



ST. JAMES'S PLACE  
PARTNERSHIP

# CONFIDENTIAL

## CLIENT QUESTIONNAIRE



Client 1 Name:

Client 2 Name:

Advisors Name:

Seminar attended:

Date of seminar:

Date of meeting(s):

 -  - 

Date Initial Disclosure Document given to Client:

Date Menu given to Client:

# PERSONAL AND FAMILY DETAILS

## CONTACT DETAILS

	Client 1	Client 2
Full Name & Title	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
Telephone No	<input type="text"/>	Email Address: <input type="text"/>

## PERSONAL DETAILS

	Client 1	Client 2
Date of Birth/Age	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
	Smoker <input type="checkbox"/>	Non Smoker <input type="checkbox"/>
	Smoker <input type="checkbox"/>	Non Smoker <input type="checkbox"/>

## CHILDREN & OTHER DEPENDANTS

Name	Age	Sex M/F	Marital Status	Relationship to client		Dependant Y/N	Until When
				Client 1	Client 2		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# OCCUPATION AND EARNINGS

## OCCUPATION

	Client 1	Client 2
Occupation/Retired	<input type="text"/>	<input type="text"/>

## GROSS ANNUAL INCOME £

	Client 1	Client 2	Joint
Income from employment	<input type="text"/>	<input type="text"/>	
Self-employed income	<input type="text"/>	<input type="text"/>	
State Pension Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension Income	<input type="text"/>	<input type="text"/>	
Investment Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rental Income	<input type="text"/>	<input type="text"/>	
Income from other sources	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Gross Annual Income</b> (before tax)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## MONTHLY EXPENDITURE

	Client 1	Client 2	Joint
Total Net Monthly Income (after tax) (A)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total Monthly Expenditure (B)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Disposable Net Income (A-B)</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

# ASSETS AND LIABILITIES

## ASSETS £

	Owned by Client 1 Amount in £	Owned by Client 2 Amount in £	Owned Jointly Amount in £
Main Residence			
Other Property			
Cash/Building Society Deposits			
TOISAs			
National Savings/Gilts			
PEP's & ISA's			
Unit Trusts & OEICs			
Investment Bonds			
Stocks & Shares			
Personal Assets			
Life plans not in trust			
Value of trust property in which you have an interest in possession			
Monies owing to you			
Other Assets			
<b>Total Assets</b>			

## LIABILITIES £

	Owed by Client 1 Amount in £	Owed by Client 2 Amount in £	Owed Jointly Amount in £
Mortgages			
Loans and Credit Cards			
Other (eg personal guarantees)			
<b>Total Liabilities</b>			

## SUMMARY OF ASSETS AND LIABILITIES £

	Client 1	Client 2	Joint
<b>Assets less liabilities</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Total estate for IHT purposes (A+B+C)</b>			

# TAX AND RESIDENCE

## PERSONAL TAX/RESIDENCE/DOMICILE STATUS

	Client 1				Client 2			
Are you chargeable to UK tax?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Highest Rate <input type="checkbox"/>	% <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Highest Rate <input type="checkbox"/>	% <input type="checkbox"/>
Are you currently resident in the UK for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you domiciled in the UK for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If non-domiciled, when did you first arrive in the UK?	<input type="text"/>				<input type="text"/>			

# INVESTMENT AND INHERITANCE TAX PLANNING

## YOUR PRIORITIES

What is important to you? (please tick as appropriate)

	Very Important		Fairly Important		Not a Priority	
	Client 1	Client 2	Client 1	Client 2	Client 1	Client 2
Investing for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing for Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing for Income & Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To create capital for future use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Inheritance Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a fund to pay a potential Inheritance Tax liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please read the enclosed 'Guide to choosing your attitude to risk' before completing this section

## ATTITUDE TO RISK FOR INVESTMENT PLANNING (please tick as appropriate)

Risk Categories	Low		Low to Medium		Medium		Medium to High		High	
Client 1	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Client 2	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

## EMERGENCY FUNDS

	Client 1		Client 2		Joint	
Do you have immediate access to an emergency fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>yes</b> , please detail amount	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
Do you need additional Emergency Funds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>yes</b> , please detail amount	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	

## ISA & CAPITAL GAINS TAX (CGT) ALLOWANCES

	Client 1		Client 2	
Have you invested into an ISA this tax year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>yes</b> , give details of type – Mini/Maxi? Cash/Stocks & Shares?	£ <input type="text"/>		£ <input type="text"/>	
Do you regularly use your CGT Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you used, or do you intend to use, your CGT allowance for this tax year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Any other relevant information:

# INVESTMENT AND INHERITANCE TAX PLANNING

## WILL ARRANGEMENTS

Client 1		Details of Beneficiaries (including charities)	Details (financial amounts/%)
Have you made a will?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last review	<input type="text"/>		
Is the nil rate band being used for Inheritance Tax Planning?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Client 2		Details of Beneficiaries (including charities)	Details (financial amounts/%)
Have you made a will?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last review	<input type="text"/>		
Is the nil rate band being used for Inheritance Tax Planning?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

## GIFTS YOU INTEND TO MAKE

Who will be making the gift? (please delete as applicable)	Value of gift (£)	Intended beneficiary(ies)	When do you intend to make the gift?
Client 1/Client 2/Joint	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client 1/Client 2/Joint	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client 1/Client 2/Joint	<input type="text"/>	<input type="text"/>	<input type="text"/>

## DETAILS OF GIFTS MADE IN THE LAST 14 YEARS

Who made the gift? (please delete as applicable)	Value of gift (£)	Names of beneficiary(ies)	Date gift was made	Was the gift made into a trust?	Purpose eg Education fees for grandchild
Client 1/Client 2/Joint	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client 1/Client 2/Joint	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client 1/Client 2/Joint	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## INHERITANCES

	Client 1	Client 2
Have you received an inheritance in the last two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>yes</b> , how much?	£ <input type="text"/>	£ <input type="text"/>

## ANTICIPATED INHERITANCES

	Client 1	Client 2
Do you expect to receive an inheritance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>yes</b> , how much?	£ <input type="text"/>	£ <input type="text"/>

## SUMMARY OF ANY PLANS THAT CAN BE USED TO ADDRESS IHT NEEDS

	Client 1	Client 2	Joint
Life assurance plans available to address IHT on death	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Any other relevant information:

## ANY OTHER RELEVANT INFORMATION

Please use the space provided below to list any other relevant information:

## DECLARATION

	<b>Client 1</b>		<b>Client 2</b>	
Do you expect your financial circumstances to change in the foreseeable future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please provide details in the space provided below.

**I confirm that the information contained in this document is accurate and I understand that if I declined to answer certain questions or did not provide all relevant information then the subsequent advice given will be based on the information provided.**

Client 1 Name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
Client 2 Name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

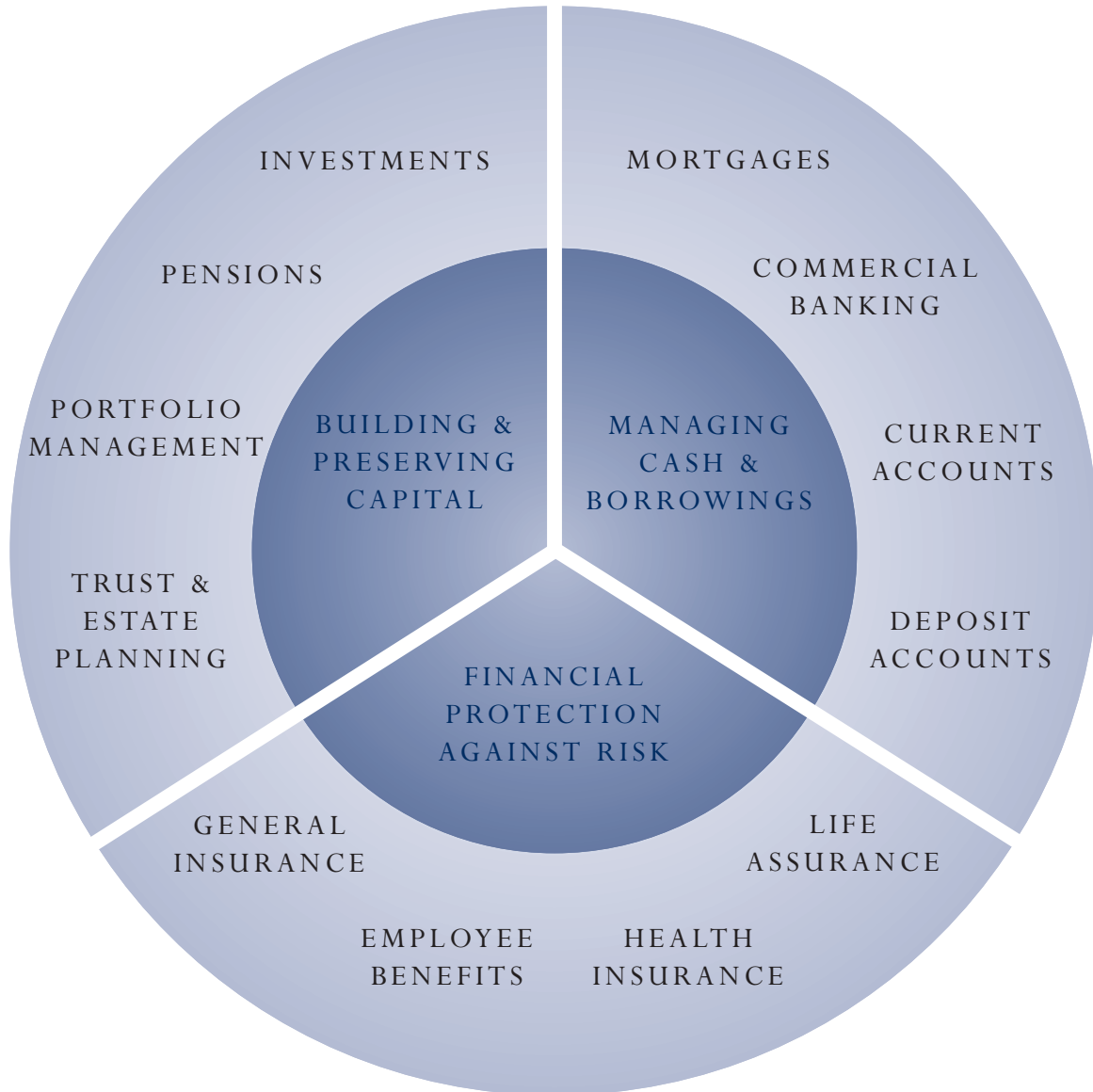
[Large empty rectangular area for office use]

Date CFR completed



ST. JAMES'S PLACE  
PARTNERSHIP

## THE SERVICES WE PROVIDE



If you would like to discuss any of the other services noted above, please indicate the services that are of interest to you in the space provided on page 6.

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