

Personal Financial Questionnaire



Guidance notes

With all the different products and services available, making the right financial decisions in life can be difficult.

To help make things a little easier, make an appointment to see one of our Financial Advisers who can review your finances and help you to make the most of your money.

Advice is without obligation and all recommendations will be based on your individual circumstances.

Simply complete and bring the information below to ensure that your adviser knows as much about you as possible, prior to your appointment:

Please write clearly in the white spaces with capital letters or cross the boxes.

1 Your personal details

First customer

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Your date of birth

Your National Insurance number

What is your current Marital/Civil Partnership status?

Single <input checked="" type="checkbox"/>	Married/ Civil Partnership <input checked="" type="checkbox"/>	Divorced/ dissolved Civil Partnership <input checked="" type="checkbox"/>
Separated <input checked="" type="checkbox"/>	Widowed <input checked="" type="checkbox"/>	Other (please explain) <input type="text"/>

Your home address (where you live)

 Postcode

Your telephone numbers and area dialling codes

Home	<input type="text"/>
Mobile	<input type="text"/>
Work	<input type="text"/>

Your e-mail address (if you have one)

Second customer

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Your date of birth

Your National Insurance number

What is your current Marital/Civil Partnership status?

Single <input checked="" type="checkbox"/>	Married/ Civil Partnership <input checked="" type="checkbox"/>	Divorced/ dissolved Civil Partnership <input checked="" type="checkbox"/>
Separated <input checked="" type="checkbox"/>	Widowed <input checked="" type="checkbox"/>	Other (please explain) <input type="text"/>

Your home address (where you live)

 Postcode

Your telephone numbers and area dialling codes

Home	<input type="text"/>
Mobile	<input type="text"/>
Work	<input type="text"/>

Your e-mail address (if you have one)

2

Your monthly income

First customer

Net salary

£

Net pension

£

Benefits

£

Investment income

£

Other income

£

Second customer

Net salary

£

Net pension

£

Benefits

£

Investment income

£

Other income

£

3

Your monthly outgoings

Housing costs

(Mortgage, rent, home insurance, council tax and utility bills etc)

£

General Expenses

(Car insurance, tax, telephone, food, TV licence, child care etc)

£

Financial Expenses

(Life assurance, pension, protection plans, loans, savings etc)

£

Non essential costs

(Holidays, entertainment memberships etc)

£

Other Outgoings

£

Housing costs

(Mortgage, rent, home insurance, council tax and utility bills etc)

£

General Expenses

(Car insurance, tax, telephone, food, TV licence, child care etc)

£

Financial Expenses

(Life assurance, pension, protection plans, loans, savings etc)

£

Non essential costs

(Holidays, entertainment memberships etc)

£

Other Outgoings

£

4

Your appointment

Please could you also bring to your appointment details of any of the following:
(please cross all that apply)

Existing savings



Investments



Critical illness cover



ISAs



Pension plans



Please could you also bring to your appointment details of any of the following:
(please cross all that apply)

Existing savings



Investments



Critical illness cover



ISAs



Pension plans

