

**Personal
Mortgage & Protection
Questionnaire**

Adviser	
Client(s)	
Date of first meeting	
Dates of subsequent meetings	
Client introduced by:	

Private & Confidential

PERSONAL DETAILS	CLIENT 1			CLIENT 2		
TITLE						
FORENAME/S						
SURNAME/MAIDEN NAME						
MARITALSTATUS						
DATE OF BIRTH						
NATIONALITY						
UK RESIDENT MORE THAN 3 YRS?						
3 YEARS ADDRESS HISTORY						
DATES MOVED TO DD/MM/YYYY						
HOMETELEPHONE						
MOBILE NUMBER						
EMAILADDRESS						
BEST TIME TO CONTACT	AM	PM	ANYTIME	AM	PM	ANYTIME
N.I. NUMBER						
DRIVERS LICENCE NO.						
SMOKER/HEIGHT/WEIGHT						
SIGNIFICANT MEDICAL ISSUES						
DEPENDANTS NAMES	RELATIONSHIP TO YOU	AGE		LIVES WITH YOU?		
NOTES						

EMPLOYMENT DETAILS	CLIENT 1	CLIENT 2
EMPLOYMENT STATUS		
OCCUPATION		
NATURE OF DUTIES		
NAME OF EMPLOYER		
START DATE DD/MM/YYYY		
RETIREMENT AGE		
GROSS ANNUAL INCOME DETAILS	CLIENT 1	CLIENT 2
SALARY/DRAWINGS		
BONUSES/DIVIDENDS		
OVERTIME		
INVESTMENT INCOME		
PENSION INCOME		
STATE BENEFITS		
OTHER INCOMES		
LIKELY TO CHANGE?		
SA302? YEAR END DATE		
TOTAL		
WORKPLACE BENEFITS	CLIENT 1	CLIENT 2
DEATH IN SERVICE		
CRITICAL ILLNESS		
SICK PAY		
PRIVATE MEDICAL INSURANCE		
PENSION		

NOTES

ASSETS	CLIENT 1	CLIENT 2	JOINT
MAIN RESIDENCE			
HOLIDAY HOMES			
BUY TO LETS			
SAVINGS/INVESTMENTS			
OTHER			
TOTAL ASSETS			
LIABILITIES	CLIENT 1	CLIENT 2	JOINT
MAIN MORTGAGE			
ADDITIONAL MORTGAGES			
LOANS/CREDIT CARDS			
OTHER			
TOTAL LIABILITIES			
SPECIFIC MORTGAGE DETAILS	MORTGAGE 1	MORTGAGE 2	MORTGAGE 3
TYPE - REPAYMENT OR I/O			
AMOUNT OUTSTANDING			
TERM REMAINING			
INTEREST RATE			
LENDER			
LEGACY PLANNING			
WHERE IS YOUR WILL STORED?			
WHAT WOULD YOU LIKE TO HAPPEN TO YOUR ASSETS WHEN YOU DIE?			
WHO IS THE DESIGNATED GUARDIAN OF YOUR CHILDREN?			
IF YOU LOSE MENTAL CAPACITY WHO IS YOUR ATTORNEY IN YOUR LPA?			
NOTES			

MONTHLY NET INCOME	CLIENT 1	CLIENT 2	JOINT
MAIN EMPLOYMENT			
SECONDARY EMPLOYMENT			
PENSION/INVESTMENT AND OTHER			
TOTAL MONTHLY INCOME			
MONTHLY EXPENDITURE			
MORTGAGE/RENT			
LOANS/CREDIT CARDS			
GROUND RENT/SERVICE CHARGE			
COUNCIL TAX			
GAS/ELECTRIC/WATER			
INTERNET/TELEPHONE/TV			
CAR INSURANCE/ROAD TAX/REPAIRS			
TRAVEL/PETROL			
FOOD			
MEMBERSHIPS			
HEALTHCARE/DENTIST			
CLOTHING/BEAUTY			
HOLIDAYS/SOCIALISING			
CHILDCARE COSTS			
PETS/VETS			
REG SAVINGS/PRIVATE PENSION/INSURANCE			
OTHER			
TOTAL MONTHLY EXPENDITURE			
DISPOSABLE INCOME			
MONTHLY MORTGAGE BUDGET			

EXISTING MORTGAGE DETAILS	MORTGAGE 1	MORTGAGE 2	MORTGAGE 3	
BORROWER				
LENDER				
ACCOUNT NUMBER				
TYPE OF PROPERTY				
DEAL TYPE/LENGTH				
REPAYMENT OR I/O				
REPAYMENT VEHICLE				
PURCHASE PRICE/DATE				
AMOUNT OUTSTANDING				
TERM REMAINING				
INTEREST RATE				
EARLY REDEMPTION CHARGE				
MONTHLY PAYMENT				
RENTAL INCOME				
ADDRESS				
EXISTING LOAN/CREDIT	DEBT 1	DEBT 2	DEBT 3	
TYPE				
TERM				
BORROWER				
LENDER				
MONTHLY PAYMENT				
AMOUNT OUTSTANDING				
END DATE				
REPAY NOW				
SECURED				
ACCOUNT NUMBER				
PURPOSE				
ADVERSE CREDIT DETAILS			YES	NO
Do you have any convictions by a court for offences which are not 'spent convictions' within the meaning of the Rehabilitation of Offenders Act 1974; or have you been subject to penalties for tax evasion?				
Are any legal proceedings being taken against you in relation to any financial commitment?				
Do you have any CCI's for non-payment of a debt made against you or if self-employed/controlling director against your company?				
Have you ever incurred mortgage, rent or loan arrears by more than one month, had a property repossessed, credit declined, been declared bankrupt or entered into any arrangement with creditors?				
IF YES PLEASE GIVE FULL DETAILS				

MORTGAGE NEEDS				
TYPE OF MORTGAGE REQUIRED	1 ST TIME BUYER		BUY TO LET	
	2 ND TIME BUYER		LET TO BUY	
	REMORTGAGE		FURTHER ADVANCE	
	CAPITAL RAISE		PORTING	
	SHARED OWNERSHIP		RIGHT TO BUY	
REASON/PURPOSE OF REMORTGAGE	REDUCE MONTHLY PAYMENTS		CAR	
	REDUCE TERM		CONTINGENCY	
	EXTEND TERM		DEBTS	
	HOME IMPROVEMENTS		OTHER	
MORTGAGE – ATTITUDE TO RISK				
Cautious - You want the certainty of your mortgage being repaid at the end of the term				
Balanced - You are comfortable if all or part of your mortgage is repaid from the proceeds of an investment product such as an Endowment, ISA or Pension.				
Adventurous - You are happy to take a risk and pay the mortgage off at the end of the term				
PROPOSED MORTGAGE DETAILS				
NEW PROPERTY ADDRESS				
PROPERTY VALUE/PRICE		MORTGAGE		LTV%
DEPOSIT AMOUNT		SOURCE		MAIN RES/BTL
PROPERTY TYPE		TYPE OF BUILDING		YEAR BUILT
RENTAL INCOME		CONFIRMED/PROJ		OCCUPANTS
FREE/LEASE HOLD		LEASE REMAINING		GROUND RENT
PURPOSE BUILT/CONVERTED		STOREYS?		SERVICE CHARGE
OUTBUILDINGS		CONSERVATORY		GARAGE
WALL CONSTRUCTION		ROOF CONS		HEATING
LIVING ROOMS		BATHROOMS		PARKING
FEES & FEATURES	ACCEPTED?	PAY UPFRONT		ADD TO LOAN
VALUATION FEE				
LENDER FEE				
LEGAL FEES				
IF ADDED TO LOAN – WHY?				
FEATURES REQUIRED	PAYMENT HOLIDAY		CASHBACK	
	FLEXIBLE		OVER OR UNDERPAYMENTS	
	CURRENT ACCOUNT		PORTABILITY	
TERM OF MORTGAGE				
DEAL TYPE/PERIOD	FIXED		2 YRS	
	CAPPED		3 YRS	
	DISCOUNT		5 YRS	
	SVR		10 YRS	
	TRACKER		OTHER	

DETERMINING YOUR PROTECTION NEEDS		CLIENT 1	CLIENT 2
<i>In the event you were unable to work because of sickness or injury, could you:</i>			
Pay for medical treatment in relation to sickness or injury?			
Continue to maintain your current standard of living?			
Continue to meet loan repayments?			
If yes to any of the above, how long could you do this?			
<i>In the event you suffered a Critical Illness, could you:</i>			
Fund related medical costs?			
Fund lifestyle or home alterations?			
Provide for your children's education?			
Manage your loan and debt repayments?			
<i>In the event of your death, could you:</i>			
Pay off all outstanding debt and liabilities?			
Provide for your children's education?			
Fund funeral costs?			
Provide an income stream (for family/partner)?			
EXISTING INSURANCE POLICIES	PLAN 1	PLAN 2	PLAN 3
POLICYHOLDER			
PLAN TYPE			
PROVIDER			
START DATE			
EXPIRY DATE			
SUM ASSURED			
PREMIUM			
DEFERRED PERIOD			
CRITICAL ILLNESS			
TERMINAL ILLNESS			
WAIVER OF PREMIUM			
TPD COVER			
INCAPACITY DEFINITION			
INVESTMENT ELEMENT/AMOUNT			
OTHER INFORMATION			
PROTECTION – ATTITUDE TO RISK		CLIENT 1	CLIENT 2
Cautious - You would prefer for premiums to be guaranteed and not change except as a result of changes to the cover			
Medium - You are prepared to accept premiums that may rise in the future.			
MONTHLY PROTECTION BUDGET			
CLIENT 1	CLIENT 2	JOINT	

DEBT PROTECTION		CLIENT 1	CLIENT 2	JOINT	
MORTGAGES					
OTHER					
SUM ASSURED REQUIRED					
TERM					
LEVEL/DECREASING					
CRITICAL ILLNESS					
WAIVER					
WHY THIS SUM ASSURED? WHY THIS TERM? WHY THESE FEATURES? or WHY HAS THIS NOT BEEN ADDRESSED?					
FAMILY AND LIFESTYLE PROTECTION		CLIENT 1	CLIENT 2	JOINT	
LEGACY AMOUNT					
LIFESTYLE FUNDS					
FUNERAL EXPENSES					
OTHER					
SUM ASSURED REQUIRED					
TERM					
LEVEL/INCREASING/FIB					
CRITICAL ILLNESS					
WAIVER					
WHY THIS SUM ASSURED? WHY THIS TERM? WHY THESE FEATURES? or WHY HAS THIS NOT BEEN ADDRESSED?					
INCOME PROTECTION		CLIENT 1	CLIENT 2		
MONTHLY BENEFIT REQUIRED					
DEFERRED PERIOD (WEEKS)					
TERM/TO AGE					
UNEMPLOYMENT COVER					
MINIMUM BENEFIT PERIOD					
INDEXATION					
WHY THIS BENEFIT? WHY THIS DEFERRED PERIOD? WHY THIS TERM? or WHY HAS THIS NOT BEEN ADDRESSED?					
OTHER INSURANCE NEEDS					
PMI	B&C	BUSINESS PROT.	COMMERCIAL	TRAVEL	OTHER

NOTES

Large empty rectangular area for taking notes.

MAIN OBJECTIVES

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