

Personal questionnaire

Date completed: _____











Your data

To provide the services that are in our Service Agreement (or that are being proposed), we must hold your personal data on our records, and process it. Processing can mean sharing details with third parties. We only do that to the extent it is necessary to carry out our contract with you or to fulfil regulatory requirements. We will usually retain most or all data you have shared with us for contractual and regulatory purposes.

That data can include information that is classed as sensitive personal data, such as your state of health and religion. This is often necessary for services we may be providing to you. You can withdraw your consent for us to hold and process your sensitive data by using the details below. If you do that, we may be unable to provide you with a satisfactory financial planning service and we may be unable to act for you at all.

You can withdraw your consent to receive regular news and updates from us at any time.

Contact us on 0800 7723456 or <u>team@balancewealth.uk</u>. You can find more information about how we take care of your personal data in our privacy policy <u>www.balancewealth.uk/privacy-policy</u>.

| Consent statements | Client 1 | Client2 |
|--|-------------|-------------|
| I consent to you holding and processing my sensitive data. | Please tick | Please tick |

Keeping in contact

As part of our service, we will be in contact with you on a regular basis, so we want to ensure we do this in the most suitable and appropriate way. Please provide your communication preferences below:

| Communication preferences | Client 1 | Client2 |
|--|-------------|-------------|
| Please select your preferred method(s) of contact (tick all that apply): | Please tick | Please tick |
| - Email | | |
| - Post | | |
| - Phone | | |
| - Text | | |
| Do you require any of the following (tick all that apply): | Please tick | Please tick |
| - Larger print | | |
| - Alternative format (font, colour etc) – please specify: | | |
| - Other – please specify: | | |

Your information

| Information | Client 1 | Client 2 |
|--|--|---------------------|
| Full name | | |
| Title | | |
| Known as | | |
| Address | | |
| | | |
| If you've lived here less than 3 years, please give your previous address as well. | | |
| Date of moving in | | |
| How to address letters to you | i.e. Dear Mr & Mrs Smith or Dear Martin & Je | enny |
| Date of birth | | |
| Marital status | | |
| Previous names | | |
| Date of marriage | | |
| Date of divorce | | |
| Pension sharing order in place? | | |
| National insurance number | | |
| Telephone | | |
| Mobile | | |
| Email | | |
| Nationality | | |
| Place of birth | | |
| UK resident and domicile | Yes / No | Yes / No |
| State of health | Poor/Good/Excellent | Poor/Good/Excellent |
| Health issues / medication | | |
| High-risk activities / sports | | |
| Have you had any previous military service? | | |
| If so, did you suffer any injury or illness as a result? | | |
| Smoked tobacco in the last year | Yes / No | Yes / No |

Professional advisers

Please include people like your accountant, lawyer, tax adviser, stockbrokers, bank manager.

| Name | Firm name | Role |
|------|-----------|------|
| | | |
| | | |

Children, grandchildren and dependants

Please include elderly or disabled family members who are dependent on you.

| Name | Date of birth or age | Relationship | Dependant on you? | Dependant long-term? |
|------|----------------------|--------------|----------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Assets

Properties

| Address | Owned by | Value | Purchase price | Used/let | Joint tenants or Tenants in common |
|---------|----------|-------|-------------------|----------|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Business you own

| Business name | Owned by | Business structure | Ownership % | Value |
|---------------|----------|--------------------|-------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Cash savings

Include your current account, savings accounts and your cash ISAs here.

| Bank or building society | ISA? | Owned by | Balance | Interest rate | Fixed term ends | Regular savings | Purpose |
|-----------------------------|------|----------|---------|------------------|--------------------|--------------------|---------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Investments

Include your stocks and shares ISAs, premium bonds and investment portfolios here.

| Description | ISA? | Provider / Fund manager | Owned by | Value | Plan reference | Regular investments | Purpose |
|-------------|------|----------------------------|-------------|-------|-------------------|------------------------|---------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



Useful supporting documents: Your last investment statements.

Pensions

| Description | Provider / Employer | Owned by | Value | Plan reference | Notes |
|-------------|------------------------|----------|-------|----------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



Useful supporting documents: Your last policy statements.

Valuable possessions

Include details of cars, antiques, artworks valued at more than £5,000.

| Description | Owned by | Value | Purchase date | Purchase price | Notes |
|-------------|----------|-------|------------------|-------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

Trusts

Include details of any trusts where you are a trustee or beneficiary.

| Trust name | Trustees | Beneficiar ies | Value | Notes |
|------------|----------|-------------------|-------|-------|
| | | | | |
| | | | | |



Useful supporting documents: Last set of trust accounts, copy of trust deed.

Expected gifts or windfalls

Include any sums of money or assets you are expecting to receive in the future.

| Asset type | Amount | Owned by | Gift from | Notes |
|------------|--------|----------|-----------|-------|
| | | | | |
| | | | | |
| | | | | |

Other assets

Include any other assets that have not previously been mentioned here.

| Other assets | | |
|--------------|--|--|
| | | |
| | | |
| | | |

Liabilities

Include all the money you owe here such as credit cards, loans and mortgages.

| Description | Lender | Owned by | End date | Interest rate | Balance | Repayment amount /basis |
|-------------|--------|----------|----------|---------------|---------|----------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



Useful supporting documents: Your last statements.

Earned Income

Employment / self-employment

Please complete this section even if you are about to stop working.

| Information | Client 1 | Client 2 |
|-----------------------------------|--|--|
| Employment status | Employed / Not employed Sole Trader / Partnership | Employed / Not employed Sole Trader / Partnership |
| | Shareholding Director | Shareholding Director |
| Business name | | |
| Role | | |
| Start date | | |
| Basic earnings before tax | | |
| (last tax year and this tax year) | | |
| Bonus / commission before tax | | |
| (last tax year and this tax year) | | |
| Dividends drawn | | |
| (last tax year and this tax year) | | |
| Anticipated changes to earnings | | |
| Plans to change employment | | |
| Planned retirement age | | |

Employment benefits

| Information | Client 1 | Client 2 |
|---|---|----------|
| Company car / allowance | | |
| Fuel allowance | | |
| Pension contributions | | |
| Company pension | Company pension available but not used Company pension not available Company pension available and used | |
| Death in service insurance | | |
| Private medical insurance | | |
| Permanent health insurance | | |
| Dental insurance | | |
| Child care vouchers | | |
| If you were unable to work due to illness, how long would you be paid? | | |
| Other benefits | | |

Useful supporting documents: Your contract, last payslip, P60 and P11D and tax return.

Self-employment and partnership income

| Information | Client 1 | Client 2 |
|-------------------------------|----------|----------|
| Average profit | | |
| Forecast profit for this year | | |
| Current drawings | | |
| Year end | | |
| Balance sheet | | |

Useful supporting documents: Your contract, P60, P11D, accounts (if self employed) and tax return.

Non-employment income

Investment income

| Source | Owned by | Reference | Amount received |
|--------|----------|-----------|-----------------|
| | | | |
| | | | |
| | | | |

Pension and annuity income

| Source | Owned by | Reference | Increase rate | Death benefits | Amount received |
|--------|----------|-----------|---------------|----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Trust income

| Source | Owned by | Reference | Amount received |
|--------|----------|-----------|-----------------|
| | | | |
| | | | |
| | | | |

Benefits you are entitled to

| Source | Owned by | Reference | Amount received |
|--------|----------|-----------|-----------------|
| | | | |
| | | | |
| | | | |

Rental income

| Source | Owned by | Reference | Amount received |
|--------|----------|-----------|-----------------|
| | | | |
| | | | |
| | | | |

Other income

| Source | Owned by | Reference | Amount received |
|--------|----------|-----------|-----------------|
| | | | |
| | | | |
| | | | |



Useful supporting documents: recent income statements and tax return.

Expenditure

| Source | | | |
|--|-----------------------------|--|------------------------------------|
| Essential spending | Monthly costs | Annual costs | Anticipated changes |
| Mortgage / rent | | | |
| Loans / credit card payments | | | |
| Life / health insurance | | | |
| Buildings / contents insurance | | | |
| Education | | | |
| Car insurance / servicing / tax | | | |
| Council tax | | | |
| Electricity / gas / oil | | | |
| Food | | | |
| Water | | | |
| Telephones / internet / TV | | | |
| Pet costs | | | |
| Petrol and commuting costs | | | |
| Discretionary spending | Monthly costs | Annual costs | Anticipated changes |
| Fees / subscriptions | | | |
| Eating out | | | |
| Entertainment | | | |
| Household items | | | |
| Home improvements | | | |
| Clothing | | | |
| Gifts | | | |
| Holidays | | | |
| Regular gifts / donations | | | |
| | | | |
| Savings and Investments | Monthly costs | Annual costs | Anticipated changes |
| Savings and Investments Pension contributions | Monthly costs | Annual costs | Anticipated changes |
| | Monthly costs | Annual costs | Anticipated changes |
| Pension contributions | Monthly costs Monthly costs | Annual costs Annual costs Annual costs | Anticipated changes Notes |
| Pension contributions Regular savings/investments | | | |
| Pension contributions Regular savings/investments Totals | | | |

Cashflow forecasting

We believe financial forecasting can help us to spot potential problems and help you to achieve your goals with more efficiency. Please fill in the tables below, examples are included for guidance

Significant expenses (Home improvements, new cars, one-off holidays, debt repayment etc.)

| Item | Amount | When | Frequency | Notes |
|------|--------|------|-----------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Supporting others (House deposits, wedding gifts, charitable donations etc.)

| Item | Amount | When | Frequency | Notes |
|------|--------|------|-----------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Retirement 'shape'

When you plan to retire, will your financial needs change? – more holidays, part time work, downsize your home, less debt commitment etc.

| Please provide details | | | |
|------------------------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Care in old age

Lots of people rely on the State to provide this, but some would prefer private care, which can be expensive. How do you feel about this?

Please provide details

Insurance policies

Include all the insurance policies you have here for you, your business and your home. Include policies you have through your employment.

| Description / purpose | Provider / Insurer | Owned by | Reference | Sum assured |
|-----------------------|--------------------|----------|-----------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Useful supporting documents: Your last policy statements.

Other contingency planning

| lssue | Client 1 | Client 2 |
|-----------------------------------|-------------------------|-------------------------|
| If you own a business, what would | | |
| happen to your shares on death? | | |
| What plans have you made for | | |
| long-term care? | | |
| How comfortable do you feel | | |
| about raising funds in an | | |
| emergency? | | |
| How much do you prefer to hold | | |
| as a cash buffer for emergencies? | | |
| Have you made wills? | If yes, provide details | If yes, provide details |
| | | |
| | | |
| | | |
| | | |
| Do you have lasting new ors of | If yes, provide details | If yes, provide details |
| Do you have lasting powers of | n yes, provide details | n yes, provide details |
| attorney in place? | | |
| | | |



Useful supporting documents: a copy of your wills, a copy of your lasting powers of attorney.

Tax

| Issue | Client | Client 2 |
|--|-------------------------|-------------------------|
| How do you feel about taxes? Which taxes concern you the most? | | |
| Do you have a capital gains tax liability in this tax year? | If yes, provide details | If yes, provide details |
| Have you made any gifts that may create an inheritance tax liability in this tax year? | If yes, provide details | If yes, provide details |
| Have you made any gifts in the last 7 years? | lf yes, provide details | If yes, provide details |



Useful supporting documents: your last tax return, records of gifts.

Investment preferences

| Questions | Client 1 | Client 2 |
|---|-------------------------|-------------------------|
| Do you have any restrictions on how you | lf yes, provide details | lf yes, provide details |
| can invest because of your profession? | | |
| Do you have ethical or religious principles | If yes, provide details | lf yes, provide details |
| that inform your financial decisions? | | |
| | | |

Please complete the separate risk questionnaire we have sent you.

Please complete the separate ethical investing questionnaire if required.

Next steps

Please send this questionnaire to us as soon as possible. By doing that, you will be confirming that you have completed it fully and accurately. We will verify some details with third parties where you have signed a permission form, and otherwise rely on what you have told us. If you are unsure about anything you have told us, please tell us and we will check it for you.

If you have any paperwork to support your answers, please send those to us as well. We will return any originals to you straight away.

Please email this questionnaire to the adviser you have been in touch with, or to our team address, <u>team@balancewealth.uk</u>. Or, please send the questionnaire to our office:

• Balance: Wealth Planning, The Point, Loughborough Road, West Bridgford, Nottingham, NG2 7QW

If you have any questions at all, please call us on 0800 7723456



- Input first page only to Zoho for prospective clients or full document for clients
- Scan and save to SharePoint Discovery
- Update data consents from page 1 onto Zoho contact record