advisers are required to have a proper regard for a client's best interests in any advice given. They must therefore do their utmost to ensure that they are aware of your personal and financial circumstances so that their advice is the most suitable for your needs. The questions here have been specifically designed to help your adviser provide advice that meets your needs. If, for any reason, you decline to answer any or all of the questions or if you fail to provide true and accurate information to the best of your knowledge, the advice given subsequently may not be best advice, as it can only be based on the information provided.

Data protection act 1998

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 1998. The information may also be used to provide you with the details of products suitable to your requirements. Please tick here if you are happy for Blueprint Distribution Limited or Blueprint Financial Services to contact you to provide information on other areas of financial planning that we feel may be relevant to you.

Personal Details

	Client	Partner
Title/Surname *		
Forename(s) *		
Previous name		
Address *		
Postcode *		
Home telephone *		
Mobile telephone no.		
Home Email address		
Living with partner		
Marital status/Date of marriage	/	/
Married to partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nationality *		
Residency *		
Tax domicile		
Gender (male/female)		
Date of birth *		
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when was it last reviewed?		
Employment status *		
Occupation *		
Occupation description		
Business name		
Business address		
Business post code		
Business Email address		
Business telephone no./fax no.		
Date employment commenced		
NI number *		
Are your circumstances likely to change in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide more details		

Family & Dependants

FAMILY AND DEPENDANTS

Is there anyone over the age of 17 who is resident with you? Yes No

Is there anyone who is financially dependant on you? Yes No

Dependant's name	Date of birth	Dependant of	Relationship	Reason for dependency	Living at home <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

	Both
Is anyone in the family getting married in the near future?	
Are any children or grandchildren going to fee paying schools now or in the future?	
Do any of your children have income or capital? If so, approximately how much?	
Have you any dependants other than those listed above?	
Are any dependants mentally or physically ill?	

	Client	Partner
Do you intend to leave the UK?		
Are your parents UK nationals?		

NOTES

Income Analysis	Client		Partner	
	Amount	Freq.	Amount	Freq.
EARNED INCOME				
		A		A
Basic salary				
Bonus				
Overtime				
Director's dividends				
Net relevant earnings (self employed)				
Business profits (self employed)				
Profit related pay				
P11d (beneficial) income (list below)				
P11d Details				
Pension income	*	A		A
Private pension income				
State pension income (gross)				
Investment income	*	A		A
Shares/Unit trusts		A		A
Guaranteed income bonds/Fixed interest stocks		A		A
Rental profit		A		A
Investment annuities		A		A
Bank/Building society deposits		A		A
Other		A		A
Tax free income	*	A		A
PEPs/ISAs/TESSAs		A		A
Investment bond withdrawals		A		A
National savings		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 changes in income?				
When is your salary review date/the end of your trading year?				
Deductions		A		A
Highest tax rate paid				
Tax code				
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

Expenditure	Client		Partner		Joint	
	Amount	Freq.	Amount	Freq.	Amount	Freq.
Mortgage/Rent *		M		M		M
Mortgage payment/Rent						
Other financial commitments *		M		M		M
Personal loans/credit cards						
Home improvement loans						
Overdraft repayment						
School fees						
Maintenance payments						
Child support payments						
Pension contributions		M		M		M
Voluntary/Personal pension contributions						
Regular savings		M		M		M
Regular savings						
Personal insurances		M		M		M
Life Insurance						
Critical illness assurance						
Permanent health insurance						
Private medical insurance						
Other insurances		M		M		M
Mortgage related insurance						
Building & contents insurance						
Car insurance						
Utilities and household bills *		M		M		M
Property maintenance						
Council tax*						
Water rates*						
Gas/Oil/Electricity						
Other						
Living costs *		M		M		M
Food and drink						
Clothing						
Spending money						
Childcare						
Other						
Transport and travel		M		M		M
Travel						
Car exp. (services etc.)						
Petrol						
Leisure		M		M		M
Entertainment						
Holidays						
Other						
Other		M		M		M
Other variable items						
Other fixed items						
Total expenditure		M		M		M

* Typically paid monthly over 10 months

Assets	Client		Partner		Joint	
	Asset	✓	Asset	✓	Asset	✓
Cash accounts *						
Bank accounts						
Building society accounts						
Offshore bank accounts						
TESSAs						
Non-liquid assets (excl Life Assurance)						
Private home						
Other property						
Share in partnership/Business assets						
Private company shares						
Farmland/Woodland						
Life assurance (death benefit, incl. discounted FIB) in trust						
Life assurance (not written in trust)						
Realisable assets						
Shares						
Fixed interest stocks						
Unit trusts/OEICs						
Investment trusts						
PEPs/ISAs						
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 tick (✓) next to value for assets written under trust

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 *			

Loans

LOANS*

	Client	Partner
Do you have any personal loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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, please give details in the space provided at the bottom of this page.

CREDIT/STORE CARDS

	Client	Partner
Total amount outstanding		
Total monthly repayment commitment		

CREDIT HISTORY

	Client	Partner
Have you had any credit problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been in default of a mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a County Court Judgment issued against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever entered into an Individual Voluntary Arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been in default of any other loan payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes regarding your credit history		

Existing Mortgages

Lender	Loan type	Rate type	Effective	Term	Repayment	Rate expiry	Repay. vehicle	Loan Outstanding £	Client ✓	Partner ✓

Total

Mortgage Planning

Are you looking to remortgage or buy a property? _____

Existing Life & Critical Illness

Provider	Plan Type	End Date	Sum Assured on Death £	Critical Illness Benefit £	Maturity Value £	Contribution Frequency £ /	Level DEC/INC	Purpose of Plan	Client ✓	Partner ✓

Life & Critical Illness Protection Planning

What would you want to happen financially in the event of your death/critical illness? _____

What income or capital would be required to achieve this? _____

How do you see your family achieving this? _____

Existing Income Protection/PMI

Provider	Plan Type	% Earnings or Benefit £	Duration	Contribution Frequency £ /	Indexed	Deferred Period	End Date	Client ✓	Partner ✓

Income Protection PMI Planning

If your income stopped today how would it affect you/your family? _____

Do you have an existing private health insurance scheme? _____

Existing Pensions

Provider	Plan Type	Date joined Eligible	Retirement Age	Personal Contributuon £	Employer Contribution £ /	Projected Pension £	Client ✓	Partner ✓

Pension Planning

What would you like to do when you retire? _____

When was the last time you reviewed your pension provision? _____

What income will you require? _____

How do you see yourself achieving that? _____

Savings & Investments

Provider	Type of Asset	Plan Type	Current Value £	Original Investments £	Exit Charges £	Income (if any) £	Contribution Frequency £ /	Client ✓	Partner ✓

Savings & Investments Planning

Are you interested in getting the best return on your existing capital or saving to create capital? _____

What do you want to achieve with your savings and investments? _____

How much will you need? _____

How do you see yourself achieving this? _____

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.

	Client's priorities		Adviser's priorities		Agreed priorities	
	Client	Partner	Client	Partner	Client	Partner
Mortgage planning						
Life assurance						
Critical illness cover						
Permanent health ins.						
Private medical ins.						
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
Monthly		
Lump sum		

Investment Risk

CATEGORY

1: Ultra cautious

You would prefer to have no investment in stock markets whatsoever and are prepared to accept the inflationary risk that this implies. Investments in this area will include: Deposit Accounts and Cash ISAs

2: Cautious to realistic

You would like to benefit from long term investment returns but are wary of stock market volatility and would like to make some compensation by means of lower risk investments. Investments in this area will include: With profits funds, Cautious managed funds and Corporate bond funds.

3: Realistic

You would like to take advantage of equity investments with the prospect of good long term returns and can accept increased short term volatility, but not to the detriment of either your long term or short term financial security. Investments in this area will include: EU and UK equity funds, Distribution funds and Equity managed funds.

4: Speculative

You would like some investment in higher risk investments which carry the risk of potential loss of capital. Investments in this area will include: Global collective investments and Offshore bonds.

5: Highly speculative

You are willing to accept the risk of considerable loss of capital in order to gain potentially higher returns. Investments in this area will include: Enterprise investment schemes, Venture capital trusts, Film partnerships, Direct equities and Unregulated collective investments.

Comments on client's historical vs. current investment risk profile

If existing savings, pensions, investment or deposits differ or are at variance to stated risk profile of the client above please give explanation/comments, particularly with regard to differences of the past against future risk profiles.

Also, please state any emphasis to be placed on one or more types of fund.

Summary & Declaration

Summary of attitude to investment risk

	Investment		Savings		Retirement	
	Client	Partner	Client	Partner	Client	Partner
Attitude to risk (1 lowest 5 highest)						
Do you wish to invest in specialist or ethical investments?						

Client Declaration - please read carefully then sign and date below

I/we confirm that the information I/we have provided is to the best of my/our knowledge correct. I/we have provided this information understanding that it is used to form the basis of any advice and recommendations made and that I/we 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 expenditure and the provision for any emergencies, which may require access to funds.

I/we confirm that I/we have received an Initial disclosure document, business card, and a Data protection leaflet.

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

ADDITIONAL CLIENT DECLARATION (delete if not applicable)

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

NOTE: please understand that your adviser reserves the right to decline to give advice if full information is not provided.

Client	Partner	Adviser
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

I run my business on recommendation and referral.
Can you think of anyone else that I could help.

For office use only.

Transactor
 Planner A
 Manager A
 Planner B
 Manager B

Client Solutions
 Newsletter
 Advocate
 Mortgage
 Pension
 Protection
 Investment
 GI
 BTL
 Practice



* = BPD sales process mandatory fields