

**PRIVATE AND CONFIDENTIAL**



**CHELSEA INVESTMENTS LIMITED**

**Personal Financial Questionnaire**

Prepared for: \_\_\_\_\_

Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_

**Chelsea Investments Ltd  
is authorised and regulated by the Financial Services Authority**

**Financial Services and Markets Act 2001**

Independent Financial Advisers are required to have proper regard for a client's best interests in any advice given. They must therefore do their utmost to ensure that they are aware of your personal and financial circumstances so that their advice is the most suitable for your needs. The questions here have been specifically designed to help your adviser provide advice that meets your needs. If, for any reason, you decline to answer any or all of the questions or if you fail to provide true and accurate information to the best of your knowledge, the advice given subsequently may not be best advice, as it can only be based on the information provided.

## Customer Agenda

Your financial objectives are as follows:

**Review of your full current financial situation**

with an overview to other areas

**Repaying your Mortgage / Raising Finance**

with an overview to other areas

**Protecting your Income** to ensure that you have enough money to meet your monthly requirements should you be unable to work due to accident or illness for a prolonged period of time.

with an overview to other areas

**Protecting your Family** to ensure that in the event of you or your partner's death or the diagnosis of a critical illness, your family has enough money to provide for their on-going financial needs.

with an overview to other areas

**Retirement Lifestyle** to ensure that you (and your partner) have sufficient income in retirement to afford the lifestyle that you want.

with an overview to other areas

**Regular Savings** ensuring that you have a cash emergency fund to cater for the short-term, planning regular savings aims to allow you to make structured plans for savings in general or to provide a vehicle to allow you to save towards a specific future event in the medium to long-term.

with an overview to other areas

**Capital Investment** giving the opportunity to optimise the returns from your investments whether the aim be tax-efficiency, maximising income or planning for growth.

with an overview to other areas

**Private Medical Insurance** to provide independent care either in the UK or abroad should medical treatment be required.

with an overview to other areas

**Long Term Care** to provide for care in your old age is a way of helping to ensure that you can afford the help you may need. For example, care can be provided in your own home or in a suitable nursing home should you become disabled or unable to perform some of the tasks that allow you to be independent.

with an overview to other areas

**Inheritance Tax Planning** to plan how to reduce any liability to inheritance tax therefore maximising the value of your estate, which can be passed to your heirs.

with an overview to other areas

**Other**

with an overview to other areas



<b>Occupation Details</b>	<b>Client</b>		<b>Partner</b>			
Occupation						
Employment status	Employed / self-employed/ retired / other*		Employed / self-employed/ retired / other*			
Employer's / Company name						
Address						
Postcode						
Tel No.						
Commencement date						
<b>Income/Expenditure</b>						
	<b>Client</b>	<b>Partner</b>	<b>Joint</b>			
Gross annual income	£	£	£			
Net monthly income	£	£	£			
Expenditure (monthly)	£	£	£			
Disposable income (monthly)	£	£	£			
<b>Liabilities/Outgoings</b>						
	<b>Client / Partner/Joint</b>	<b>Lender</b>	<b>Purpose</b>	<b>Amount</b>	<b>End Date</b>	<b>Repayment pm</b>
Mortgages/Rent						
Bank overdraft						
Personal loans						
Hire purchase						
Credit cards						
Others (please specify)						
Monthly outgoings e.g. food, bills, council tax, clothes, holiday etc	£					
Estimated future outgoings	£					
Are the loans protected	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Total unprotected liabilities £	
<b>Income/Expenditure</b>						
	<b>Client</b>	<b>Partner</b>	<b>Joint</b>			
Net monthly income	£	£	£			
Less monthly expenditure	£	£	£			
Net disposable income	£	£	£			
<b>Notes:</b>						

## Retirement Lifestyle

**Planning for retirement aims to ensure that you have sufficient income in retirement to afford the lifestyle that you want.**

**(Refer monthly expenditure sheet)**

	Client	Partner
What age would you like to retire (realistically)?		
On what income (in today's money)?	£	£
Would you be interested in reviewing your pension arrangements to improve your benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Existing arrangements

Does your employer offer a pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you eligible to join a company sponsored pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please provide details		

### Details of existing arrangements

	Client	Partner
Insurance company/provider/scheme		
Policy number		
Commencement date		
Type <small>(money purchase/final salary/FSAVC/AVC/GPP/PPP)</small>		
Selected/Scheme retirement age		
Contributions: Personal (pm/pa) <small>(increasing/level/waiver/contracted out)</small>		
Contributions: Employer (pm/pa) <small>(increasing/level/waiver/contracted out)</small>		
Pensionable salary		
Fund value		
Fund choice		
Basis of benefits <small>(pension n/60ths/80ths)</small>		
Pension payable in today's terms		
Has this been written in Trust		
Current or preserved		

**Notes (or further plan details):**

## Mortgage Details

Lender & Address			Single <input type="checkbox"/> Joint <input type="checkbox"/> Tenants in common <input type="checkbox"/>	
Current repayment	£	Interest Rate	%	Type of loan
				Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/> Endowment <input type="checkbox"/> PEP/ISA <input type="checkbox"/> Other _____
Original loan	£			Original term
Balance outstanding	£			Term outstanding
Redemption penalties				
Are you planning to move within next 12 months?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you happy with your current mortgage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you consider changing providers if you could improve your mortgage rate/terms?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you think your mortgage protection is adequate?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have critical illness cover? If not, would you be interested in adding cover to protect your loan?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your mortgage is to be repaid by an ISA or endowment etc is it on course to repay your loan?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Mortgage Protection</b>				
Do you have mortgage protection (e.g. life cover) or a repayment vehicle			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Client/Partner/Joint				
Type (endowment, term ass, MPP)				
Provider				
Policy number				
Sum assured				
Life cover				
Critical illness cover				
Premium				
Start date				
Expiry date				
<b>Summary</b>				
Total mortgage cover required				
Total cover provided				
Shortfall				
<b>Notes:</b>				

## Family Protection

**Family protection aims to ensure that in the event of your or your partner's death or earlier critical illness, your family has enough money to provide for their ongoing needs.**

<i>(refer to monthly expenditure sheet)</i>	Client	Partner
In the event of your death or earlier critical illness how much income would your dependants need?	£	£
What cover, if any, do you have to provide this income?	None <input type="checkbox"/> List below <input type="checkbox"/>	None <input type="checkbox"/> List below <input type="checkbox"/>
For how long? <small>(children finish school / university / retirement etc)</small>		
What income could this provide?	£	£
Shortfall	£	£
Do you have any unprotected liabilities we need to take into account? If so, how much?	£ Term	£ Term

### Details of Existing Arrangements

Client/Partner/Joint						
Type						
Life/CI/Life & CI						
Provider						
Policy number						
Date started						
Maturity/Expiry date						
Premium						
Premium owner						
Sum assured						
In trust						
Beneficiary (ies)						
Purpose						

**Notes:**

## Income Protection

**Income protection aims to ensure that you have enough money to meet your monthly requirements should you be unable to work due to accident or illness for a prolonged period of time.**

	Client	Partner
If you were unable to work due to sickness or accident how much income would you require to maintain your standard of living?	£	£
To what age?		
What provision do you have to provide this income?		

### Details of Existing Arrangements

Type (PHI/ASU)	£	%	£	%	£	%
Provider						
Policy number						
Date started						
Term/Age						
Deferment period						
Premium						
Benefit						

Period (weeks)	£	%	£	%	£	%
You						
Employer						
State						
<b>Total</b>						

Actual shortfall	£	%	£	%	£	%
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**Notes:**

## Private Medical Insurance

### The provision of medical cover for you and your family independently of the NHS.

	Client	Partner	
Are you happy to rely on the NHS for your medical needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have or would you consider private medical insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you happy with your existing cover/provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you be interested in looking at private medical insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type required (single, married, family)			
Cover required	Core <input type="checkbox"/>	Core plus <input type="checkbox"/>	Comprehensive <input type="checkbox"/>
	(Cover provided where NHS waiting list for treatment exceeds 6 weeks)	(All in-patient treatment using the NHS for out-patient treatment)	(Full cover, in and out-patient treatment, access to alternative consultations)
Type (single, married, family)			
Provider / Insurer			
Start Date			
Expiry Date			
Premium	£	£	

**Notes:**

## Regular Savings

**This is to ensure that you have a cash emergency fund to meet unexpected short-term expenses and for specific reasons over the medium to long term.**

	Client	Partner
Do you save on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to review or increase your savings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What reasons might you have for saving for the future (eg education fees, house purchase, home improvement, holidays, weddings etc)		
Over what period?	months      years	months      years
Do you think you have sufficient savings as an emergency fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What amount would you require as an emergency fund?	£	£

### Existing Provision

Owner						
Provider						
Policy number						
Type						
Premium						
Sum assured						
Current value						
Start date						
End date						
Fund/sector						
In trust?						

**Notes:**

## Capital Investment

**Investment planning gives people the opportunity to optimise the returns from their investments whether the aim be tax-efficiency, maximising income or for growth.**

	Client	Partner
Do you have any investments in place (PEP/ISA, stocks/shares, corporate bonds, Nat Savings etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What were your reasons for these investments? (income, long-term saving, tax-efficiency, for family etc)		
Would you be interested in looking at alternative investment opportunities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you considering further investments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Existing Plans

Owner						
Provider						
Policy number						
Start date						
Maturity date						
Type/Account name						
Initial investment						
Current value						
Purpose (income/growth)						
Fund/sector						
In trust						

**Notes (or further plan details):**

## Long Term Care

**Planning to provide care in your old age is a way of helping to ensure that you can afford the help you may need. For example, care can be provided in your own home or in a suitable nursing home should you become disabled or unable to perform some of the tasks that allow you to be independent.**

	<b>Client</b>	<b>Partner</b>
Are you aware how much it costs to provide care in your area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How would you manage if you or a member of your family needed long-term care?		
Current annual cost of private nursing care in your area.	£	£
<b>Income Available</b>	<b>Client</b>	<b>Partner</b>
State provision attendance allowance	£	£
Other allowances	£	£
Pension income	£	£
Net basic state pension	£	£
Other net income bank/building society/investments	£	£
<b>Total income</b>	£	£
Less cost of continued living	£	£
Cost of care shortfall	£	£

### Details of Existing Arrangements

Self/Partner				
Type				
Provider				
Date started				
Premium				
Policy owner				
Sum assured				

**Notes:**

## Inheritance Tax (IHT)

**Inheritance tax planning could ensure that your loved ones as your beneficiaries receive all or as much of your wealth and possessions after your death.**

	Client	Partner
Are you aware of IHT?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much of a concern is it to you? <small>(none, some, great)</small>		
What is the current value of your estate <small>(approx total value of all assets inc debts owed to you)</small>	£	
Are you expecting any future legacies/bequests?	Yes <input type="checkbox"/> No <input type="checkbox"/> £	Yes <input type="checkbox"/> No <input type="checkbox"/> £
Have you made gifts or placed assets into trust? If yes, please specify below.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would your executors / beneficiaries be able to pay any IHT liability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Summary of Total Estate

Item	Client	Partner	Joint	Total
Home (s)	£	£	£	£
Contents	£	£	£	£
Vehicles	£	£	£	£
Collections	£	£	£	£
Investments	£	£	£	£
Life Assurance <small>(not in trust)</small>	£	£	£	£
Business Assets	£	£	£	£
Others	£	£	£	£
<b>Total</b>	£	£	£	£
Less debts e.g. mortgage	£	£	£	£
Less nil rate band	£	£	£	£
<b>Balance subject to tax @      %</b>	£	£	£	£
<b>Tax payable</b>	£	£	£	£

Do you have any arrangements in place to meet any IHT? E.g. discretionary will trust, whole of life policy etc.

Yes       No       Yes       No

### Existing Provision

Owner <small>(client/partner/joint)</small>				
Provider				
Policy number				
Type				
Premium				
Sum assured				
Current value				
Start date				
End date				
In trust				

## Attitude to Risk

When addressing the solutions to fulfil your current objectives, which one of the following statements best describes your feelings towards the future (please circle appropriate number):-

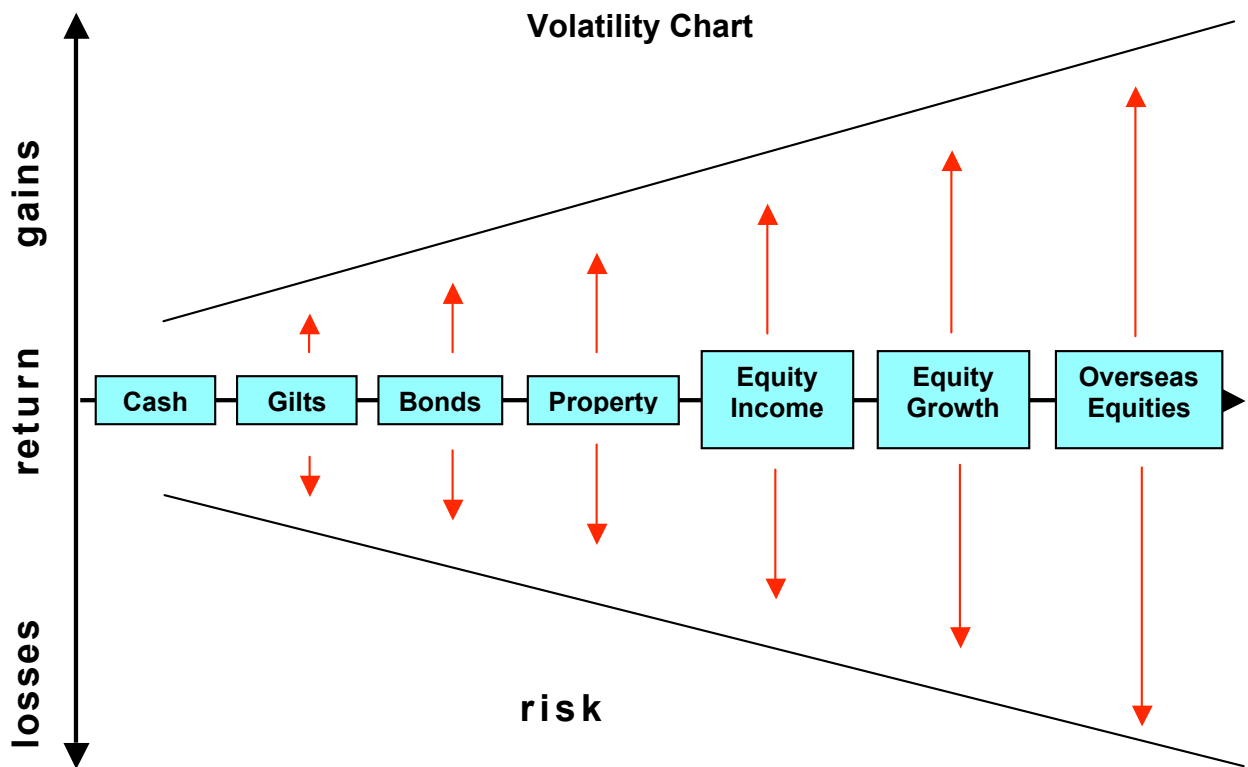
- (1) I am not prepared to take any risk with my capital, and realise this may mean sacrificing potential growth in real terms.
- (2) I am prepared to take a small risk with my capital to improve the potential return.
- (3) I am fairly conservative but will accept a reasonable level of risk.
- (4) I realise that to increase the likelihood of a greater return from my investments I need to accept a higher level of risk.
- (5) I accept that in aiming to maximise the potential return from my investments I must be prepared to incur substantial risk to my capital.

Do you have strong, ethical views on where your money is invested?

Yes  No

Yes  No

Details



Notes:

## Attitude to Risk (contd)

	Client Priority		Advisor Priority		Attitude to Risk	
	Client	Partner	Client	Partner	Client	Partner
Repaying your mortgage						
Protecting your income in the event of illness.						
Protecting your family in the event of your death.						
Requirement lifestyle pensions						
Regular savings						
Capital investment						
Investment income						
Retirement lifestyle long term care						
Private medical insurance						
Inheritance tax planning						
Of your net disposable income, how much are you prepared to commit monthly or via a lump sum to meet you objectives?						

**Notes:**

## Declaration

- I understand that the recommendations will be based solely on the information given by me in this review.
- I have been given the financial adviser's Business Card, a copy of the Terms of Business of Chelsea Investments Limited and a document containing the Key Facts about Chelsea Investments costs and services.
- I authorise Chelsea Investments Limited to disclose personal data to relevant third parties to secure any investment, protection, pension or mortgage business on my behalf.
- I consent to the processing and storage of personal information on computer and/or paper files and understand this information will be treated in accordance with the Data Protection Act.

**Signature**

**Signature**

**Date**

**Date**

We like to take care to keep our clients informed of products that may be of interest to them. If you do not wish to receive this information in future please tick:

**Completed by**

**Commencement date**

**Reason for any date difference**