

# Confidential Financial Planning Questionnaire

## Data Entry

When completing this questionnaire please use BLOCK CAPITALS only and ensure that all the data entry fields are annotated with a response.

## Important Note:

Please use the notes section for the relevant area to record any information that is not captured in the normal entry fields

Client Name

Adviser Name

Date

Disclosure Pack Issued? YES  NO

Data Protection Pack Issued? YES  NO

Client Status

Retail / Professional (Circle as Appropriate)



**Prism Financial Advice Ltd**  
Independent Financial Advisers

## Personal Details

### Self

### Spouse/Partner

Title: (✓)

Mr  Mrs  Miss  Other  [ ]

Mr  Mrs  Miss  Other  [ ]

Surname:



First Name(s):



Known as:



Date of Birth:

Age [ ]

Age [ ]

Home Address:















(Only complete Spouse/  
Partner details if different)

Postcode:

Postcode:

Time at this Address:

Years   Months

Years   Months

Home Tel No:



Work Tel No:



Mobile Tel No:



Email Address:



National Insurance No:



Marital Status: (✓)

Married/Civ Ptr  Single  Divorced   
Separated  Widowed  Co.Hab.

Married/Civ Ptr  Single  Divorced   
Separated  Widowed  Co.Hab.

Residency: (✓)

UK  Other  [ ]

UK  Other  [ ]

Domiciled: (✓)

UK  Other  [ ]

UK  Other  [ ]

Smoker: (✓)

Yes  No  Last 12 mths Yes  No

Yes  No  Last 12 mths Yes  No

State of Health:



Dangerous Hobby/Sport

Yes  No  [ ]

Yes  No  [ ]

Notes:

## Family / Dependents

Name:





Date of Birth:

/ / Age [ ]

/ / Age [ ]

/ / Age [ ]

/ / Age [ ]

Relationship:





Marital Status:





Financially Dependent: (✓)

Yes  No

Yes  No

Yes  No

Yes  No

Notes:

# Assets

	Self	Spouse/Partner	Joint
Main Residence:	£	£	£
Other Properties:	£	£	£
	£	£	£
Bank/B.S. Deposits:	Provider:	Provider:	Provider:
	Account:	Account:	Account:
	Value: £	Value: £	Value: £
	Provider:	Provider:	Provider:
	Account:	Account:	Account:
	Value: £	Value: £	Value: £
	Provider:	Provider:	Provider:
	Account:	Account:	Account:
	Value: £	Value: £	Value: £
	Provider:	Provider:	Provider:
	Account:	Account:	Account:
	Value: £	Value: £	Value: £
National Savings:	Product:	Product:	Product:
	Value: £	Value: £	Value: £
	Product:	Product:	Product:
	Value: £	Value: £	Value: £

	Self	Spouse/Partner
ISA's:	Current Year Used: (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Year Used: (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>
	Provider:	Provider:
	Type: CA / SS / SC	Type: CA / SS / SC
	Value: £	Value: £
	Previous Year:	Previous Year:
	Provider:	Provider:
	Type: CA / SS / SC	Type: CA / SS / SC
	Value: £	Value: £
	Previous Year:	Previous Year:
	Provider:	Provider:
	Type: CA / SS / SC	Type: CA / SS / SC
	Value: £	Value: £
	Previous Year:	Previous Year:
	Provider:	Provider:
	Type: CA / SS / SC	Type: CA / SS / SC
	Value: £	Value: £

Notes:

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## Assets - Continued

	Self	Spouse/Partner	Joint
Collectives:	Provider:	Provider:	Provider:
	Type:	Type:	Type:
	Value: £	Value: £	Value: £
	Provider:	Provider:	Provider:
	Type:	Type:	Type:
	Value: £	Value: £	Value: £
Shares:	Name:	Name:	Name:
	Quantity:	Quantity:	Quantity:
	Value: £	Value: £	Value: £
	Name:	Name:	Name:
	Quantity:	Quantity:	Quantity:
	Value: £	Value: £	Value: £
	Name:	Name:	Name:
	Quantity:	Quantity:	Quantity:
	Value: £	Value: £	Value: £
Investment Bonds:	Provider:	Provider:	Provider:
	Type:	Type:	Type:
	Value: £	Value: £	Value: £
	Provider:	Provider:	Provider:
	Type:	Type:	Type:
	Plan No:	Plan No:	Plan No:
	Value: £	Value: £	Value: £
Other Investments:	Provider:	Provider:	Provider:
	Type:	Type:	Type:
	Value: £	Value: £	Value: £
Inheritance(s) Due:	Source:	Source:	Source:
	Date Due:	Date Due:	Date Due:
	Value: £	Value: £	Value: £
Lump Sum(s) Due:	Source:	Source:	Source:
	Date Due:	Date Due:	Date Due:
	Value: £	Value: £	Value: £
Total Assets:	£	£	£

Notes:

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## Liabilities

Liabe Parties:	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Liability Type:				
Purpose:				
Lender / Provider:				
Original Amount:	£	£	£	£
Start Date:				
End Date:				
Outstanding: £	£	£	£	£
Repayment Terms:	£ <span style="float: right;">PM/PA</span>	£ <span style="float: right;">PM/PA</span>	£ <span style="float: right;">PM/PA</span>	£ <span style="float: right;">PM/PA</span>
Interest Rate:	%	%	%	%
Total Liabilities:	£	£	£	£

Notes:

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## Life Insurance & Other

Policy Type:				
Life(s) Assured:				
Policy Provider:				
Purpose of Policy:				
Start Date:				
Term / End Date:				
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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Plan Status: (✓)	Live <input type="checkbox"/> Paid Up <input type="checkbox"/>	Live <input type="checkbox"/> Paid Up <input type="checkbox"/>	Live <input type="checkbox"/> Paid Up <input type="checkbox"/>	Live <input type="checkbox"/> Paid Up <input type="checkbox"/>
Investment Fund:				
Fund Value:	£	£	£	£
Sum Assured / Cover:	£	£	£	£
Critical Illness Sum Ass:	£	£	£	£
Income Benefit Value / Freq:	£	£	£	£
Deferred Period Inc-Prot:				
Premiums Frequency:	£ <span style="float: right;">PM/PA</span>	£ <span style="float: right;">PM/PA</span>	£ <span style="float: right;">PM/PA</span>	£ <span style="float: right;">PM/PA</span>
Waiver Included: (✓)	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"/>
Escalating Premiums: (✓)	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"/>

Notes:

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## Income Details

	Self		Spouse/Partner	
Basic Salary:	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
Bonuses:	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
Overtime:	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
Business Income:	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
Benefits (PIID):	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
State Benefits:	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
State Pension:	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
Company Pension:	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
Investment Income:	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
Other Income:	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>	£	Gross / Net PM <input type="checkbox"/> PA <input type="checkbox"/>
Estimated Income:	£	Gross	£	Net
Estimated Expenditure:	£		£	
Shortfall / Surplus:	£		£	
Tax Rate:			%	

Notes:

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## Employment Details

	Self	Spouse/Partner
Employment Status: (✓)	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Proprietor <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Housewife/Husband <input type="checkbox"/>	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Proprietor <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Housewife/Husband <input type="checkbox"/>
Job Title:		
Employer's Name:		
Years in Current Employment:		
Employer's Address:		
	Postcode:	Postcode:

Notes:

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# Pension Arrangements

## Self

## Spouse/Partner

Scheme Type: (✓)	Occupational <input type="checkbox"/> Personal <input type="checkbox"/>	Occupational <input type="checkbox"/> Personal <input type="checkbox"/>
Pension Type: (✓)	Final Salary <input type="checkbox"/> Money Purchase <input type="checkbox"/>	Final Salary <input type="checkbox"/> Money Purchase <input type="checkbox"/>
Pension Status: (✓)	Current <input type="checkbox"/> Deferred <input type="checkbox"/>	Current <input type="checkbox"/> Deferred <input type="checkbox"/>
Scheme Name / Provider:	<input type="text"/>	<input type="text"/>
Expected Retirement Age:	<input type="text"/>	<input type="text"/>
Current Value / Benefits:	£ <input type="text"/>	£ <input type="text"/>

Notes:

Scheme Type: (✓)	Occupational <input type="checkbox"/> Personal <input type="checkbox"/>	Occupational <input type="checkbox"/> Personal <input type="checkbox"/>
Pension Type: (✓)	Final Salary <input type="checkbox"/> Money Purchase <input type="checkbox"/>	Final Salary <input type="checkbox"/> Money Purchase <input type="checkbox"/>
Pension Status: (✓)	Current <input type="checkbox"/> Deferred <input type="checkbox"/>	Current <input type="checkbox"/> Deferred <input type="checkbox"/>
Scheme Name / Provider:	<input type="text"/>	<input type="text"/>
Expected Retirement Age:	<input type="text"/>	<input type="text"/>
Current Value / Benefits:	£ <input type="text"/>	£ <input type="text"/>

Notes:

Scheme Type: (✓)	Occupational <input type="checkbox"/> Personal <input type="checkbox"/>	Occupational <input type="checkbox"/> Personal <input type="checkbox"/>
Pension Type: (✓)	Final Salary <input type="checkbox"/> Money Purchase <input type="checkbox"/>	Final Salary <input type="checkbox"/> Money Purchase <input type="checkbox"/>
Pension Status: (✓)	Current <input type="checkbox"/> Deferred <input type="checkbox"/>	Current <input type="checkbox"/> Deferred <input type="checkbox"/>
Scheme Name / Provider:	<input type="text"/>	<input type="text"/>
Expected Retirement Age:	<input type="text"/>	<input type="text"/>
Current Value / Benefits:	£ <input type="text"/>	£ <input type="text"/>

Notes:

Scheme Type: (✓)	Occupational <input type="checkbox"/> Personal <input type="checkbox"/>	Occupational <input type="checkbox"/> Personal <input type="checkbox"/>
Pension Type: (✓)	Final Salary <input type="checkbox"/> Money Purchase <input type="checkbox"/>	Final Salary <input type="checkbox"/> Money Purchase <input type="checkbox"/>
Pension Status: (✓)	Current <input type="checkbox"/> Deferred <input type="checkbox"/>	Current <input type="checkbox"/> Deferred <input type="checkbox"/>
Scheme Name / Provider:	<input type="text"/>	<input type="text"/>
Expected Retirement Age:	<input type="text"/>	<input type="text"/>
Current Value / Benefits:	£ <input type="text"/>	£ <input type="text"/>

Notes:



# Estate Planning

## Self

## Spouse/Partner

Will Made? (✓)	Yes <input type="checkbox"/> No <input type="checkbox"/> Current? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Current? Yes <input type="checkbox"/> No <input type="checkbox"/>
Last Review Date:	<input type="text"/>	<input type="text"/>
Power of Attorney: (✓)	Yes <input type="checkbox"/> No <input type="checkbox"/> Current? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Current? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will Details:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Notes:


# Attitude to Risk

Please record the chosen attitude to risk for each client in line with the completed attitude to risk questionnaire.

	Cautious		Cautious / Moderate		Moderate		Moderate / Adventurous		Adventurous						
	1	2	3	4	5	1	2	3	4	5					
	Self (✓) <input type="checkbox"/>					Spouse/Partner (✓) <input type="checkbox"/>					Joint (✓) <input type="checkbox"/>				
Retirement Planning: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Family Protection: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Income Protection: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Investment Planning: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Regular Savings: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Mortgage Planning: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
IHT Planning: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Education Fees: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Long Term Care: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Other: (✓)	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J	S - S/P - J
Attitude to Risk Questionnaire Completed (✓)	Yes <input type="checkbox"/> No <input type="checkbox"/>					Attitude to Risk Discussed & Agreed (✓)					Yes <input type="checkbox"/> No <input type="checkbox"/>				

Notes:




# Objectives & Planning

**Option 1 - Comprehensive Review (✓)**

We will develop a tailor-made financial planning strategy for you by undertaking an in depth analysis of your overall personal and financial situation. Yes  No

**Option 2 - Specific Review (✓)**

We will conduct a detailed review of one or more specific areas of your financial situation so needs you may have in other areas will not be discussed, and advice on these areas will not be provided. Yes  No

	Self	Spouse/Partner	Priority
Retirement Planning: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
Family Protection: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
Income Protection: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
Investment Planning: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
Regular Savings: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
Mortgage Planning: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
IHT Planning: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
Education Fees: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
Long Term Care: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
Other: (✓) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Need <input type="checkbox"/>	
Notes:			

Retirement Planning


Family Protection


Income Protection


Investment Planning


Regular Savings




## Recommendations / Needs / Analysis / Notes

### Mortgage Planning


### IHT Planning


### Education Fees


### Long Term Care


### Other


