

**Completion of this questionnaire will allow us to prepare for your meeting so that your meeting can be both productive and interesting. The more accurate your information, the more effective the meeting can be. All information is confidential and is not shared with any third party organisation.**

By completing this information you will not be committed to using our service, and we will not be committed to working with you.

Personal Details		
	Self	Partner/Spouse
Title		
Surname		
Forenames		
Marital Status		
Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Male or Female		
Are there any special medical conditions we need to be aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please state or give brief description		
Place of birth		
Nationality & Dual Nationalities		
UK resident for tax	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Intention of living abroad in the future	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth		
Address		
Postcode		
Telephone Home		
Work		
Mobile/other		
Email		

## Children

Do you have any children? If YES, please give details.

Name	Relationship; Please note to self, partner or both in brack-	Date of Birth	Dependant
			Y    N

## Income Details

	Self	Partner
Occupation		
Employment Status	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input checked="" type="checkbox"/>	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input checked="" type="checkbox"/>
Employer		
Employer address		
National Insurance Number		
Income from employment	£	£
Income from investments	£	£
Income from pensions	State £ Employer £ Private £	State £ Employer £ Private £
Other income	£	£
Surplus Monthly Income	£	£

## Real Assets

Asset Class	Self	Partner/Spouse	Joint
Residential Address	£	£	£
Additional Properties	£	£	£
Business Assets	£	£	£
Total	£	£	£

## Financial Assets

	Self	Partner/Spouse	Joint
Bank & Building Society Accounts	£	£	£
Cash ISA's	£	£	£
National Savings	£	£	£
PEP's	£	£	£
Investment ISA's	£	£	£
Investment Bonds	£	£	£
Unit Trusts & Investment Trusts	£	£	£
Shares	£	£	£
Pension Funds	£	£	£
Total	£	£	£

## Insurance Policies

Type of Policy	Maturity Date	Sum assured	In Trust

**Liabilities**

	<b>Mortgage</b>	<b>Secured Loans</b>	<b>Unsecured Loans</b>
Balance Outstanding	£	£	£
Monthly Payment	£	£	£
Interest Rate	%	%	%
End Date			
Repayment Type			

**Pensions: Please complete below or enclose latest statement**

Whose Pension	Pension Provider	Type of Pension	Appropriate Pension Value or Future Income	Retirement Date

## Wills & Trusts In place

When was your Will written? \_\_\_\_\_

Who are the beneficiaries? \_\_\_\_\_

What changes do you want to make to your Will? \_\_\_\_\_

What Trusts do you have in place? \_\_\_\_\_

What Inheritance do you expect to receive in the near future? \_\_\_\_\_

## Areas to Focus on

When meeting with us, what areas do you want us to focus on?

---



---



---

If we were to work with you, what would you expect to have happened over the course of the next year for you to be happy with the work we have produced?

---



---



---

Do you have any social/religious/ethical or environmental preferences?

---



---



---

## Declaration

I understand that you undertake a search with credit reference agencies for the purpose of verifying my identity. To do so the credit reference agency may check the details I supply against any particulars on any database (public or otherwise) to which they have access. A Record of the search will be retained.

The declaration contained in this document is correct to the best of our/my knowledge. I/We understand that the quality of any advice given will be dependant upon the accuracy of the information provided to you.

Signed: .....

Signed: .....

Date: .....

Date: .....



**CHARTERED FINANCIAL PLANNERS**

**TRUST & ESTATE PRACTITIONERS**

**19 MAIN STREET, LARNE, BT40 1JQ**

**TEL: 028 28276814**

**[www.hillsfinancialplanning.co.uk](http://www.hillsfinancialplanning.co.uk)**