



## A STRATEGY FOR YOUR FUTURE

*“To be financially well organised is an objective of many,  
achieved by few.”*

### Financial Planning Questionnaire

Unless you have a clear idea of where you are, where you wish to be and a plan to get there, you are unlikely to be successful in achieving your financial goals and you will almost certainly waste valuable time and resources trying.

With the hectic pace of day to day living – planning for the future is often neglected.

Completing this Financial Planning Questionnaire is the first step on the road to financial freedom.

It will provide a framework to help you clarify your current financial situation and enable you to concentrate on your major life & financial goals.

**Please note that we will base our recommendations on the information provided by you in this questionnaire and we therefore ask that the information that you provide is as full and accurate as possible.**

**If you have any existing policies, that have not been arranged by LFP, please provide policy numbers to enable us to contact your providers for any additional information that may be required.**

Name:

*LFP Asset Management - Independent Financial Guidance*



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## **YOUR FINANCIAL OBJECTIVES**

Please indicate by number the order of priority in which you place the following objectives.  
Amend/delete the wording as necessary.

**PRIORITY**

**OBJECTIVE**

\_\_\_\_\_ **TO BE FINANCIALLY WELL ORGANISED**

To create a Financial Plan which will give you a clear grasp of your present financial situation and will help you make the most effective use of your resources towards the achievement of your goals and objectives.

\_\_\_\_\_ **FINANCIAL INDEPENDENCE**

To achieve Financial Independence no later than age \_\_\_\_\_.

\_\_\_\_\_ **BASIC FAMILY SECURITY**

To ensure that adequate provision is made for the financial consequences of the death or disablement of yourself or your spouse.

\_\_\_\_\_ **INVESTMENT PLANNING/FUTURE CASH FLOW MANAGEMENT**

To estimate future cash flow on realistic assumptions and to develop an investment strategy which will enable you to invest your capital and surplus income in accordance with risk/reward, flexibility and accessibility standards with which you are comfortable.

\_\_\_\_\_ **ESTATE PLANNING**

To reduce the tax liability likely to arise on the death of yourself and your spouse and to ensure that sufficient cash will be available in the right hands at the right time to meet any liability which remains.

\_\_\_\_\_ **BUSINESS PLANNING AND PROTECTION**

To develop a written Business Plan (and keep it up to date) and to ensure that your business is protected against the financial consequences of the death or disablement of any key person.



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<b>Your Details</b>	<b>First Applicant</b>	<b>Second Applicant</b>
Name		
Address		
Home Phone Number		
Office Phone Number		
Mobile Phone Number		
E-mail Address		
Date of Birth		
Marital Status		
Smoker/Non-Smoker		
Employed/Self-Employed		
Occupation		
Earnings		
Employers Name		
National Insurance Number		
Children's Names and D.O.B		



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<b>Current Mortgage Details</b>		
	<b>First Applicant</b>	<b>Second Applicant</b>
Current Lender		
Term Remaining (years)		
Repayment Method	<input type="checkbox"/> Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/> Part repayment, part interest only	<input type="checkbox"/> Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/> Part repayment, part interest only
Capital Balance Outstanding	<b>A.</b> £	<b>A.</b> £
Redemption Penalty Amount (If applicable)	<b>B.</b> £	<b>B.</b> £
Repayable on Redemption	<b>A + B.</b> £	<b>A + B.</b> £
Current Rate Payment Amount	% £ _____ p.m.	% £ _____ p.m.
Interest Rate Type	<input type="checkbox"/> Variable <input type="checkbox"/> Discount <input type="checkbox"/> Capped <input type="checkbox"/> Fixed <input type="checkbox"/> Tracker <input type="checkbox"/> LIBOR <input type="checkbox"/> Flexible      Other <input type="text"/>	<input type="checkbox"/> Variable <input type="checkbox"/> Discount <input type="checkbox"/> Capped <input type="checkbox"/> Fixed <input type="checkbox"/> Tracker <input type="checkbox"/> LIBOR <input type="checkbox"/> Flexible      Other <input type="text"/>
Date end of fixed / discount period		
Is current mortgage portable to a new property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Buy To Let</b>	
Do you have any investment properties? (if so, how many?)	<input type="checkbox"/> Yes <input type="checkbox"/> No      Number <input type="text"/>
Please give the estimated rental value	<input type="text"/>

<b>Schedule of Assets</b>	<b>First Applicant</b>	<b>Second Applicant</b>
Home	£	£
Cash	£	£
Investments	£	£
Pension Plans	£	£
Endowments	£	£
Other	£	£
	£	£
<b>Total</b>	<b>£</b>	<b>£</b>

<b>Schedule of Liabilities</b>		
<b>Long-Term Liabilities</b>	<b>First Applicant</b>	<b>Second Applicant</b>
Mortgage	£	£
Other	£	£

<b>Short-Term Liabilities</b>	<b>First Applicant</b>	<b>Second Applicant</b>
Credit Cards	£	£
Store Cards	£	£
Hire Purchase	£	£
Personal Loans	£	£
Bank Overdraft	£	£
Other	£	£
<b>Total</b>	<b>£</b>	<b>£</b>
<b>Monthly Income Schedule</b>	<b>First Applicant</b>	<b>Second Applicant</b>



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Salary / Earnings (net)	£	£
Pension	£	£
Investment Income	£	£
Other Income	£	£
	£	£
<b>Total</b>	<b>£</b>	<b>£</b>

<b>Monthly Expenses Schedule</b>	<b>First Applicant</b>	<b>Second Applicant</b>
Mortgage / Rent	£	£
Council Tax	£	£
Utilities	£	£
Telephone	£	£
Household Insurances	£	£
Life Insurance etc	£	£
Credit Cards	£	£
Loans	£	£
Groceries	£	£
Travel	£	£
Entertainment	£	£
Other	£	£
<b>Total</b>	<b>£</b>	<b>£</b>



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## **Life Assurance Policies**

<b>Policy</b>	<b>1</b>	<b>2</b>	<b>3</b>
Policy Holder			
Life Assured			
Type of Cover			
Amount of Cover / Benefit			
Insurance Company			
Policy Number			
Term			
Start Date			
Maturity Date			
Estimated Current Value (if applicable)			
Gross Monthly Premium			

**You do not need to include details of any policies set-up by LFP**



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## **Pension Policies**

<b>Policy</b>	<b>1</b>	<b>2</b>	<b>3</b>
Policy Holder			
Type of Pension (eg: Personal Pension)			
Pension Company			
Policy Number			
Start Date			
Retirement Age			
Estimated Current Value			
Gross Monthly Premium			
Waiver of Premium			
Life Cover			



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### **Investment Contracts**

<b>Policy</b>	<b>1</b>	<b>2</b>	<b>3</b>
Policy Holder			
Investment Type			
Company			
Policy Number			
Initial Investment			
Estimated Current Value			
Maturity Date			
Income Details			
Monthly Contribution (if applicable)			

### **Savings-Bank/ Building Society Deposits**

	<b>Applicant 1</b>	<b>Applicant 2</b>
Instant Access	£	£
Notice Account	£	£
Cash ISA's	£	£
Other	£	£



## Assessing Your Attitude To Investment Risk

### The Risk Scale

	<b>Risk level</b>	<b>Risk description</b>	<b>Types of investments and funds</b>
1	<b>Very Low</b>	<b>Little or no volatility, offering capital security. Unlikely to achieve higher than inflation in the longer term</b>	Cash deposits e.g. UK Building Societies, Banks
2	<b>Low</b>	<b>Very low volatility</b>	UK gilts
3	<b>Low/ Medium</b>	<b>Low volatility. Aims to keep pace with inflation</b>	Index linked funds
4	<b>Medium</b>	<b>Some volatility but potential to produce some long term steady growth</b>	Cautious managed funds, cautiously invested with profit funds
5	<b>Balanced</b>	<b>Average level of volatility with good growth potential over the medium to long term</b>	Balanced managed funds, higher risk with profit funds, UK equity funds, property
6	<b>Medium/ Higher</b>	<b>Risk of higher volatility</b>	Global growth, Europe including UK, stock market managed funds
7	<b>Higher</b>	<b>Risk of higher volatility. Opportunity for above average growth over medium-long term</b>	North America, smaller companies, investment trusts
8	<b>Higher / Speculative</b>	<b>Likely higher levels of volatility. Potential for above average gains over the longer term</b>	Europe, excluding the UK
9	<b>Speculative</b>	<b>Likely higher levels of volatility. Potential for above rapid gains during a bull market</b>	Japanese small companies, Far East
10	<b>High</b>	<b>Likely high volatility potential for rapid growth or losses</b>	Emerging markets, specialist equity funds

### **Question 1**

Based on the Risk Scale on the previous page, where would you categorise your current overall attitude to investment risk?

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Very Low   | <input type="checkbox"/> Medium/Higher      |
| <input type="checkbox"/> Low        | <input type="checkbox"/> Higher             |
| <input type="checkbox"/> Low/Medium | <input type="checkbox"/> Higher/Speculative |
| <input type="checkbox"/> Medium     | <input type="checkbox"/> Speculative        |
| <input type="checkbox"/> Balanced   | <input type="checkbox"/> High               |

### **Question 2**

When it comes to investing, how would you describe yourself?

- Very inexperienced
- Somewhat inexperienced
- Somewhat experienced
- Experienced
- Very experienced

### **Question 3**

Select the hypothetical investment that would most likely meet your expectations for returns in “average” or “good” years without making you uncomfortable during poor investment periods.

	Bad Year	Average Year	Good Year
<input type="checkbox"/> Investment A	0%	4%	8%
<input type="checkbox"/> Investment B	-3%	6%	12%
<input type="checkbox"/> Investment C	-6%	8%	16%
<input type="checkbox"/> Investment D	-9%	10%	20%
<input type="checkbox"/> Investment E	-12%	12%	24%

#### **Question 4**

Assuming that you are investing for the long term, what is the maximum drop in your portfolio's value that you could tolerate in any given year before feeling uncomfortable?

- |   |   |
|---|---|
| <input type="checkbox"/> I'd be uncomfortable with any loss | <input type="checkbox"/> A 5% drop is all I could live with |
| <input type="checkbox"/> I could tolerate a 10% fall        | <input type="checkbox"/> A 15% drop is all I could stand    |
| <input type="checkbox"/> A 20% decline would be my limit    | <input type="checkbox"/> I could bear a 25% loss            |

#### **Question 5**

How stable is your current and future income from sources such as salary, social security and pension plans or other investments?

- Very unstable
- Unstable
- Somewhat stable
- Stable
- Very stable

#### **Question 6**

When making a significant investment decision, which is more important to you?

- I would consider the potential loss first.
- I would consider the potential loss somewhat more.
- The potential profit and loss would be about the same for me.
- I would consider the potential gain somewhat more.
- I would consider the potential gain first.



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**Declarations**

**DO NOT SIGN THIS DECLARATION UNLESS YOU ARE ENTIRELY SATISFIED. IF YOU HAVE ANY QUESTIONS OR ARE NOT SATISFIED WITH ANY ASPECT, PLEASE ASK LFP FOR ASSISTANCE BEFORE SIGNING THIS DOCUMENT OR ANY OTHER FORMS.**

**Data Protection**

We will treat all your personal information as private and confidential (even when you are no longer a customer), except where disclosure is made at your request or with your consent in relation to arranging your mortgage or other insurance policies, pensions and investments. We can also confirm that you have a right of access under the Data Protection Act 1998 to your personal records held on our files. We would advise you that your files may be submitted to the Financial Service Authority for compliance monitoring and no other purpose.

LFP may periodically issue information and newsletters to clients in paper based and electronic format (eg: e-mail or SMS txt messages), to inform them about new opportunities, case updates and product changes. If you wish to be excluded from our mailing list please tick here [ ]

**I/We confirm that I/We have answered these questions as far as I/We are able and understand that LFP will base any financial advice on the information provided in this questionnaire.**

**First Applicant's signature**

**Second Applicant's signature**

**Date**

**Date**

**Adviser Statement**

I confirm that the applicant(s) have read and agreed the information recorded before signing above and that a copy of this form is available to them on request.

I also confirm that I have provided the applicants with a copy of my firm's Disclosure Document, Terms of Business Statement and my business card.

**Adviser Name** J N Lowther FCII FPFS Chartered Financial Planner

**Adviser Signature**

**Date**

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