

CONFIDENTIAL CLIENT QUESTIONNAIRE

FOR OFFICE USE ONLY

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CONFIDENTIAL

(Please complete in blue/black ink)

To enable us to give you suitable advice, we need to have a clear picture of your current situation and what you want to achieve in the future. Normally we recommend an initial meeting to provide us with a better understanding of your circumstances. Of course, where this is not always possible or in advance of a meeting perhaps, we have designed this form to give us the necessary facts about you. The information that you provide will help us to make comprehensive recommendations, without any obligation upon you to take matters any further. Once you have completed this form, please return it to us. An experienced adviser will then reply to you. Please remember, our advice to you will always be completely impartial, independent and in total confidence. If you have any queries regarding the completion of the form, please do not hesitate to get in touch. If you would like to provide further details regarding any subject, please attach a separate sheet.

1. PERSONAL

SELF

SPOUSE/PARTNER

Title:

Surname:

Forenames:

Current Marital Status:

If married, please also confirm date of marriage

If married previously, please tick if you have also previously been widowed:

☐☐

Date of Birth:

National Insurance Number:

Home Address:

Post Code:

Daytime Telephone Number (inc STD Code):

Work Telephone Number:

Mobile Telephone Number:

E-Mail Address:

Please tick the box(es) to consent to receive... ☐ confidential/financial information ☐ news & marketing messagesby email.

Children and Dependants

Your mutual (for couples) children and dependants:

(Please include names and dates of birth)

Children from previous relationships
& any other dependants:

2. EMPLOYMENT

	SELF	SPOUSE/PARTNER
Are you employed/unemployed/self-employed/retired?	<input type="text"/>	<input type="text"/>
Employer Name/Company Name(<i>if self-employed</i>)	<input type="text"/>	<input type="text"/>
Occupation: (<i>Please provide brief details of typical duties</i>)	<input type="text"/>	<input type="text"/>
Length of Service:	<input type="text"/>	<input type="text"/>
Have you had any career breaks? (<i>if yes, please give details</i>)	<input type="text"/>	<input type="text"/>
Please provide details of any planned career change (<i>eg job change/retirement/promotion</i>)	<input type="text"/>	<input type="text"/>

3. INCOME

	SELF	SPOUSE/PARTNER
Pre-Tax earnings/pension: (<i>please confirm source</i>)	<input type="text"/>	<input type="text"/>
Bonus/Commission/Over-time: (<i>Please specify if not included above</i>)	<input type="text"/>	<input type="text"/>
Benefits-in-kind: (<i>Type and value eg company car, fuel allowance</i>)	<input type="text"/>	<input type="text"/>
Other Income: (<i>eg investment income, rent - please specify</i>)	<input type="text"/>	<input type="text"/>
How does household income compare to household expenditure? Please confirm amount of surplus/shortfall.	<input type="text"/>	<input type="text"/>

4. TAXATION

Do you receive Self Assessment forms from H M Revenue & Customs each year?

SELF:

YES ☐ NO ☐

SPOUSE/PARTNER

YES ☐ NO ☐

If "Yes", sight of your latest Return would be useful for our records.

Would you like information on how our professional accountancy and taxation services could help?

YES ☐ NO ☐

5. PENSIONS

(if retired, please ignore)

SELF

SPOUSE/PARTNER

Do you contribute towards a pension? *(If yes, a copy of the latest Statement and Scheme book would be helpful.)*

Pension Provider:

Pension Type:

(eg Employer/Personal Pension/Stakeholder)

Scheme/Plan No:

At what age do you hope to retire?

Death Benefits:

(if applicable)

Current value of the pension, if known (*plus copies of the latest retirement projection paperwork you may have received would be helpful*)

OTHER PENSION PLANS

Previous Employer/Pension Company:

(please provide policy/reference number)

A copy of the latest Statement and Scheme book would be helpful.

6. LIFE INSURANCE/ENDOWMENT POLICIES

[illegible]

7. OTHER INSURANCE *(eg Income Protection / Accident & Sickness / Redundancy / Private medical insurance)*

Policyholder (Self/Partner/ Joint)	Insurance Company	Type of Insurance	Policy/Ref No	Monthly Premium	Level of Insurance

8. YOUR HEALTH

SELF

SPOUSE/PARTNER

Are you in good health? *(if no, please give details)*

Do you engage in hazardous pursuits? *(if yes please provide brief details)*

Smoker? *(if yes, how many per day)*

9. YOUR HOME

Do you own or rent your home?

Own

☐

If owned, approximate value:

£

Rent

☐

If owned, in whose name is your home?:

If jointly owned, is this:

☐

Joint Tenants

☐

Tenants in Common

Please confirm details of any planned move:

Do you own more than one property?
(If yes, please give details, valuation and letting terms if applicable)

10. MORTGAGE BORROWING *(please provide latest mortgage statements)*

Home/Let Property	Lender	Interest-only / Repayment / Split	Account Number	Amount Owing	Fixed/ Variable	Interest Rate %	Incentive End Date

If interest-only, how do you intend to clear the mortgage ultimately?

ADDITIONAL LIABILITIES

(Please list details of all other outstanding loans and/or credit card debts)

Self/Partner /Joint	Company/Lender	Amount Owing	Early repayment penalty	Loan Finish Date	Monthly Payment	Interest Rate (% if known)

Please supply details of any past or present credit problems.

Are credit card accounts normally cleared monthly?

Yes

☐

No

☐**11. CASH SAVINGS** *(eg bank and building society accounts, cash ISAs, Premium Bonds, National Savings)*

Please confirm amount applied to cash ISAs this tax year (since 6 April)

Self/Partner /Joint	Bank/Building Society	Account Type	Approximate Balance	Notice required for withdrawals

12.INVESTMENTS

Please list all investments (including shares, Unit Trusts, Stockmarket ISAs and Bonds). Please provide as much information as possible.

Self/Partner /Joint	Investment Name/Type	Date of Purchase	Original Cost	No of Units/shares	Approximate Value (if known)

Please provide details of any capital gains realised this tax year and any unused capital losses from previous years (if known):

13. FINANCIAL GOALS

Please provide details of any planned capital expenditure over the next 3-5 years, including how much is required, how this will be funded and when. (eg car replacement, house extension, children’s education costs)

Please confirm any longer-term financial objectives or goals and the timescales involved. For example downsizing property, early retirement, your target household income during retirement (reflecting likely changes in expenditure at that time)?
Please continue on a separate sheet if necessary.

14. WILL PLANNING

SELF

SPOUSE/PARTNER

Do you have an up-to-date Will?

Yes ☐ No ☐

Yes ☐ No ☐

If yes, please provide a brief summary of the main provisions or preferably supply copies.

If no, would you like details of our Will Planning & Executorship Service?

Yes ☐ No ☐

Yes ☐ No ☐

Do you have Powers of Attorney?

Please tick

Please tick

Enduring Power of Attorney ☐

☐

Property & Financial Affairs Lasting Power of Attorney ☐

☐

Health & Welfare Lasting Power of Attorney ☐

☐

SOLICITOR *(if any)*

Solicitor's Name

Company and Address

ACCOUNTANT *(if any)*

Accountant's Name

Company and Address

OTHER INFORMATION

Any additional points you feel may be relevant - eg probable changes to your financial situation, details of an anticipated inheritance.

DECLARATION

I/We understand that any advice which we have or will be given has been based on the information supplied and that it does not place me/us under any obligation to follow any proposals which may ensue. I/We recognise that if I/we have withheld certain details or if I/we fail to update the Company on any changes to my/our circumstances that this may prevent the provision of the best possible advice.

SELF

SPOUSE/PARTNER

Signature:

Date:

Data Protection Act:

All information supplied within this document will be protected under the Data Protection Act. Your details will remain on our Company database for future mailings of our newsletter and will not be passed to any other organisation. If you do not wish to remain on our database please contact the office.

If you know of someone who you feel would benefit from our services please provide their details below: