

# Personal Financial Questionnaire

## Financial Services & Markets Act 2000

Financial Advisers are required to have a 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.



Retail

Professional

Eligible Counterparties

Adviser

Client

Name

Address

Tel. Home

Tel. Work

Tel. Mobile

Email

Partner

Name

Address

Tel. Home

Tel. Work

Tel. Mobile

Email

## Section 1 - PERSONAL DETAILS

### APPLICANT 1

1.1 Marital Status

1.2 Gender Male  Female

1.3 Nationality

1.4 Date of Birth

1.5 National Insurance Number

1.6 Previous names (last 3 years)

1.7 Have you smoked in the last 12 months? Yes  No  Cigars only

1.8 Number of dependants and their ages No.  Age(s)

### APPLICANT 2 / GUARANTOR

Male  Female

Yes  No  Cigars only

No.  Age(s)

## Section 2 - PERSONAL INCOME DETAILS

2.1 Occupation

2.2 Basis Employee  Self Employed   
Director  - Please state % shareholding  %

2.3 Anticipated retirement age  Years

2.4 Employer's Name/ business name

Is your Employment Permanent  Fixed term contract  Months  
Other  Please state

2.5 How long have you been trading / employed?  Years  Months

2.6 Annual Basic Salary / profit (before tax) £  Per annum

2.7 Self employed previous years net profit £

2.8 Overtime / Bonus £  Per annum

2.9 Other Pay (e.g. Shift Allowance) £  Per annum

Total £  Per annum

Employee  Self Employed   
Director  - Please state % shareholding  %

Years

Permanent  Fixed term contract  Months  
Other  Please state

Years  Months

£  Per annum

£

£  Per annum

£  Per annum

Total £  Per annum

2.10 Other Income. e.g. pension, rents, maintenance, investments etc.

SOURCE:	AMOUNT:
<input type="text"/>	£ <input type="text"/> Per annum
<input type="text"/>	£ <input type="text"/> Per annum
<input type="text"/>	£ <input type="text"/> Per annum

SOURCE:	AMOUNT:
<input type="text"/>	£ <input type="text"/> Per annum
<input type="text"/>	£ <input type="text"/> Per annum
<input type="text"/>	£ <input type="text"/> Per annum

2.11 How would you meet your monthly expenditure should you become ill or be unable to work? (Please complete details below):

2.12 My employer pays full salary for:  months

My employer pays full salary for:  months

2.13 My employer pays reduced salary for:  months

My employer pays reduced salary for:  months

2.14 Do you have an existing Income Protection policy in place? Yes  No

Do you have an existing Income Protection policy in place? Yes  No

If 'YES' what is the premium? £  per month\*/annually\*  
(\*please delete as appropriate)

If 'YES' what is the premium? £  per month\*/annually\*  
(\*please delete as appropriate)

2.15 If Yes, what is the deferred period of the policy?  months

If Yes, what is the deferred period of the policy?  months

Is it increasing each year? Yes  No

Is it increasing each year? Yes  No

If Yes, by what amount? £

If Yes, by what amount? £

National Average Earnings or Retail Price Index %  %

National Average Earnings or Retail Price Index %  %

2.16 To what age will income be paid?

2.17 What benefits will be paid on a claim?  
£

2.18 Do you have an Accident, Sickness and/or Unemployment policy in place? Yes  No   
Is it: Accident & Sickness  Unemployment ONLY   
Both

2.19 If Yes, what is the premium per monthly\* / annually\*? (£ )  
(\*please delete as appropriate)

2.20 What amount of cover each month is paid in the event of a claim? (£ )

2.21 For how many months does it pay out?

To what age will income be paid?

What benefits will be paid on a claim?  
£

Do you have an Accident, Sickness and/or Unemployment policy in place? Yes  No   
Is it: Accident & Sickness  Unemployment ONLY   
Both

If Yes, what is the premium per monthly\* / annually\*? (£ )  
(\*please delete as appropriate)

What amount of cover each month is paid in the event of a claim? (£ )

For how many months does it pay out?

## Section 3 - ASSETS

3.1 Please give details of all substantial assets.

### Cash Accounts

	APPLICANT 1 Asset	APPLICANT 2 Asset	JOINT Asset
Bank Accounts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Building Society Accounts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Individual Savings Accounts (ISAs)	£ <input type="text"/>	£ <input type="text"/>	

### Non-liquid Assets (excluding Life Assurance)

Private Home	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Property	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Share in Partnership / Business assets	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Private Company Shares	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do you have Life Assurance (death benefit), including critical illness cover? Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please state amount	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

### Realisable Assets

Shares	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Unit Trusts / OEICs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Investment Trusts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Stocks and Shares	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Individual Savings Accounts (ISAs)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Which ISA tax year last used?	Tick <input type="checkbox"/>	Tick <input type="checkbox"/>	Tick <input type="checkbox"/>
Onshore Investment Bonds	<input type="checkbox"/> £ <input type="text"/>	<input type="checkbox"/> £ <input type="text"/>	<input type="checkbox"/> £ <input type="text"/>
Offshore Investment Bonds	<input type="checkbox"/> £ <input type="text"/>	<input type="checkbox"/> £ <input type="text"/>	<input type="checkbox"/> £ <input type="text"/>
National Savings	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Endowments / Savings Plans (Life Assurance / Cash Value)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Pension Funds</b>			
Pensions (current fund value)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Other (personal effects)</b>			
Personal Possessions	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Motor Cars / Boat / Caravan etc.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Antiques / Jewellery / Works of Art	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Entitlement from Trust(s)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other Items	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Total</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Please state approximate current values and insert a tick next to value for assets written under trust

3.2 Comments i.e. Type of trust / other



5.4 MORTGAGES / RE-MORTGAGES

Do you wish to consider mortgage options?

Yes  No

Yes  No

If NO move to section 9.

**Section 6 - CURRENT PROPERTY DETAILS**

**APPLICANT 1**

**APPLICANT 2 / GUARANTOR**

6.1 Basis of Occupation	Owned outright <input type="checkbox"/>	Owned outright <input type="checkbox"/>
	Owned subject to mortgage <input type="checkbox"/>	Owned subject to mortgage <input type="checkbox"/>
	Rented <input type="checkbox"/>	Rented <input type="checkbox"/>
	With Parents / Relatives / Other <input type="text"/> Please state	With Parents / Relatives / Other <input type="text"/> Please state
6.2 Lender's Name / Landlord	<input type="text"/>	<input type="text"/>
6.3 Mortgage / rental account number	<input type="text"/>	<input type="text"/>
6.4 Approximate balance outstanding	£ <input type="text"/>	£ <input type="text"/>
6.5 Repayment type	Repayment <input type="checkbox"/> Interest only <input type="checkbox"/>	Repayment <input type="checkbox"/> Interest only <input type="checkbox"/>
	Part and Part <input type="checkbox"/> Repayment amount £ <input type="text"/>	Part and Part <input type="checkbox"/> Repayment amount £ <input type="text"/>
	Interest only amount £ <input type="text"/>	Interest only amount £ <input type="text"/>
6.6 When did your existing mortgage start?	<input type="text"/>	<input type="text"/>
6.7 Is there an early repayment charge?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.8 If 'Yes' how much?	£ <input type="text"/>	£ <input type="text"/>
6.9 If you have a mortgage on your home, will this be paid off when you take out this new mortgage? If no, please provide details below:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Section 7 - Mortgage / Remortgage Requirements**

7.1 Purpose of loan	Purchase <input type="checkbox"/>	If purchase, has your offer been accepted?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Re-mortgage <input type="checkbox"/>	Buy to let <input type="checkbox"/>	Further advance <input type="checkbox"/>	Commercial <input type="checkbox"/>
7.2 Type of loan required	Fixed <input type="checkbox"/>	Tracker <input type="checkbox"/>	Cashback <input type="checkbox"/>	Capped <input type="checkbox"/>
	Discount <input type="checkbox"/>	Variable <input type="checkbox"/>		
7.3 Period of mortgage deal (years)	1-2 <input type="checkbox"/>	3-5 <input type="checkbox"/>	5+ <input type="checkbox"/>	
7.4 If Buy to Let, is the tenant a family member?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
7.5 Purchase Price/value	£ <input type="text"/>	Source of deposit (i.e. Savings, gift, house sale etc.)	<input type="text"/>	
Deposit	£ <input type="text"/>			
Loan Required	£ <input type="text"/>			
Mortgage term required	<input type="text"/> yrs			
7.6 Repayment type and amount	Type(s) and amount(s) of Loan required:	Repayment £ <input type="text"/>	Interest Only £ <input type="text"/>	
	Please indicate if any of the following discounts/incentives apply (please tick)	If you have ticked any of these, what is the amount of discount/incentive?		
	<input type="checkbox"/> Right to buy	<input type="checkbox"/> Shared Ownership	<input type="checkbox"/> Builder's incentive	<input type="checkbox"/> Family/business discount
			<input type="checkbox"/> Tenant incentive	£ <input type="text"/>

**7.7 CREDIT HISTORY**

**APPLICANT 1      APPLICANT 2      GUARANTOR**

Have you ever been in arrears with any credit agreement, including your mortgage or rent, or voluntarily / involuntarily given up possession of your home, or had your home repossessed by a lender?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever defaulted on a loan or had a judgment or court order made against you or, if self-employed, your business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declared bankrupt or made any arrangements with creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been involved in any court proceedings for debt or ever been convicted for theft, fraud, robbery or any other criminal offence (other than a motoring offence)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If YES to any of the above, please give details in the additional information box on page 8.

## Section 8 - PROPERTY TO BE MORTGAGED / RE-MORTGAGED

8.1 Full postal address of property to be mortgaged (If known) Post Code

8.2 Type of Property (Please tick all that apply)

Detached	<input type="checkbox"/>	Semi-Detached	<input type="checkbox"/>	Terraced	<input type="checkbox"/>
House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Flat / Maisonette	<input type="checkbox"/>

8.3 Number of Bedrooms No. of Bedrooms

8.4 If the property is a flat or maisonette is it -

Purpose Built	<input type="checkbox"/>	Converted	<input type="checkbox"/>	Floor level e.g. ground floor 'G'	<input type="checkbox"/>	Above Business	<input type="checkbox"/>
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8.5 Is the property

Freehold	<input type="checkbox"/>	Leasehold	<input type="checkbox"/>	Commonhold	<input type="checkbox"/>
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8.6 If leasehold please state

Unexpired Lease	<input type="text"/>	Years	Ground Rent	£ <input type="text"/>	pa	Maintenance & Service Charges	£ <input type="text"/>	pa
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8.7 Type of construction

8.8 Approximate age of Property

<input type="text"/>	Years	<input type="text"/>	New	<input type="text"/>	Under Construction
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8.9 Will the property be covered by one of the following: (Please tick)

NHBC	<input type="checkbox"/>	Foundation 15	<input type="checkbox"/>	Zurich Municipal	<input type="checkbox"/>
Architect	<input type="checkbox"/>	Chartered Surveyor	<input type="checkbox"/>		

8.10 Do you envisage carrying out any repairs or improvements to the property?

Yes  No  (if YES, please give details of the improvements and how they will be funded):

8.11 Will the whole of the property be occupied by you solely as a private residence immediately following completion of the mortgage?

Yes  No  (if NO, please provide full details:)

8.12 Will part of the property be sub-let, rented out, or occupied by a lodger?

Yes  No  If YES, please give details and state nature of relationship to applicant:

8.13 Do you have buildings and contents insurance arrangements in place for the property being mortgaged? Yes  No

If yes, please give details below:

Buildings Cover: Start Date	_____	Renewal Date	_____	Sum Assured	_____
With accidental damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Premium Paid per month	_____	or annually	_____
Contents Cover: Start Date	_____	Renewal Date	_____	Sum Assured	_____
With accidental damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Premium Paid per month	_____	or annually	_____

8.14 Do you require a free quote from Monmouthshire Insurance Services regarding Buildings and Contents Insurance? Yes  No

## Section 9 - OTHER FINANCIAL PLANNING AREAS

**Attitude to Risk** - Please answer the following 5 questions so that your risk profile can be assessed.

Applicant 1

Applicant 2 (if applicable)

- 9.1 I would feel comfortable if my investments could rise and fall by a quarter (25%) or more in a year. Strongly disagree  Disagree  Agree  Strongly agree
- 9.2 If my investments fell significantly in value I might see this as an opportunity to buy more at cheaper prices. Strongly disagree  Disagree  Agree  Strongly agree
- 9.3 I would feel uncomfortable if my investments could fall in value at all. Strongly disagree  Disagree  Agree  Strongly agree
- 9.4 I prefer the security of bank accounts to stock market related investments. Strongly disagree  Disagree  Agree  Strongly agree
- 9.5 I can sleep at night knowing that my investments might rise and fall quite rapidly in the short term. Strongly disagree  Disagree  Agree  Strongly agree

### Other Financial Planning Areas -

- 9.6 Do you wish to discuss your savings and investments? Yes  No

if YES, please give details of existing plans below:

Regular annual\* or monthly\* contributions or single payment  
\*delete as applicable

Type of Plan	Start Date	Initial Contribution	Current Value	

- 9.7 Do you wish to consider ethical savings? Yes  No

- 9.8 Do you wish to discuss your pension provision? Yes  No

if YES, please give details of your existing plans below:

Regular annual\* or monthly\* contributions or single payment  
\*delete as applicable

Type of Plan	Current Value	

### Retirement Planning -

- 9.9 Are you retired? Yes  No

9.10 At what age would you choose to retire?

9.11 What is the latest age you would want to retire?

- 9.12 Would you like to fund your retirement planning to reach a specified income? Yes  No

9.13 If YES, what income would you want in today's terms? £

- 9.14 Does your employer offer a pension arrangement? Yes  No

9.15 If so, is the scheme Defined Contribution or Defined Benefit? Defined Contribution  Defined Benefit

- 9.16 Are you a member? Yes  No

- 9.17 Do you have pension scheme benefits in the scheme of a previous employer? Yes  No

- 9.18 Are you concerned about Inheritance Tax? Yes  No

9.19 What is the total value of your estate? £

- 9.20 Do you wish to consider protection against Long Term Care issues? Yes  No

9.21 Have you made a will? Yes  No  If YES, when?

- 9.22 Have you completed a Discretionary Will Trust? Yes  No

- 9.23 Have you completed a Power of Attorney? Yes  No

**Please turn over...**

**NOTES**

Use this space to give any additional information requested in any of the questions and any information which you feel will help the Monmouthshire Independent Financial Advisers in assessing your circumstances (please use a separate sheet if necessary).

Blank lined area for notes.

**DECLARATION**

I/we understand that you may disclose information about me, any subsequent application and any subsequent loan to your external auditors and regulatory bodies including the Financial Services Authority, Financial Ombudsman Service, agents and service providers.

I/we have a right of access to my personal data held by you and credit and fraud agencies. Upon payment of a fee, I/we can ask for a description of the data, the purpose for which it is processed and to whom it may be disclosed. I/we also have a right to have data corrected.

I/we understand that you will treat information about me as confidential. You will not share information about me or my account outside Monmouthshire Independent Financial Advisers for marketing purposes. I/we understand that Monmouthshire Independent Financial Advisers would like to contact me by post, telephone or email, using the contact details which I/we have provided in this form, to tell me about it's financial products, services, promotions, offers and events in relation to investments, mortgages and general insurance which may be of interest to me. By signing and returning this form I/we agree to my information being used in this way.

**CLIENT DECLARATION**

I/we confirm that the information have provided is to the best of knowledge correct. have provided this information understanding that it is used to form the basis of any advice and recommendations made to and that not under any obligation to take up any recommendations made.

I/we understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I/we understand that I/we must be sure of my/our ability to meet that commitment having given consideration to all other expenditure, and the provision for any emergencies, which may require access to funds.

I/we confirm that have received an Initial Disclosure Document, business card, a Terms of Business Letter and a written statement of the service provided by Monmouthshire Independent Financial Advisers Ltd.

I/we consent to being contacted in the future to review arrangements.

**ADDITIONAL CLIENT DECLARATION** (delete if not applicable)

I/we further declare that I/we did not wish to disclose certain personal/financial information and I/we are aware that this may prevent our Adviser from being able to identify areas where it might have been appropriate to make recommendations, or, which could have an effect on any recommendations made. NOTE: please understand that we reserve the right to decline to give advice if full information is not provided.

**DATA PROTECTION**

Monmouthshire Independent Financial Advisers will be storing the information from this document on computer, which will be subsequently covered by the provisions of the Data Protection Act, the purpose being to enable accurate advice to be offered to you. Monmouthshire Independent Financial Advisers may wish to write to you informing you of products or services available. However, if you do not wish to benefit from this service, please tick the boxes that you do not wish to be contacted by:

Applicant 1

- Post
- Telephone
- Email

Applicant 2

- Post
- Telephone
- Email

Signature(s)

Applicant 1

Signature box for Applicant 1

Date

Date box for Applicant 1

Applicant 2/Guarantor

Signature box for Applicant 2/Guarantor

Date

Date box for Applicant 2/Guarantor



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