

## IHT PLANNING QUESTIONNAIRE

### 1 - DOMICILE:

Have you always lived in the UK? If 'No', please give details of your country of birth, your father's nationality and where you have lived during your life. If your parents were not married at the time of your birth or your father was deceased before your birth, please provide your mother's nationality.

<b>Client1</b>	Details:
<b>Client 2</b>	Details:

### 2 - POWER OF ATTORNEY:

If you are completing this questionnaire in your capacity as holder of a Power of Attorney, please provide your details below and provide a copy of the registered POA.

	First Client	Second Client
Full name of Attorney		
Contact Email		
Contact Number		

### 3 - YOUR PERSONAL DETAILS

	First Client	Second Client
Title (Mr, Mrs, Miss, Dr, etc)		
Full Name:		
Previous Name:		
Preferred name:		

<b>Marital Status:</b> Please select	Single /Married / Engaged/ Civil Partnership / Co-Habiting/ Widowed* / Divorced / Separated	Single /Married / Engaged/ Civil Partnership / Co-Habiting/ Widowed / Divorced / Separated
<b>Date of Birth /Age:</b>	/ / Age: .....	/ / Age: .....
<b>Gender:</b>		
<b>Nationality:</b>		
<b>UK Residency:</b>		
<b>UK Taxpayer:</b>		
<b>National Insurance No:</b>		
<b>Address:</b>		
<b>Post Code:</b>		
<b>Time at Address:</b>	Years months	Years months
<b>Home Telephone No:</b>		
<b>Mobile Telephone No:</b>		
<b>Work Telephone No:</b>		
<b>E Mail Address:</b>		

*\*How was the Will distributed on first death? Please complete section 5A.*

<b>4 - YOUR DEPENDANTS</b>						
Child / Dependant Name	Date of Birth	Age	Gender	Relationship to client 1*	Relationship to client 2*	Are they dependent upon you?
			M/F			Yes / No
			M/F			Yes / No
			M/F			Yes / No
			M/F			Yes / No
			M/F			Yes / No
			M/F			Yes / No

\*Are the children joint (JT), from a previous marriage (PM), stepchildren (SC), adopted (AD).  
Other child where you chose to treat as dependant. (OC).

<b>5 - ESTATE PLANNING IN PLACE - WILLS</b>		
	Client 1	Client 2
Do you have a Will?	Yes / No	Yes / No
Is it up to date?	Yes / No	Yes / No
Does your Will include Trust Planning?	Yes / No	Yes / No

A copy of your Will(s) can be forwarded, and we will report back on its efficacy.

<b>5A – IF WIDOWED - PLEASE COMPLETE THIS SECTION</b>	
Date widowed	/ /
Is this within the last 2 years?	Yes / No
Is probate settled?	Yes / No
Date probate settled	/ /
Were Nil Rate band (NRB) and residential NRB used on first death?	Yes / No

**5B – POWERS OF ATTORNEY**

<b>Do you have Lasting Powers of Attorney (LPA) for Property &amp; Finance?</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Have they been registered at the Court of Protection?</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Do you have Lasting Powers of Attorney (LPA) for Health &amp; Welfare?</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Have they been registered at the Court of Protection?</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Do you have an Enduring Power of Attorney (EPA)?</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Has this been registered at the Court of Protection?</b>	<b>Yes / No</b>	<b>Yes / No</b>

**6 - YOUR EMPLOYMENT**

	<b>First Client</b>	<b>Second Client</b>
<b>Employer</b>		
<b>Job Title/Occupation</b>		
<b>Employment Status</b> Please select	Director / self-employed / employed / unemployed / retired / House person	Director / self-employed / employed / unemployed / retired / House person
<b>Employment Notes:</b> Temporary / Full-time / Part-time / less than 1 year / 20% shareholder		

<b>7 - YOUR ANNUAL INCOME</b>		
	<b>First Client (£)</b>	<b>Second Client (£)</b>
<b>Employed Gross Annual Salary</b>		
<b>Net Earned Annual Income</b>		
<b>Bonus/Commission</b>		
<b>Employed Dividend Income</b>		
<b>Self Employed Gross Drawings</b>		
<b>Private Pension in payment</b>		
<b>Rental Income</b>		
<b>Maintenance Income</b>		
<b>Other*</b>		
<b>State Pension Income Or State Pension due date</b>		
<b>TOTAL</b>		
<b>Last Tax Rate %</b>		

\*e.g., investment interest, rents, etc.

<b>Approximate Net Monthly Household Income (after tax and NICs).</b>	<b>£</b>
---	----------

<p><b><u>Income notes.</u></b></p> <p><b>Do you anticipate any changes to your income? e.g. retirement, reduction in working hours, etc.</b></p>	
--	--

## 8 - YOUR BASIC MONTHLY HOUSEHOLD EXPENDITURE

<b>Mortgage / Rent</b>	£
<b>Household Expenditure – rates, utilities, food</b>	£
<b>Insurances – house, pensions, life, PMI, cars</b>	£
<b>Leisure – holiday, outings, etc.</b>	£
<b>TOTAL MONTHLY EXPENDITURE</b>	£

## 9 - YOUR LIABILITIES

<b>Liability</b>	<b>Owner</b>	<b>Provider / Detail</b>	<b>Current value</b>
<b>Mortgage on home</b>			£
<b>Other mortgage</b>			£
<b>Loans</b>			£
<b>Credit cards</b>			£
<b>Other</b>			£
<b>TOTAL</b>			£

**Any additional notes:** (protection is covered in section 14)

## 10 - PERSONAL ASSETS

### 10A - Property\*

	Main Residence	BTL /Holiday Home / Investment	BTL /Holiday Home / Investment
Address:			
Ownership	Joint / Tenants in Common / sole name of .....	Joint / Tenants in Common / sole name of .....	Joint / Tenants in Common / sole name of .....
Property Value	£	£	£
Original Cost	£	£	£
Date of Purchase			

### 10B - Mortgage information

Outstanding Loan	£	£	£
Mortgage Payment	£            pm	£            pm	£            pm
Remaining Term			
Rental Income		£            pm	£            pm

\*Please use a separate sheet where there are more than 3 properties.

### 10C - Other Personal Assets

	First Client	Second Client	Joint
Household contents and other valuables	£	£	£
Cars, caravans, boats	£	£	£
<b>TOTAL</b>	£	£	£

## 11 - BUSINESS ASSETS

Assets*	Owner (Client 1, 2 or joint)	Detail	Current Value
			£
			£
			£

**Details of any liabilities associated with these assets.**

\*Shares in businesses owned, business property, business assets,

**If you have no business assets, please tick this box.**



**Business Assets - Additional information**  
**(If applicable)**

	Client 1	Client 2
Have these assets been owned for more than 2 years?	Yes / No	Yes / No
Value of any assets not solely used for trade purposes	£ or N/A	£ or N/A
Value of any controlling shareholding in a quoted company	£ or N/A	£ or N/A
Is the company a 'Trading' OR 'Investment' company?	Trading / Investment	Trading / Investment

**Any additional notes:**



<b>12 - AGRICULTURAL ASSETS</b>			
<b>Assets*</b>	<b>Owner</b>	<b>Detail</b>	<b>Current Value</b>

**Details of any liabilities associated with these assets.**

\*Farms, woodland and agricultural ties.

If you have no agricultural assets, please tick this box. ☐

<b>Agricultural Property – Additional considerations (If applicable)</b>		
	<b>Client 1</b>	<b>Client 2</b>
<b>Have you owned the property outright for 2 years?</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Do you have a right to vacant possession within 12 months?</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Is the property let on a tenancy beginning on or after 1<sup>st</sup> September 1995?</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Additional notes:</b>		

<b>13 - INVESTMENTS</b>			
	<b>First Client</b>	<b>Second Client</b>	<b>Joint</b>
<b>Bank/building society accounts</b>	£	£	£
<b>National Savings &amp; Investments</b>	£	£	£
<b>ISAs – Cash</b>	£	£	£
<b>ISAs – Stocks &amp; Shares</b>	£	£	£
<b>ISAs – AIM</b>	£	£	£
<b>Quoted equities &amp; gilts</b>	£	£	£
<b>Investment Trusts, unit Trusts &amp; OEICs</b>	£	£	£
<b>Investment bonds &amp; guaranteed income bonds</b>	£	£	£
<b>Venture Capital Trusts (VCT)</b>	£	£	£
<b>Other investments</b>	£	£	£
<b>TOTALS</b>	£	£	£

<b>14 - PERSONAL LIFE COVER HELD</b>							
<b>Provider</b>	<b>Product Type*</b>	<b>Owner(s)</b> client 1/client 2/joint	<b>Life Assured</b>	<b>Sum Assured</b>	<b>Term</b>	<b>Premium</b>	<b>Held in Trust</b>
Employer scheme	Death in service	Client 1	Client 1	£	N/A	N/A	Yes / No
Employer scheme	Death in service	Client 2	Client 2	£	N/A	N/A	Yes / No
				£		£	Yes / No
				£		£	Yes / No
				£		£	Yes / No
				£		£	Yes / No
				£		£	Yes / No

\*Death in service, mortgage protection, Level Term, Decreasing Term, whole of Life.

<b>15 - BUSINESS ASSURANCE / KEY PERSON</b>	
<b>Client1</b>	<b>Details:</b>
<b>Client 2</b>	<b>Details:</b>

## 16 - PENSIONS - CRYSTALLISED, UNCRYSTALLISED AND IN PAYMENT

Provider	Type of Pension. Personal, group, Defined Benefit, SIPP, SSAS, workplace	Owner Client 1, Client 2	Current Value	Normal Retirement Age	Are you contributing?
DWP	State pension	Client 1	BR19 £	67	Full stamp Yes / No
DWP	State pension	Client 2	BR19 £	67	Full stamp Yes / No
			£		Yes / No
			£		Yes / No
			£		Yes / No
			£		Yes / No
			£		Yes / No
			£		Yes / No
			£		Yes / No
			£		Yes / No

**17 - DETAILS OF ANYTHING ELSE YOU EXPECT TO COME INTO YOUR ESTATE**

(Inheritances, maturing life assurance, tax-free cash from pensions, sale of a business— please give anticipated timescales)

<b>Client1</b>	<b>Details:</b>
<b>Client 2</b>	<b>Details:</b>

**18 - ANY ANTICIPATED MAJOR EXPENDITURE / FUNDING NEEDS IN THE FUTURE**

(Gifts to children, venture costs, need to release equity from your home, care homes funding)

<b>Client1</b>	<b>Details: (amounts, timing)</b>
<b>Client 2</b>	<b>Details: (amounts, timing)</b>

**19 - TRUSTS YOU HAVE SETTLED**

Type of Trust*	Settlor Client 1, Client 2	Value Settled	Date Established
		£	
		£	
		£	
		£	
		£	

Any additional notes:

\*Discretionary, Interest in possession, bare.

If you have not settled any Trust, please tick this box.

☐**20 - ANY NON-TRUST GIFTS\* MADE IN THE LAST 14 YEARS TO INDIVIDUALS OR CHARITY (CLIENT ONE)**

Date order (oldest first)

Date of Gift	Value of Gift	Recipient
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	

\*Ignore any gifts of £250 or under, unless you have given the same recipient more than one gift.

## 21 - ANY NON-TRUST GIFTS\* MADE IN THE LAST 14 YEARS TO INDIVIDUALS OR CHARITY (CLIENT TWO)

Date order (oldest first)

Date of Gift	Value of Gift	Recipient
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	

\*Ignore any gifts of £250 or under, unless you have given the same recipient more than one gift.

## 22 - TRUSTS OF WHICH YOU ARE A POTENTIAL BENEFICIARY

Type of Trust*	Potential beneficiary Client 1, Client 2	Date Established	Value of benefit
			£
			£
			£
			£
			£

Any additional notes:

\*Discretionary, Interest in possession, bare.

If you have not, to your knowledge, a potential beneficiary of any Trust, please tick this box.

☐

## 23 - WHAT DO YOU WANT TO ACHIEVE?

**Client 1**

**Client 2**

**ANY ADDITIONAL NOTES OR INFORMATION THAT COULD BE BENEFICIAL IN PROVIDING  
A CLEAR PICTURE OF YOUR CIRCUMSTANCES TO ASSIST OUR RECOMMENDATIONS.**

**I/we confirm that the information provided in this questionnaire is an accurate reflection of my circumstances.**

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: .....

Date: .....