

Section 1: Personal Details

Full Name Mr/Mrs/Miss/Ms

Address

Telephone (Home)

Mobile

Home E-mail

Company Name

Address

Telephone (Work)

Work E-mail

Date of Birth

National Insurance Number

Passport Number

Driver's Licence Number

Next of Kin

Personal Details of Spouse:

Full Name Mr/Mrs/Miss/Ms

Address

Telephone (Home)

Mobile

Home E-mail

Company Name

Address

Telephone (Work)

Work E-mail

Date of Birth

National Insurance Number

Passport Number

Driver's Licence Number

Next of Kin

Section 2: Outgoings – General Financial

Mortgage:

Lender

Account Number

Contact Telephone Number

Address of Lender

Repayment Method

Total Monthly Payment £

Buildings Insurance:

Provider

Policy Number

Contact Telephone Number

Address of Provider

Payment (monthly/annual*) £

Contents Insurance:

Provider

Policy Number

Contact Telephone Number

Address of Provider

Payment (monthly/annual*) £

Motor Insurance:

Provider

Policy Number

Contact Telephone Number

Address of Provider

Payment (monthly/annual*) £

*Delete as applicable

Section 2: Outgoings – General Financial (cont.)

Personal Loan:

Lender

Amount Borrowed £

Date of Final Repayment

Monthly Payment £

Credit Card:

Type of Card

Card Number

Expiry Date

Provider Telephone Number*

Amount Outstanding £

Average Monthly Payment £

Type of Card

Card Number

Expiry Date

Provider Telephone Number*

Amount Outstanding £

Average Monthly Payment £

Charge Card:

Type of Card

Card Number

Expiry Date

Provider Telephone Number*

Amount Outstanding £

Average Monthly Payment £

Store Card:

Type of Card

Card Number

Expiry Date

Provider Telephone Number*

Amount Outstanding £

Average Monthly Payment £

*(in case of loss)

Section 3: Outgoings – Life Assurance

Personal Life Assurance Policies:

Name of Provider

Type of Policy

Policy Number

Contact Telephone Number

Amount Covered £

Monthly Payment £

Name of Provider

Type of Policy

Policy Number

Contact Telephone Number

Amount Covered £

Monthly Payment £

Name of Provider

Type of Policy

Policy Number

Contact Telephone Number

Amount Covered £

Monthly Payment £

Company Life Assurance Benefits:

Name of Company Scheme

Product Provider

Beneficiary

Cover Provided

Contact Name at Your Company

Monthly Payment (if any) £

Section 3: Outgoings – Life Assurance (cont.)

Private Health Plans:

Name of Provider

Type of Plan

Policy Number

Contact Telephone Number

Amount Covered £

Monthly Contribution £

Name of Provider

Type of Plan

Policy Number

Contact Telephone Number

Amount Covered £

Monthly Contribution £

Others: (Long-Term Care Plan, Critical Illness, etc.)

Type of Policy

Name of Provider

Policy Number

Contact Telephone Number

Cover Provided £

Monthly Payment £

Type of Policy

Name of Provider

Policy Number

Contact Telephone Number

Cover Provided £

Monthly Payment £

Section 4: Outgoings – Pensions

Company Pension Scheme:

Present Employer

Contact Name

Contact Number

Retirement Year

Free Standing AVCs?

Monthly Contribution £

Past Employers Pensions

Do you have any pensions with previous employees?

If so, do you have any further details?

Personal Pension Plan:

Provider

Policy Number

Contact Telephone Number

Retirement Year

Monthly Contribution £

Provider

Policy Number

Contact Telephone Number

Retirement Year

Monthly Contribution £

Provider

Policy Number

Contact Telephone Number

Retirement Year

Monthly Contribution £

Section 5: Savings

Current Accounts:

Branch Details

Branch Telephone Number

Account Name

Account Number

Sort Code

Average Monthly Savings £

Branch Details

Branch Telephone Number

Account Name

Account Number

Sort Code

Average Monthly Savings £

Deposit Accounts:

Branch Details

Branch Telephone Number

Account Name

Account Number

Average Monthly Savings £

Branch Details

Branch Telephone Number

Account Name

Account Number

Average Monthly Savings £

Section 6: Investments

Type of Investment _____
Name of Provider _____
Amount Invested (monthly/lump sum*) £ _____
Date Invested _____
Contact Telephone Number _____

Type of Investment _____
Name of Provider _____
Amount Invested (monthly/lump sum*) £ _____
Date Invested _____
Contact Telephone Number _____

Type of Investment _____
Name of Provider _____
Amount Invested (monthly/lump sum*) £ _____
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Contact Telephone Number _____

Type of Investment _____
Name of Provider _____
Amount Invested (monthly/lump sum*) £ _____
Date Invested _____
Contact Telephone Number _____

*Delete as applicable

Section 6: Investments (cont.)

Type of Investment

Name of Provider

Amount Invested (monthly/lump sum*) £

Date Invested

Contact Telephone Number

Type of Investment

Name of Provider

Amount Invested (monthly/lump sum*) £

Date Invested

Contact Telephone Number

Type of Investment

Name of Provider

Amount Invested (monthly/lump sum*) £

Date Invested

Contact Telephone Number

Type of Investment

Name of Provider

Amount Invested (monthly/lump sum*) £

Date Invested

Contact Telephone Number

*Delete as applicable

National Savings Certificates:

Certificate Numbers

Premium Bonds:

Purchase Date

Bond Numbers

Section 7: Monthly Outgoings/Income Summary

Outgoings:

Mortgage Payments

Rent

Council tax

Buildings Insurance

Contents Insurance

Life Assurance

Other Insurance

Pension Contributions

Loan(s)

Credit Card Payments

Savings & Investments

School Fees

Car/Travel Costs

Gas

Telephone

Water

Electricity

Television Licence

Food

Entertainment

Other Outgoings

Total Outgoings £

Income:

Net Pay

Dividends

Income from Savings & Investments

Property Income

Benefits

Other Income

Total Income £

Balance (Income – Outgoings) £

Section 8: Children's Savings

Name of Child

Type of Investment

Amount Invested (monthly/lump sum*)

Date Invested

Name Invested under

Name of Child

Type of Investment

Amount Invested (monthly/lump sum*)

Date Invested

Name Invested under

Name of Child

Type of Investment

Amount Invested (monthly/lump sum*)

Date Invested

Name Invested under

*Delete as applicable

Section 9: Important Information

Bank:

Name

Contact Details

Independent Financial Adviser:

Name

Contact Details

General Insurance Broker:

Name

Contact Details

Stock Broker:

Name

Contact Details

Accountant:

Name

Contact Details

Will:

My Will is held by

Contact Name

Contact Number

The Executors are

Tax:

Tax District

Tax Number

Tax Reference Number

Doctor:

Name

Address

Telephone Number

National Health Service Number

Dentist:

Name

Address

Telephone Number

Notes
