



PERSONAL FINANCIAL PLANNING QUESTIONNAIRE

Name of Advisor:

Name of Client:

Date of first contact:

Date of subsequent contact:

Date:

(For use with Private Clients Only)

Christopher Sears trading as CTS Financial Services is an appointed representative of The On-Line Partnership Limited which is authorised and regulated by the Financial Conduct Authority.

CTS Financial Services
Independent Financial Advisor

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Personal Details	Self	Partner
Title	<input type="text"/>	<input type="text"/>
Full Name	<input type="text"/>	<input type="text"/>
Your current address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Previous Address if less than 3 years	<input type="text"/>	<input type="text"/>
Address which appears on the electoral roll if different.	<input type="text"/>	<input type="text"/>
Home Telephone Number	<input type="text"/>	<input type="text"/>
E-Mail Address	<input type="text"/>	<input type="text"/>
Mobile Telephone Number	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> Age Now <input type="text"/>	<input type="text"/> Age Now <input type="text"/>
Marital Status/Relationship to other applicant	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you a smoker?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
State of health	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>

Identity Verification	Client 1	Client 2
Source used	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>
Copy held on file	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If answering yes to both questions above you do not need to complete the rest of this section		
Primary / Secondary *	Type <input type="text"/>	Type <input type="text"/>
Serial No.	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/>	<input type="text"/>
Issuing Address	<input type="text"/>	<input type="text"/>

Family and Financial Dependents Details

Full Name	Relationship	Age / Date of birth	Additional Comments

Employment Details	Self	Partner
Employment Status		
Occupation		
Nature of duties		
Name of employer		
Employers address		
Work Contact Telephone Number		
Number of years employed		
Details of previous employment if less than 1 year		
Are you likely to give up work in near future	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you considering changing jobs in the near future	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If self employed – Number of years accounts that are available		
Money Laundering (for increased risk products)		
How has the existence of the employer been verified?		
How has the client's employment been verified?		

Notes

Income Details	Self	Partner
Salary/Drawings p.a.		
Other Benefits (P11D)		
Guaranteed additional p.a.		
Regular additional p.a.		
Bonuses		
Investments		
Pensions		
Others		
Gross Income p.a.		
Self Employed Net profit for the last 3 years		
Tax Band		
Net Income Per Month		

Outgoing Commitments	Self	Partner	Joint
Mortgage/Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electricity/Gas	<input type="text"/>	<input type="text"/>	<input type="text"/>
Council Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hire Purchases	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car Running Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Shopping	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance Policies	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child maintenance/alimony payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other including credit cards, loans etc	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly Disposable Income	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main Liabilities		(Credit cards, loans and HP)			
Self/Partner/Joint	Creditor	Reason	Amount Outstanding	Term Outstanding	Monthly Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minimum Income	Self	Partner
What is the minimum level of income that you would need should your partner die.	<input type="text"/>	<input type="text"/>
In the event of serious illness could you continue paying your financial commitments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you still receive any regular income	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much	<input type="text"/>	<input type="text"/>
For how long will this income continue	<input type="text"/>	<input type="text"/>
Do you have any Critical Illness or unemployment cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the level of your income or expenditure likely to change significantly within the foreseeable future. Give details.	<input type="text"/>	<input type="text"/>
What is the minimum level of income that you would need should you become unable to work due to sickness or injury for an extended period	<input type="text"/>	<input type="text"/>

Credit History	Self	Partner
Have you ever had a mortgage or loan refused	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a judgement debt or a loan default registered against you	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declared bankrupt or made an arrangement with your creditors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever failed to keep up your repayments under any previous or current mortgage, rental or loan agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes

Current Mortgage Details			
Self/Partner/Joint	<input type="text"/>	Value of Property	<input type="text"/>
Amount Borrowed	<input type="text"/>	Term of Mortgage	<input type="text"/>
Term Remaining	<input type="text"/>	Lender	<input type="text"/>
Type of Mortgage	<input type="text"/>	Interest Type	<input type="text"/>
Rate of Interest	<input type="text"/>	Amount Outstanding	<input type="text"/>
Early Redemption Penalty	Yes <input type="checkbox"/> No <input type="checkbox"/>	Term to end of penalty Period	<input type="text"/>
If selling, sale price	<input type="text"/>	Are you prepared to pay any early redemption penalty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the current mortgage portable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Account Number	<input type="text"/>

Second Mortgage Details

Self/Partner/Joint	<input type="text"/>	Value of Property	<input type="text"/>
Amount Borrowed	<input type="text"/>	Term of Mortgage	<input type="text"/>
Term Remaining	<input type="text"/>	Lender	<input type="text"/>
Type of Mortgage	<input type="text"/>	Interest Type	<input type="text"/>
Rate of Interest	<input type="text"/>	Amount Outstanding	<input type="text"/>
Early Redemption Penalty	Yes <input type="checkbox"/> No <input type="checkbox"/>	Term to end of penalty Period	<input type="text"/>
If selling, sale price	<input type="text"/>	Are you prepared to pay any early redemption penalty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the current mortgage portable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Account Number	<input type="text"/>

Proposed Mortgage Details

Self/Partner/Joint	<input type="text"/>	Preferred Term	<input type="text"/>
Maximum Mortgage/Amount of borrowing	<input type="text"/>	Maximum Price/ Purchase Price	<input type="text"/>
Amount of Deposit	<input type="text"/>	Source of Deposit	<input type="text"/>
Leasehold/ Freehold/ Feuhold	<input type="text"/>	Estimate Value	<input type="text"/>
Are you likely to move home within the mortgage term	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, will this potentially be to a larger or smaller property.	<input type="text"/>
If the amount borrowed is greater than the purchase price please give reason, to include details of any proposed debt consolidation	<input type="text"/>	Will this be the only property you own or have a mortgage on	Yes <input type="checkbox"/> No <input type="checkbox"/>
Category of Applicants e.g. First Time Buyers.	<input type="text"/>		

Please indicate which of the following features are important to you and why

Features	Tick	Reason
To fix your mortgage costs for a certain period	<input type="checkbox"/>	
Access to an initial cash sum (Cashback)	<input type="checkbox"/>	
A discount on your mortgage repayment in the early years.	<input type="checkbox"/>	
No early redemption penalty on part or full repayment.	<input type="checkbox"/>	
An upper limit on your mortgage costs for a specific period	<input type="checkbox"/>	
No tie-in after a fixed, discounted or capped interest period	<input type="checkbox"/>	
No high percentage lending fee	<input type="checkbox"/>	
Speed of mortgage completion	<input type="checkbox"/>	
Ability to add fees to the loan	<input type="checkbox"/>	
Ability to vary repayment amounts or take holidays	<input type="checkbox"/>	

Please indicate whether:

You are concerned about the possibility of future interest rate movements	<input type="checkbox"/>	
You want the certainty of your mortgage being repaid at the end of the term	<input type="checkbox"/>	
You are comfortable if all or part of your mortgage is repaid from the proceeds of an investment product. i.e. an endowment, ISA or pension.	<input type="checkbox"/>	

Notes

Retirement Planning

Are you a member of a company scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to a company scheme either now or at some known time in the future	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a current personal pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
At what age do you wish to retire	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
If you were retiring today, what level of income do you feel you would require	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Do you own more than 25% of the company shares	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a Controlling Director	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the client applied for 'Primary Protection' under the Pension Simplification Transitional Arrangements? If yes refer to Compliance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the client applied for 'Enhanced Protection' under the Pension Simplification Transitional Arrangements? If yes refer to Compliance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the client applied under the transitional arrangements to protect a tax free cash entitlement? If yes refer to Compliance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Current and Other Scheme details

Owner	Type of Plan	Provider	Retirement Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Owner	Type of Plan	Provider	Retirement Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Owner	Type of Plan	Provider	Retirement Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contracted IN/OUT	Personal Contributions	Employer Contributions	Projected Pension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount of Death Benefit	Accrual Rate (if Applicable)	Date of Joining	Date of Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes

Family and Personal Protection			Include all type of plans
Life Assured	Sum Assured	Premium	Type of Plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	Term of Plan	Start Date	Reason for Plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Assured	Sum Assured	Premium	Type of Plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	Term of Plan	Start Date	Reason for Plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Assured	Sum Assured	Premium	Type of Plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	Term of Plan	Start Date	Reason for Plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are any of the above policies NOT available for use to protect the mortgage	<input type="checkbox"/>	If so which one/s	<input type="text"/>
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Investments			
Owner	Type of Investment	Provider/Institute	Purpose of investment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Amount	Current Value	Date Commenced	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner	Type of Investment	Provider/Institute	Purpose of investment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Amount	Current Value	Date Commenced	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner	Type of Investment	Provider/Institute	Purpose of investment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Amount	Current Value	Date Commenced	Maturity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cash Assets

Owner	Bank/BS	Type of Account	Withdrawal Notice
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Balance	Interest Rate	Interest Paid Gross	Main Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner	Bank/BS	Type of Account	Withdrawal Notice
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Balance	Interest Rate	Interest Paid Gross	Main Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner	Bank/BS	Type of Account	Withdrawal Notice
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Balance	Interest Rate	Interest Paid Gross	Main Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Money Laundering (for increased risk products)

Source of wealth? (eg Inheritance, equity release, etc)	<input type="text"/>
How have funds been built up? (If not covered above?)	<input type="text"/>

Notes

Other Information	Self	Partner
Are you expecting any Inheritance or Gifts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any planned outgoing such as Wedding or New Car	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made a Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is main beneficiary	<input type="text"/>	<input type="text"/>

Investment Attitude to Risk

Level	Category	Description
1	Cautious	Cautious Investors tend to regard themselves as cautious people and view risk negatively rather than as a source of opportunity. They typically have little or no experience of investment and do not find investment matters easy to understand. They can take a long time to make investment decisions and tend to be anxious about any investment decisions they have made. They typically look for safer investments rather than seeking higher returns. They are not comfortable about investing in the Stockmarket and typically prefer bank deposits to riskier investments.
2	Moderately Cautious	Moderately Cautious Investors tend to regard themselves as quite cautious people and are inclined to view risk negatively rather than as a source of opportunity. They typically have limited experience of investment and do not find investment matters particularly easy to understand. They can take a fairly long time to make investment decisions and can be somewhat anxious about investment decisions they have made. They are inclined to look for safer investments rather than seeking higher returns. They are not particularly comfortable about investing in the Stockmarket and tend to prefer bank deposits to riskier investments. They may be willing to take some risk, once the relationship between risk and higher returns has been explained to them.
3	Balanced	Balanced Investors do not particularly regard themselves as cautious people and have no strong positive or negative associations with the notion of taking risk. They will typically have some experience of investment and a degree of understanding of investment matters. They will usually make investment decisions reasonably quickly and don't tend to be particularly anxious about investment decisions they have made. They can be inclined to look for safer investments rather than higher returns, but understand that investment risk may be required to meet their investment goals. While they will take investment risk, they are still not particularly comfortable with investing in the Stockmarket and get more comfort from bank deposits than riskier investments.
4	Moderately Adventurous	Moderately Adventurous Investors do not typically regard themselves as cautious people and are inclined to view risk as a source of opportunity rather than as a threat. They generally have significant experience of investment and find investment matters fairly easy to understand. They tend to make investment decisions relatively quickly and are not usually particularly anxious about the investment decisions they have made. They typically look for higher returns rather than safer investments. They are reasonably comfortable about investing in the Stockmarket and typically prefer riskier, but higher returning, investments to keeping money in bank deposits.
5	Adventurous	Adventurous Investors do not typically regard themselves as cautious people and usually view risk as a source of opportunity rather than as a threat. They generally have substantial experience of investment and find investment matters easy to understand. They tend to make investment decisions quite quickly and are not generally anxious about the investment decisions they have made. They typically look for higher returns rather than safer investments. They are comfortable investing in the Stockmarket and prefer riskier, but higher returning, investments to keeping money in bank deposits.

Mortgage Attitude to Risk

Level	Description	First	Second
Cautious	People in this category set as their main priority the guaranteed repayment of their loan and are unwilling to risk not having the full amount repaid at final redemption or they do not have access to other funds that could be utilised at redemption.	<input type="text"/>	<input type="text"/>
Balanced	People in this category set as their main priority a strong wish that their mortgage debt should be repaid at redemption however, they are willing to take some risk as they have access to other funds which could be utilised to repay part or all of the mortgage at sometime in the future.	<input type="text"/>	<input type="text"/>
Speculative	People in this category are unconcerned about repayment of their mortgage do not set as their main priority the wish to fully repay the loan at redemption due to the existence of other assets that they have already identified to be available to repay all or part of the loan at redemption.	<input type="text"/>	<input type="text"/>

Please enter the risk level number that the client is prepared to accept under each area.	Mortgage	Protection	Lump Sum Investment	Regular Premium Investments	Retirement
Self	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Affordability	Self	Partner	Joint
Please indicate how much you are willing to set-a-side each month or as a Lump Sum to meet your financial plans	<input type="text"/>	<input type="text"/>	<input type="text"/>

Discontinuance of Advice	Self	Partner	Joint
Are you discontinuing/cancelling any existing investment or policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please record reason

Client Investment Priorities

Please indicate the order in which you wish to satisfy your areas of need. Please enter a number against each area of financial planning. A zero should be entered against those areas which you do not wish to address at this time

Area	Self	Partner	What do you wish to achieve
Family Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mortgage/re-mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regular Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retirement Planning	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estate Planning	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Planning	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care Planning	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others (Please State)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explanation of suitability/Notes

Why the term was suitable;

Why IO or CI or a combination of both was suitable;

Why the mortgage was suitable;

Why the lender was suitable;

Why the interest rate was suitable.