

FINANCIAL PLANNING DATA CAPTURE

CLIENT NAME(S):

DATE :

Disclosure		
TOB/IDD given:	Date:	Version No:
Clients present?		
Any one else present?		

Personal Details

	Client 1			Client 2		
Title						
Forenames						
Surname						
Previous/Maiden Name		Approx date of change			Approx date of change	
Name to appear as						
Date of Birth		Age next			Age next	
Gender						
Marital Status						
Relationship to other applicant						
Address Details	Client 1			Client 2		
House Number & Street						
Town / City						
County						
Postcode						
Current Residential status						
Time at this address?						
Other Details	Client 1			Client 2		
Telephone – Home						
Telephone – Work						
Telephone - Mobile						
Email						
Dependants	Client 1			Client 2		
Names, ages, dependant until?						
Made a will?	Client 1			Client 2		
Will intentions and date of last update						

Setting the Scope

	Decision	Why not discussed?
Protect your dependants	Yes / No	
Unable to work	Yes / No	
If you fall seriously ill	Yes / No	
Your retirement	Yes / No	
Your savings	Yes / No	
Your investments	Yes / No	
Your estate planning	Yes / No	
Lifetime mortgages	Yes / No	

Occupation & Income Details

	Client 1	Client 2
Main Employment status		
Preferred Retirement Age		
Occupation		
Highest rate of tax paid	%	%
Tax Code		
Contracted into S2P	Yes / No	Yes / No
UK Tax resident	Yes / No	Yes / No
UK Tax domicile	Yes / No	Yes / No
Any plans to change residency	Yes / No	Yes / No

Occupation and income details (continued)

Types of income	Client 1	Client 2
	£ per	£ per
	£ per	£ per
	£ per	£ per
	£ per	£ per

Existing Financial Commitments

Mortgages		
Owner	1 / 2 / Joint	1 / 2 / Joint
Lender		
Mortgage Type		
Outstanding Balance	£	£
Repayment basis		
Start Date / End Date		
Outstanding Term		
Current Mthly Payment	£	£
Early Repayment penalties?	Amount £ Expiry date:	Amount £ Expiry date:
Mortgage to be repaid	Yes / No	Yes / No
Current Interest Rate	%	%
Would the client like a review of their mortgage(s)?	Yes / No	Yes / No

Other Financial Commitments	Debt 1	Debt 2	Debt 3
Owner			
Provider Name			
Type			
Reason for borrowing			
Outstanding Balance			
End date			
Interest rate	%	%	%
Monthly Payment	£	£	£
Payment protection in place?	Yes / No	Yes / No	Yes / No
Where the client has savings and investments, document why it is not in the client's best interest to repay these debts.			

Property and Assets

	Asset 1	Asset 2	Asset 3
Type			
Usage			
If property, main residency?			
If property, tenancy status	Joint / common	Joint / common	Joint / common
Property address			
Purchase Price	£	£	£
Estimated current value	£	£	£

Protection Details

Life Protection	Existing arrangements		Requirements	
	I / 2 / Joint	I / 2 / Joint	I / 2 / Joint	I / 2 / Joint
Owner	DTA / LTA / Endowment	DTA / LTA / Endowment	DTA / LTA / Endowment	DTA / LTA / Endowment
Policy Type				
Provider				
Life and or CI				
Remaining Term / Term				
Sum Assured	£	£	£	£
Waiver included	Yes/No	Yes/No	Yes/No	Yes/No
Premium	£ per	£ per	£ per	£ per
Purpose of policy / Why does the client think they require this cover?				
Consider replacement?	Yes/No	Yes/No		

Income protection	Existing arrangements		Requirements	
	1 / 2	1 / 2	1 / 2	1 / 2
Owner				
Type				
Provider				
Premium / Frequency	£ per	£ per	£ per	£ per
Benefit Amount / Frequency	£ per	£ per	£ per	£ per
Deferred Period				
Benefit 2 Amount / Frequency				
Deferred Period 2				
Benefits Indexed?	Yes / No	Yes / No	Yes / No	Yes / No
Wavier of Premium Included?	Yes / No	Yes / No	Yes / No	Yes / No
How long is this benefit payable for (number of years or end age)?				
Purpose of policy / Why does the client think they require this cover?				
Consider replacement?	Yes/No	Yes/No		

Critical Illness	Existing arrangements		Requirements	
	I / 2 / Joint	I / 2 / Joint	I / 2 / Joint	I / 2 / Joint
Owner	I / 2 / Joint	I / 2 / Joint	I / 2 / Joint	I / 2 / Joint
Policy Type	DTA / LTA / Endowment	DTA / LTA / Endowment	DTA / LTA / Endowment	DTA / LTA / Endowment
Provider				
Remaining Term / Term				
Sum Assured	£	£	£	£
Waiver included	Yes/No	Yes/No	Yes/No	Yes/No
Premium / Frequency	£ per	£ per	£ per	£ per
Purpose of policy / Why does the client think they require this cover?				
Consider replacement?	Yes/No	Yes/No		

Private Medical	Existing arrangements		Requirements	
	I / 2 / Joint	I / 2 / Joint	I / 2 / Joint	I / 2 / Joint
Owner				
Provider				
Premium / Frequency	£ per	£ per	£ per	£ per
Term				
End date				
Level of benefit				
Purpose of policy / Why does the client think they require this cover?				
Consider replacement?	Yes/No	Yes/No		

Details of any long term care provisions	
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Pension Details

Existing arrangements	Client 1	Client 2
Does the client's employer offer matching scheme?	Yes/No	Yes/No
Have they joined matching scheme?	Yes/No	Yes/No

Company Pensions	Client 1	Client 2
Do you have a company pension	Yes/No	Yes/No
Scheme type		
Date joined		
Pensionable income	£ pa	£ pa
Accrual rate if final salary	ths	ths
Contribution if money purchase	£ per	£ per
Current fund value	£	£
Valuation date		
Will this form part of the estate on death?	Yes/No	Yes/No
Will this form part of the spouse's estate on death?	Yes/No	Yes/No
How much pension fund can be taken as a lump sum?	£	£

Personal Pensions	Client 1	Client 2
Do you have a personal pension	Yes/No	Yes/No
Scheme type		
Date joined		
Contribution	£ per	£ per
Current fund value	£	£
Valuation date		
Indexed	Yes/No	Yes/No
WOC included	Yes/No	Yes/No
Will this form part of the estate on death?	Yes/No	Yes/No
Will this form part of the spouse's estate on death?	Yes/No	Yes/No

Pension requirements	Client 1	Client 2
How does the client plan to fund their retirement?		
Is the client looking to make a contribution into a pension?	Yes/No	Yes/No
Details of how much does the client wish to contribute or achieve (in today's terms)		
Client's attitude to risk score for pension funding and reason		

Investment and Savings details

	Policy 1	Policy 2	Policy 3
Owner			
Product type			
Provider			
Regular savings	Yes/No	Yes/No	Yes/No
Original invested amount	£	£	£
Current Value	£	£	£
Objective			
Will this form part of the estate on death?			
Will this form part of the spouse's estate on death?			

Savings requirements	Client 1	Client 2
Is the client looking to make regular savings?	Yes/No	Yes/No
Details of how much the client wishes to contribute or achieve		
Purpose for saving		
Client's attitude to risk score for savings funds and reason		

Investment requirements	Client 1	Client 2
Is the client looking to make an investment?	Yes/No	Yes/No
Source of investment		
Details of any penalties		
Objective for investment		
Investment term in years		
Does the client need access to the capital and if so why?		
Client's attitude to risk score for investment funds and reason		

Gifts, Trusts, Bequests and Bequeaths

	Gift 1	Gift 2	Gift 3
Owner			
Gifted on death?	Yes/No	Yes/No	Yes/No
Value	£	£	£
Type of gift			

Estate planning requirements	
Does the client(s) wish to address any potential Estate Planning?	Yes/No

Expenditure and Budget

Monthly Outgoings	Client 1	Client 2	Joint
Rent	£	£	£
Council Tax	£	£	£
Utility Bills	£	£	£
Telephone	£	£	£
Housekeeping	£	£	£
Car insurance	£	£	£
Car running costs	£	£	£
B&C insurance	£	£	£
Life policies etc.	£	£	£
Pension	£	£	£
Regular savings	£	£	£
Maintenance	£	£	£
Other	£	£	£

Totals	£	£	£
Household Total	£		

Budgets	Client 1	Client 2
Available monthly budget	£	£
Available lump sum budget	£	£

Priorities	
In what order does the client(s) wish to address their needs and why?	

Other Information

Other information	Client 1	Client 2
NI Number		
Is the client in good health?		
Smoker	Yes/No	Yes/No
Details of any anticipated decreases or increases to income		
Details of any expected lump sum receipts in the next five years		
Details of any CGT allowances utilised this year		
Details of the client's view on inflation		
Details of any anticipated decreases or increases to expenditure		
Details of any cancelled policies in the last 6 months		
Details of client's power of attorney if in place		
Details of the client's emergency fund		
Bank sort code		
Bank Account number		
Name on Account		
Preferred payment date		



Referrals

Contact details for any referrals:

