Lifetime Focuser

Client Pre-Meeting Questionnaire

Hills FINANCIAL PLANNING

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/Pronoun		
Surname		
Forenames		
Marital Status		
Smoker	Yes ☐ No ☐	Yes ☐ No ☐
Male or Female		
Are there any special medical conditions we need to be aware of? If so, please state or give brief description	Yes ☐ No ☐	Yes ☐ No ☐
Place of birth		
UK resident for tax	Yes ☐ No ☐	Yes ☐ No ☐
Intention of living abroad in the future	Yes ☐ No ☐	Yes ☐ No ☐
Nationality & Dual Nationalities		
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 brackets	Date of Birth	Dependant Y N

Income Details

	Self	Partner
Occupation		
Employment Status	Employed ☐ Self-employed ☐ Unemployed ☐ Retired ☐ Housewife ☐	Employed ☐ Self-employed ☐ Unemployed ☐ Retired ☐ Housewife ☐
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

	Mortgage	Secured Loans	Unsecured Loans
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 other- wise) to which they have access. A Record of the search will be retained.

DISCLOSURE OF CLIENTS PERSONAL DATA AND CLIENT CONSENT

Where investment business services are provided to Hills Insurance Services Ltd by third parties then circumstances may arise which warrant the disclosure of more than just your basic contact details.

Steps will be taken to ensure that the information is accurate, kept up to date and is not kept for longer than is necessary. Your attention, however, is drawn to the point that since our services involve advice upon long term investments such as pension portfolios and assurance-based products with long maturation periods we will need to hold and process your personal data relating to such long-term investments until after the maturation dates of such long-term investments, plus any additional period required by law or by any regulator. Under FCA regulation we have a mandatory requirement to retain your data for specified periods (and for some products, such as occupational pension transfers, we are required to retain this data indefinitely).

By signing this document, you acknowledge the legal bases on which we will be processing your personal data, both manually and by electronic means, for the purposes of providing advice, administration, and ongoing review services. (Please see our Data Privacy Notice and client consent within our client pack for full details)

Our standard methods of communication are telephone, email, post and via an encrypted app. Please indicate your preferred methods of contact if all methods tick all boxes. (please select at least one method of contact)

Via Telephone ☐ Via Email ☐ Via Post ☐ Via Encrypted App ☐

You may inform us at any time if you want to change your options. On occasion it may be necessary to use a contact method that is not your preferred method of communication, we will only do this in situations where it is unavoidable.

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 dependent upon the accuracy of the information provided to you.

Signed: .... Signed: ....

Date: .... Date: ....

CHARTERED FINANCIAL PLANNERS

TRUST & ESTATE PRACTITIONERS

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