

Client questionnaire

1. Personal details			
	You	Your spouse/civil partner	
Full names:			
Address:			
Occupation:			
Home telephone number:			
Work telephone number:			
Date of birth:			
Place of birth:			
Children			
Full names:	Address: (if different from your own)	Married?	Date of birth:

Accountant (if any)			
Name:			
Firm name:			
Address:			
Telephone number:			
Financial adviser (if any)			
Name:			
Firm name:			
Address:			
Telephone number:			
2. Details of assets and liabilities			
Please indicate below (to nearest £1,000) the present value of assets held and outstanding liabilities by reference to the name in which they are held. If you are not sure of the amounts, please give estimates.			
Assets			
Assets:	You:	Your spouse/ civil partner:	Joint names:
Freehold property (ignoring mortgage)	£	£	£
Leasehold property (ignoring mortgage)	£	£	£

Property subject to tenancies	£	£	£
Agricultural property	£	£	£
Woodlands	£	£	£
Business property (sole trader)	£	£	£
Lloyd's underwriting assets	£	£	£
Partnership property	£	£	£
Quoted shares including ISAs	£	£	£
Unquoted stocks & shares	£	£	£
Cash at banks and buildings societies	£	£	£
National Savings products	£	£	£
Life assurance	£	£	£
Pension plans (show fund values)	£	£	£
Interests under settlements	£	£	£
Household and personal effects (including jewellery and cars)	£	£	£
Foreign assets	£	£	£
Loans repayable to you	£	£	£
Other assets	£	£	£
Totals	£	£	£
Liabilities			
Liabilities:	You:	Your spouse/ civil partner:	Joint names:

Mortgages			
Other loans and debts			
Totals	£	£	£

3. Income and expenditure

Approximate income position

	You:	Your spouse/ civil partner:	Joint names:
Earnings from employment etc.	£	£	£
Income from land or lettings	£	£	£
Income from quoted shares	£	£	£
Income from unquoted shares	£	£	£
Income from banks/building societies	£	£	£
State retirement pension	£	£	£
Income from other pensions	£	£	£
Income from settlements	£	£	£
Other income	£	£	£
Total	£	£	£

Approximate expenditure position

	You:	Your spouse/ civil partner:
Normal annual expenditure	£	£
Anticipated further annual requirement	£	£
Total	£	£

4. Your objectives

Please identify your main objective(s) by ticking on or more of the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | To reduce Inheritance Tax and to maximise the assets passing to your intended beneficiaries |
| <input type="checkbox"/> | To provide for the old age or retirement of yourself and /or the survivor of you |
| <input type="checkbox"/> | To pass assets to children or grandchildren |
| <input type="checkbox"/> | To provide for school fees |
| <input type="checkbox"/> | To reduce Capital Gains Tax |
| <input type="checkbox"/> | To reduce Income Tax |
| <input type="checkbox"/> | To increase spendable income |
| <input type="checkbox"/> | To review what scope there is for paying less in taxes generally |
| <input type="checkbox"/> | To ensure that you are adequately insured |
| <input type="checkbox"/> | Other
(please specify) |

5. Notes

Please write any comments or notes here:

6. Signatures

Signed:

Date: