

Hather Financial Services Limited

Personal Financial Questionnaire

Prepared for:

Prepared by:

Date:

Updated:

Private & Confidential

Updated March 2009

GUIDELINES FOR USING THE FACT FIND

- ★ Any questions where the information is not provided should be marked “not disclosed” (limited fact find information) and the reason should be given in the related notes.
- ★ Further information may be recorded on a separate sheet (e.g. an investment schedule) although the additional information sections can also be used for further details where there is insufficient space in the boxes provided.
- ★ The adviser should complete the comments/recommendations although the client may wish to insert the factual details.
- ★ Once the factual details have been completed specific recommendations maybe recorded at the end of the relevant sections
- ★ Later additions or updates should be completed in a different colour pen and dated accordingly.
- ★ Final recommendations and detailed advice will be contained in the “Suitability Letter” but other notes or areas discussed should be made in the spaces provided.
- ★ The client(s) should be invited to sign and date the declaration and the adviser should complete the Money Laundering checks and sign and date the declaration.
- ★ **All information will be treated in the strictest confidence.**

1. PERSONAL DETAILS

PERSONAL DETAILS

Title/Surname
First Name(s)
Date of Birth
Nationality/Domicile
Marital Status

Home Address

How Long Here?
Owned/Rented/Other
Home Telephone
Mobile Telephone
Fax Number
E-Mail Address

Children & Other Dependents

YOUR ADVISERS

Accountant
Solicitor
Financial Adviser
Bank
Other

LIFESTYLE

Do you Smoke?
In Good Health?
If No, give details

HAZARDOUS PURSUITS

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ANTICIPATED CHANGES IN CIRCUMSTANCES

e.g. change of occupation, house move, birth of child, expected inheritance.
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You	Partner
ANB	ANB
Mar/Div/Sing/Wid/Sep/Co-Hab	Mar/Div/Sing/Wid/Sep/Co-Hab

Post Code	Post Code

Name	Date of Birth	Age	Sex	Relationship	Depend Period

You	Partner

You	Partner						
Yes		No		Yes		No	
Yes		No		Yes		No	

You	Partner

You	Partner

2 EMPLOYMENT DETAILS

Nature of Employment
If contract: how long is there to run? Is renewal likely?
Length of Service
Job Title / Occupation
Employer / Business Name
Address
Telephone Number
NI Number
Tax Office
Tax Reference
Income Tax Rate
Company Car
Health Insurance
Share Options
Medical Cover
Life Cover
Other Benefits

Permanent/Contract/Casual/Temp				Permanent/Contract/Casual/Temp			
Years		Months		Years		Months	
Post Code				Post Code			
Non Taxpayer/Lower/Basic/Higher				Non Taxpayer/Lower/Basic/Higher			
Y/N				Y/N			
Y/N				Y/N			
Y/N				Y/N			
Y/N				Y/N			
Y/N				Y/N			
Y/N				Y/N			
Detail Below				Detail Below			

Additional Information

3 YOUR CURRENT FINANCIAL POSITION

INCOME (GROSS/NET)	You/Joint	Partner	Notes
Basic Salary/Wage/Drawings etc	£	£	
Overtime/Commission/Other payments	£	£	
Earned Income from other sources (e.g. pensions)	£	£	
Investment Income (e.g. Interest dividends – gross/net)	£	£	
Other Income (e.g. legacies/profits/second job)	£	£	

<i>TOTAL INCOME (Gross / Net) pm or pa</i>	£	£	£
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EXPENDITURE	You/Joint	Partner	Notes
Taxation/NI (if not already accounted for)	£	£	
Mortgage/Rent	£	£	
Loans/hire purchase/ credit cards	£	£	
Essential home running costs/personal expenditure	£	£	
Non/Less essential expenditure	£	£	
Pension/Life assurance contributions	£	£	
Other regular savings	£	£	
Other (specify)	£	£	

<i>TOTAL EXPENDITURE</i>	£	£	£
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<i>SURPLUS/DEFICIT (Income – Expenditure)</i>	£	£	£
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ASSETS	You/Joint	Partner	Notes
Main Property	£	£	
Other Property	£	£	
Home Contents, Cars, Caravans, Boats etc.	£	£	
Business	£	£	
Banks	£	£	
Building Societies (Name/Takeovers?)	£	£	
National Savings	£	£	
TOISA	£	£	
Stocks/Shares	£	£	
Unit Trusts	£	£	
PEP's	£	£	
ISA's	£	£	
Government Stock	£	£	
Bonds	£	£	
Other (specify)	£	£	

<i>TOTAL ASSETS</i>	£	£	
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LIABILITIES	You/Joint	Partner	Notes
Outstanding Mortgage	£	£	
Outstanding Loans/HP/Credit Cards etc.	£	£	
Other (Specify)	£	£	

<i>TOTAL LIABILITIES</i>	£	£	£
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<i>CURRENT NET WORTH (Assets – Liabilities)</i>	£	£	£
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ADDITIONAL PENSION INFORMATION

5 INVESTMENTS (Continued)

Comments on existing portfolio and additional information

ADDITIONAL INFORMATION

	You		Partner	
Are you interested in Ethical/Environmental Investments?	Yes		Yes	
	No		No	
If you are investing money currently in a Building Society Account have you considered the impact of demutualisation/conversion?	Yes		Yes	
	No		No	

6 MORTGAGE ARRANGEMENTS

DETAILS OF EXISTING MORTGAGE ARRANGEMENTS		
	You/Partner/Joint (delete as applicable)	Notes
Current Property Value		
Mortgage Type		
Lender		
Initial Mortgage Amount		
Date Commenced		
Term		
Current Mortgage Amount		
Outstanding Term		
Special Features		
Monthly Repayments (all factors)		

Do existing policies/plans designated to repay/protect the mortgage adequately do so?	Yes	
	No	
	Need to Check	
If No, what is the shortfall in the event of:	Death	£
	Maturity	£
	Critical Illness	£

FOR NEW MORTGAGES ENSURE SUPPLEMENTARY QUESTIONNAIRE IS COMPLETED

ADDITIONAL INFORMATION

7 REGULAR SAVINGS – 8 INHERITANCE

REGULAR SAVINGS				
	You		Partner	
Type				
Purpose				
Start Date				
Amount				
Frequency				
Current Value				
Target Date/Maturity Date				
Life Cover Included				

Type				
Purpose				
Start Date				
Amount				
Frequency				
Current Value				
Target Date/Maturity Date				
Life Cover Included				

INHERITANCE							
	You				Partner		
Have you made a Will?	Yes		No		Yes		No
Any future Inheritances?	Yes		No		Yes		No
Any Trusts?	Yes		No		Yes		No
Are you a Trustee?	Yes		No		Yes		No
Any Gifts made?	Yes		No		Yes		No
Do you hold Power of Attorney?	Yes		No		Yes		No

If YES to any of the above, give details

ADDITIONAL INFORMATION

9 PROVIDING FOR A PREMATURE DEATH

PAYABLE ON YOUR DEATH										
Owner	Reason for plan	Provider	Type	Contributions	Freq	Start Date	Term (Years)	For Whose benefit	In trust	Sum Assured
				£						£
				£						£
				£						£
				£						£
				£						£
				£						£
				£						£
Total Contributions				£	Total Sum Assured					£

PAYABLE ON YOUR PARTNERS DEATH										
Owner	Reason for plan	Provider	Type	Contributions	Freq	Start Date	Term (Years)	For Whose benefit	In trust	Sum Assured
				£						£
				£						£
				£						£
				£						£
				£						£
				£						£
				£						£
Total Contributions				£	Total Sum Assured					£

PLANNING TO MEET YOUR NEEDS	You	Partner
To replace lost income		
To clear outstanding debts		
TOTALS		

PROVISIONS ALREADY MADE	You	Partner
Estimated State Benefits		
Existing Life & Pensions Schemes		
Available Assets		
Other		
TOTALS		

SHORTFALL	You	Partner

ADDITIONAL INFORMATION

10 PROVIDING FOR A DISABILITY

10a Critical Illness			
CURRENT PLANS	You		Partner
Provider			
Type			
Contributions			
Frequency			
Benefits – Lump Sum			
Special Conditions (e.g. exclusion of certain illnesses)			
SHORTFALL			
Lump Sum			

10b Permanent Health Insurance			
CURRENT PLANS	You		Partner
Provider			
Type			
Contributions			
Frequency			
Benefits – Income			
Deferred Period			
At what age benefits cease			
Special Conditions (e.g. increasing benefit in payment)			
EXISTING PROVISION			
Employer Benefits (inc how long paid for)			
SHORTFALL			
Income			

10c Long Term Care			
CURRENT PLANS	You		Partner
Provider			
Type			
Contributions			
Frequency			
Benefits – Income			
Special Conditions (e.g. ADLs)			
SHORTFALL			
Income			

ADDITIONAL INFORMATION

11 OBJECTIVES – 12 RISK PROFILE

OBJECTIVES

Domestic Matters	Low	Medium	High
Maximise income on investments			
Improve capital growth from investments			
Provide for retirement			
Provide financially for dependents in the event of premature death			
Provide financial protection in the event of a critical illness			
Provide income in the event of sickness or disability			
Reorganise or start a mortgage or loan			
Reduce the impact of Inheritance Tax			
Build up funds for longer term objectives			
Provide for the cost of Private Medical Insurance			
Provide for School Fees			
Reduce your tax bill			
Other			

Business Matters	Low	Medium	High
Protecting surviving partners/shareholders in the event of death			
Protecting the business on the death or disability of a key employee			
Providing pension benefits for employees and/or directors			
Pension scheme arrangements for developing the company			
Other			

Attitude to Risk	
Very Cautious	I do not wish to put my capital at risk at all and do not want to take any unnecessary risks. I am willing to forego a higher return on my investments/savings
Cautious	I am prepared to take a small amount of risk in order to get a better return on my investments/savings and beat inflation.
Balanced	I am fairly conservative but will accept a reasonable level of risk. I am looking for a good return above inflation and am willing see my capital fluctuate in value in the short term.
Adventurous	I am quite adventurous. My priority is to get higher returns and I can accept some volatility in my investments/savings to achieve this.
Speculative	I am quite speculative about money. I can afford significant volatility with my investments/savings in order to achieve the highest returns.

What percentage of your investments would you consider investing/saving on the following scale?

	You				Partner			
	Pension	Mortgage	Savings	Investments	Pension	Mortgage	Savings	Investment
V Cautious								
Cautious								
Balanced								
Adventurous								
Speculative								

ADDITIONAL INFORMATION

13 CLIENT IDENTITY / DECLARATION

STANDARD EVIDENCE - EITHER ONE OF THE FOLLOWING

	Reference/ account number	Issuing Authority/ Country	Place of Birth	Date of Birth	Expiry Date	Copy attached? (1)
Valid Signed Passport						
Valid Photo Driving Licence					Expiry Date	
Valid Photo National Identity Card (non –UK National)					Date Issued	
Firearms/shotgun certificate					Date Issued	
Valid Photo Identity Card issued by the Electoral Office for Northern Ireland					Date Issued	

OR ONE OF THE FOLLOWING

	Reference/sort code/account number	Type of benefit	Issuing Authority	Date Issued	Expiry Date	Copy attached? (1)
Valid Full UK Driving Licence (old style)						
Recent evidence of entitlement to a state or local authority- funded benefit, e.g housing benefit, council tax benefit, tax credit, pension, educational or other grant.,						

AND ONE OF THE FOLLOWING (if not used above)

	Issuing Authority	Name of Authority	Name of Issuer	Name of Utility	Premises Entered? Y/N	Date of Visit
Home Visit						
State Pension or Benefits Book/ notification letter					Address current/ Previous (2)	Date Issued
Current Local Authority Tax bill					Address current/ Previous (2)	Date Issued
Local Authority rent card or tenancy agreement					Address current/ Previous (2)	Date Issued
State Pension or Benefits Book/ notification letter					Address current/ Previous (2)	Date Issued
Bank/building society/credit union statement (not printed off the Internet)					Address current/ Previous (2)	Date Issued
Utility Bill (not mobile phone & not printed off the Internet)					Address current/ Previous (2)	Date Issued

Notes Other forms of evidence may be accepted by some providers; if in doubt please enquire.

(1) If attaching certified copies of the evidence please also record the relevant details on this sheet as this will help with record keeping in the event that copy documents become detached from the certificate.

(2) The previous address should also be verified if the applicant has been at the current address for less than 3 months.

DECLARATION

I have read and understood the information contained in the financial questionnaire which is accurate to the best of my/our knowledge at the time of completion and is provided on the understanding that it will be used in strict confidence and places me/us under no obligation.

Signed:		Signed:	
Dated:		Dated:	
Advisers Signature:	Full Name:	Date:	