

Personal Details

Client 1 Information

Question	Answer
Title	
First name	
Middle names	
Last name	
Known as	
Pronouns	
Date of birth	
Place of birth	
Nationality	
Gender	
Legal sex	
Marital status	
Home phone	
Mobile phone	
Email address	

Client 2 Information

Question	Answer
Title	
First name	
Middle names	
Last name	
Known as	
Pronouns	
Date of birth	
Place of birth	
Nationality	
Gender	
Legal sex	
Marital status	
Home phone	
Mobile phone	
Email address	

Current Address

Question	Answer
Ownership Status	
Postcode	
House name/number	
Street name	
Address Line 3	
Address Line 4	
Town City	
County	
Country	
Move In Date	

Previous Addresses

Dependants & Children

Name	Date of Birth	Dependent Until

Employment

Client 1 Information

Question	Answer
Country domiciled	
Resident for tax	
National Insurance number	
Employment status	
Desired retirement age	
Occupation	
Employer	
Employment started	
Highest rate of tax paid	

Notes

Client 2 Information

Question	Answer
Country domiciled	
Resident for tax	
National Insurance number	
Employment status	
Desired retirement age	
Occupation	
Employer	
Employment started	
Highest rate of tax paid	

Notes

Incomes

Owner	Name	Amount	Frequency	Net/Gross	Timeframe

Notes

Expenses

Loan Repayments

Owner	Name	Amount	Frequency	Priority	Timeframe

Housing Expenses

Owner	Name	Amount	Frequency	Priority	Timeframe

Motoring Expenses

Owner	Name	Amount	Frequency	Priority	Timeframe

Personal expenses

Owner	Name	Amount	Frequency	Priority	Timeframe

Professional expenses

Owner	Name	Amount	Frequency	Priority	Timeframe

Miscellaneous expenses

Owner	Name	Amount	Frequency	Priority	Timeframe

Notes

Pensions

Owner	Type	Provider	Value	Policy number

Notes

Savings and Investments

Owner	Type	Provider	Value

Notes

Other Assets

Owner	Description	Current Value	Original Value

Notes

Loans & Mortgages

Owner	Type	Provider	Monthly Cost	Outstanding Value	Interest Rate	Special Rate	Final Payment

Notes

Health Details

Client 1 Information

Question	Answer
Current state of health	
State of health explanation	
Smoker?	
Cigarettes per day	
Smoker since	
Long term care needed?	
Long term care explanation	
Will?	
Information about will	
Power of attorney?	
Details of individual with power of attorney	

Client 2 Information

Question	Answer
Current state of health	
State of health explanation	
Smoker?	
Cigarettes per day	
Smoker since	
Long term care needed?	
Long term care explanation	
Will?	
Information about will	
Power of attorney?	
Details of individual with power of attorney	

Protection Policies

Owner	Type	Provider	Monthly Cost	Amount Assured	In Trust?	Assured Until

Notes

Objectives

[illegible]