

# Retirement - Financial Planning Questionnaire

We can offer advice on a FULL range of needs and products. These include Retirement Planning, Savings & Investments, Mortgages and Life & Health Protection. This document is **FOCUSED** on the information necessary to advise you about your **RETIREMENT PLANNING ONLY**.

Name of Adviser			
Name of Client			
Version of Client Agreement		Date	
Version of About Us		Date	

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(01622 664440)

Simply Retirement is a trading style of Simply Finance Limited is an appointed representative of The On-Line Partnership Limited which is authorised and regulated by the Financial Conduct Authority

In order that we may advise you regarding your financial planning requirements, it is essential that we obtain from you current and relevant information. We have an obligation to 'know our client'.

Please therefore complete the following details as fully as possible. Our advice will be based solely on the information provided.

**Please indicate what you would like us to do for you...(tick one box only)**

- A full review of all areas of financial planning. This could highlight a range of needs and products including Life & Health Protection, Mortgages, Savings & Investments and Retirement planning - we will need to send a supplementary questionnaire
- A focused review of just my Retirement Planning / Options  
Providing a Personal Recommendation
- Annuity Advice Only (including all types of annuities)

## 1. Personal Details

<i>Personal</i>	SELF	PARTNER
Title / Surname	<input type="text"/>	<input type="text"/>
Firstname (s)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode	<input type="text"/>	
Home Telephone	<input type="text"/>	
Mobile Telephone	<input type="text"/>	
Date of Birth	<input type="text"/>	<input type="text"/>
Sex	Male / Female	Male / Female

	SELF	PARTNER
Marital Status	Single / Married / Separated / Divorced / Widowed	
Date of Marriage		
State of Health		
Are you a smoker	Yes / No Cigarettes / Cigar / Pipe	Yes / No Cigarettes / Cigar / Pipe
	No. Per Day	No. Per Day
Weight		
Height		
Nationality / Domicile		
National Insurance No.		

	SELF			PARTNER		
Employment Status						
Occupation						
Business / Co. Name						
Likely to change soon?	Yes / No	Why...	Retiring	Yes / No	Why...	Retiring
			Job Change			Job Change

**Children / Dependants - Under 23 or Financial Dependent through health**

Dependants Name	Date of Birth	Dependant of:	WHY Dependant

**Wills**

Have you made a will? YES / NO YES / NO

What are its main Provisions

## 2. Assets & Liabilities

**Assets**

	SELF	PARTNER	JOINT
Cash Account 1	£		
Cash Account 2	£		
Cash Account 3	£		
Premium Bond	£		
Cash ISA	£		
Stocks ISA	£		
Investment Bond 1	£		
Investment Bond 2	£		
Endowments	£		
Shares 1	£		
Shares 2	£		
Shares 3	£		
Property 1	£		
Property 2	£		
Pensions	£		
Other...	£		
Total Assets	£		

**Liabilities**

	SELF	PARTNER	JOINT
Mortgage	£		
Loans	£		
Overdraft	£		
Credit Card	£		
Total	£		

### 3. Income & Expenditure

		SELF	PARTNER
	State Pension		
	Other Pension		
	Employment that will continue		
	Interest from Savings		
	Income from Investments		
	Total <b>annual earned</b> income		
	Total <b>annual unearned</b> income		
	Tax Band / Rate		
Household Expenditure	Mortgage / Rent	M/A	Clothes M/A
	Gas	M/A	Car Insurance M/A
	Electric	M/A	Car Tax M/A
	Water	M/A	Car Servicing M/A
	Telephone	M/A	Car Petrol M/A
	Council Tax	M/A	Transport M/A
	Food	M/A	Holidays M/A
		M/A	TV / SKY M/A
		M/A	Home Insure M/A
		M/A	Loans / Debt
			<b>total</b>
	Monthly <b>TAKE HOME</b> income		
	* Monthly <b>OUTGOINGS</b>		
	Net monthly disposable income		
	Monthly amount available to save		

notes...

### 4. Mortgage & Loans

Do you have a <b>mortgage or loan?</b>	<b>YES / NO</b>	(if no please go to section 5)
Ownership	single / joint	additional info...(repayment vehicle)
Repayment Date	/ /	
Mortgage Type	repayment / interest only	
Rate of Interest	%	
Type of Interest	Variable / Fixed / Other...	

### 5. Retirement Planning

Are you a member of a **COMPANY PENSION SCHEME** (not being paid!) **YES / NO**

Do you have access to a company pension either now or in the future **YES / NO**

**Current Employers Scheme**

	SELF	Partner NONE / NOT DISCLOSED
Type of Plan		
Provider		
Scheme Retirement Date		
Employer Contributions		
Your Contributions		
Death Benefits		
Date of Joining		
Accrual Rate		
Expected Service		
Projected Pension		

Are you contacted out of the State 2nd Pension (SERPS) if YES record under Personal Pension **YES / NO**

Are you going to take these benefits now? **YES / NO**

**Personal Pensions / AVC / RAC**Do you have any Personal Pensions, Retirement Annuities or AVC arrangements? **YES / NO**

(Company Name, Policy Type &amp; Number, Current / Transfer / Death Value, Retirement Date)

When do you want to take these benefits? Now  At age **Deferred Occupational Schemes**Do you have any pension benefits with a previous employer? **YES / NO**When do you want to take these benefits? Now  At age **Retirement Plans**

Target Retirement Date 65 / 60 / NOW / Other

What income will you require £ Annually / Monthly

At what rate will your earnings increase

What can you pay towards a pension now? NOTHING / Amount per month £

 Not relevant, taking retirement benefits.Do you have other plans for providing for retirement?  
(sale of business / house / other savings)

Retirement Plans...

Are you expecting any inheritance? **YES / NO** if YES, what...

Inheritance...

**6. Attitude to Risk - Retirement Only****We will discuss your attitude to investment risk for your pension assets separately.****We will utilise a 'Risk Profiling Questionnaire'****Our Risk and Investment Process are available on request.**

Further relevant risk comments...

 tick if a separate risk profiling questionnaire has been completed.**7. Client Planning Objectives & Priorities****At this time you are only prepared to review and receive advice regarding your retirement planning/options. You have given me specific instructions not to make reference or to make recommendations on the following areas;**

Mortgages - purchasing a property

Life Assurance - providing a lump sum on the death of a named person

Permanent Health Insurance - providing an income in the event of sickness

Critical Illness - providing a lump sum on diagnosis of a specified illness

Private Medical Expenses - assisting you to pay for medical treatment

Long Term Care - helping you to fund for the cost of future care

Savings or Investment Planning - planning for future events or helping you take care of your capital

**Protection**

(These policies will provide an income, lump sum or pay for treatment in the event of death, illness & sickness or redundancy. How would you or your dependants cope if one of you died or was ill and an income was lost?)

Do not wish to review   
Now   
In the future

When

Is there a reason **WHY NOT...**

Details of any 'Protection' in place

**Please confirm your current priority :**

- Other ...
- Provide benefits now
- Plan for future retirement

**8. Financial Goals - Retirement**

**Please indicate what you would like to achieve in relation to your retirement planning.**

Please express your aims and desires... you may wish to place them in order of importance to you.

**Data Protection Act 1998**

The information recorded in this document may be retained on computer for reference purposes and will be held in accordance with the Data Protection Act 1998. This information may also be used by IN Partnership, its Appointed Representatives and other members of The On-Line Partnership Limited, to provide you with the details of products suitable to your requirements. It must also be made available to the IN Partnership Compliance Department and regulatory authorities from time to time.

If you choose not to receive any marketing material you should indicate this decision by ticking this box

**Declaration**

I confirm that I have answered your questions as far as I am willing and able. I have received a copy of your Client Agreement, About Us documents and Business Card, and understand that I am under no obligation to act upon your recommendations. I take full responsibility for any decision not to proceed following recommendations you should make.  
Having completed this 'Fact-Find' I understand I will receive a 'Personal Recommendation'.

**Additional Client Declaration (delete if not applicable)**

I understand that a FULL review of my financial planning requirements is available but I have requested that only my retirement planning is reviewed at this time. For that reason I further declare that I do not wish to disclose certain personal / financial information and I am aware that this will prevent an adviser from being able to identify areas where it might be appropriate to make recommendations.

The advice given based on the information contained in this questionnaire will be on Retirement Planning **ONLY**.

**I HAVE READ AND FULLY UNDERSTOOD THE ABOVE DECLARATIONS.**

<b>Signed</b>	<b>Client</b>	<b>Partner</b>
<b>Date</b>	date:	date:

**Adviser:**

**Date:**

Notes...

Updated signature  
following amendments...

Clients

Date