

CONFIDENTIAL QUESTIONNAIRE

A. Personal Details

In order to provide you with comprehensive advice, we require as much information from you as possible. (Please provide details on a separate sheet if necessary)

	You	SPOUSE / PARTNER
Title	<input type="text" value="Mr / Mrs / Miss / Ms / Other"/>	<input type="text" value="Mr / Mrs / Miss / Ms / Other"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Home Address and Postcode:	<input type="text"/>	
Daytime Telephone Number:	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Employment Status:	<input type="text" value="Employed / Self Employed / Retired"/>	<input type="text" value="Employed / Self Employed / Retired"/>
If Employed, Name of Employer:	<input type="text"/>	<input type="text"/>
National Insurance Number:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text" value=" / / 19"/>	<input type="text" value=" / / 19"/>
Marital Status:	<input type="text"/>	<input type="text"/>
Sex:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Do You Smoke?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

A. Personal Details (continued)

Are you in good health? Yes No Yes No
 If no, please give details below

DEPENDANTS / CHILDREN			
NAME	RELATIONSHIP TO YOU	DATE OF BIRTH OR AGE	OCCUPATION

B. Income

	You	SPOUSE / PARTNER
From Employment:	£ <input type="text"/> pa	£ <input type="text"/> pa
Pensions:	£ <input type="text"/> pa	£ <input type="text"/> pa
Investment income:	£ <input type="text"/> pa	£ <input type="text"/> pa
Other income (please specify):	£ <input type="text"/> pa	£ <input type="text"/> pa
Total:	£ <input type="text"/> pa	£ <input type="text"/> pa

Is this income sufficient for your needs? Yes No

Please indicate an estimate of the surplus/shortfall:

C. Current Value of Assets*

*Where held in joint names please enter the amount owned by each partner. Please give an estimate if exact values are not known.

	You	SPOUSE / PARTNER
Home (primary residence):	£ <input type="text"/>	£ <input type="text"/>
Other property:	£ <input type="text"/>	£ <input type="text"/>
Current account balance:	£ <input type="text"/>	£ <input type="text"/>
Building Society & Deposits:	£ <input type="text"/>	£ <input type="text"/>
Equities (stock market shares):	£ <input type="text"/>	£ <input type="text"/>
PEPs/ISAs:	£ <input type="text"/>	£ <input type="text"/>
Unit & Investment Trusts/OEICs:	£ <input type="text"/>	£ <input type="text"/>
National Savings:	£ <input type="text"/>	£ <input type="text"/>
Investment Bonds:	£ <input type="text"/>	£ <input type="text"/>
Other Investments / Assets:	£ <input type="text"/>	£ <input type="text"/>
Total:	£ <input type="text"/>	£ <input type="text"/>

Please provide details on a separate sheet if necessary

D. Current Commitments

	LOAN AMOUNT(S)	MONTHLY TOTAL REPAYMENT COST	TERM REMAINING
Mortgage / Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Cards / Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details:	<input type="text"/>		

E. Estate Planning	You	Spouse / Partner
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Have you made a will? Yes No Yes No

Main Provisions

F. Current Pension Provision (including details of any employer scheme which you are / have been a member of)

(PLEASE SHOW YOUR OWN AND YOUR SPOUSE'S POLICIES)

Owner	Name of Pension Company	Type of Arrangement	Current Fund Value	Current Contribution Level

Please provide details on a separate sheet if necessary.

If employed, are you a member of your employer's pension scheme Yes No

G. Your Retirement Plans

	You	Spouse / Partner
Your planned retirement date	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
The amount of income in today's terms you would like in retirement	£ <input style="width: 80%; height: 40px;" type="text"/> PA	£ <input style="width: 80%; height: 40px;" type="text"/> PA

H. DO YOU HAVE ANY OF THE FOLLOWING POLICIES?
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	YOU		SPOUSE / PARTNER	
Private Medical Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Critical Illness Assurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Income Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Death in Service Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Life Assurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you would like us to review your protection policies to see if savings can be made, please tick this box

I. INVESTMENT STRATEGY

WHAT IS YOUR ATTITUDE TOWARDS INVESTMENT RISK?
(PLEASE INDICATE THE APPROXIMATE PERCENTAGE FOR EACH CATEGORY)

No Risk % Low Risk % MEDIUM RISK % MEDIUM / HIGH RISK % High Risk %

BELOW WE HAVE PROVIDED SUGGESTED EXPLANATIONS OF THE DIFFERENT TYPES OF RISK CATEGORY TO HELP YOU.

No Risk	Low Risk	MEDIUM RISK	MEDIUM / HIGH RISK	High Risk
I only require modest returns from secure investments where the only risk to my capital is inflation e.g. cash deposits.	I am seeking improved returns than offered by deposit accounts to provide better protection against inflation. I accept that there may be some fluctuation in capital values.	I am seeking a balanced investment approach with moderate risk to enhance potential returns. I accept that this may involve a greater amount of capital fluctuation and possible loss of capital.	I am willing to take a higher risk with part of my fund to achieve higher returns. I am prepared to accept greater fluctuations and an increased chance of capital loss.	I am willing to take high risks in order to achieve higher returns. I am prepared to accept significant fluctuations and the potential loss of capital in pursuit of long term gains.

INVESTMENT EXPERIENCE (PLEASE CIRCLE ONE)

INVESTMENT EXPERIENCE	RATING
I am an experienced investor and have a good understanding of the risks involved	5
I have been investing for some years and have a reasonable understanding of the risks involved	4
I understand the benefits of spreading my investments and including equity-based holdings	3
I have a few investments but do not consider myself an experienced investor	2
I am a first-time investor	1
I have no investment experience and no wish to invest	0

DO YOU HAVE A PREFERENCE FOR ETHICAL INVESTMENT? **Yes** **No** IF YES, PLEASE GIVE DETAILS:

INVESTMENT TERM

IN CONSIDERING YOUR OBJECTIVES, IT IS ADVISABLE TO ESTIMATE THE TERM OVER WHICH YOU WOULD LIKE THEM TO BE ACHIEVED. THE FOLLOWING INDICATIONS MAY HELP YOUR DECISION.

- SHORT TERM - UP TO 3 YEARS
- MEDIUM TERM - 3 TO 5 YEARS
- LONG TERM - OVER 5 YEARS

J. Do you anticipate any changes in your circumstances that could affect your financial plans?

Yes No

If Yes please give details

K.

Your Objectives

(Please tick which areas you would like advice on)

PROTECTION

- To protect my family / repay my mortgage in the event of death / critical illness
- To protect income in the event of illness
- To plan for long term nursing care
- To review / take out medical insurance

PENSIONS

- To build a worthwhile pension fund
- To reduce charges on my pension(s)
- To take the benefits from my pension(s)

SAVINGS / INVESTMENTS

- To save regularly to build capital
- To plan for school fees/university costs
- To invest for growth
- To invest for income
- To review my portfolio

TAX PLANNING

- To reduce my income tax liability with Venture Capital Trusts

INHERITANCE TAX PLANNING

- To reduce the inheritance tax payable on my estate
- To make gifts
- To insure against my inheritance tax liability

L. Please provide any background information you feel is relevant to your financial objectives. Please also indicate what specific help you want from Professional Direct to achieve your objectives.

THE INFORMATION PROVIDED WILL BE TREATED IN THE STRICTEST CONFIDENCE AND USED TO MAKE RECOMMENDATIONS IN RELATION TO YOUR FINANCIAL OBJECTIVES. IT MAY OR MAY NOT BE HELD ON COMPUTER FOR FUTURE MARKETING PURPOSES. WHERE BLANK SPACES ARE LEFT, IT IS ASSUMED THAT THE QUESTION IS NOT APPLICABLE OR THAT THE ANSWER IS NIL.

ADDITIONAL INFORMATION, IN THE FORM OF IDENTIFICATION DOCUMENTS, MAY BE REQUIRED TO ALLOW PROFESSIONAL DIRECT TO COMPLY WITH THE CURRENT REGULATIONS.

I UNDERSTAND THAT THE ADVICE WILL BE BASED SOLELY ON THE INFORMATION GIVEN IN THIS REVIEW AND ANY SUPPLEMENTARY QUESTIONNAIRE(S) AND THAT I HAVE RECEIVED A COPY OF THE TERMS OF BUSINESS LETTER AND KEY FACTS DOCUMENTS.

Signature(s)

Date

/ /

Signature(s)

Date

/ /

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