

# Corporate Financial Planning Review

## General Business Information

Business name	
Address	
Contact name	
Contact position	
Telephone	
Facsimile	
E-mail	
Web-site	
Business structure	Public ltd co / private ltd co / partnership / sole trader / LLP
Nature of business	
Trading year end	
Expected turnover	£
Major shareholders/ equity partners	
Connected business	
<b>Notes</b>	

## Personnel and benefits

### Number of employees

	Managerial	Clerical	Skilled manual	Unskilled manual	Total
Number of staff					
Approximate payroll					
Are these numbers (delete as appropriate)	Steady Increasing Decreasing	Steady Increasing Decreasing	Steady Increasing Decreasing	Steady Increasing Decreasing	Steady Increasing Decreasing

### Benefits

	Pension	DIS cover	PHI	PMI	CI cover
Managerial					
Clerical					
Skilled manual					
Unskilled manual					

### Notes

<b>Notes</b>					
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### Directors and partners

Name	Position	Salary	Dividends taken	Share-holding	Date of birth	Marital status
		£	£			
		£	£			
		£	£			
		£	£			
		£	£			
		£	£			
		£	£			
		£	£			
<b>Notes</b>						

### Business trading summary

Year ending	(current year)	(last year)	(previous year)
Turnover	£	£	£
Gross profit	£	£	£
Net profit	£	£	£
Dividends paid	£	£	£
Retained profit	£	£	£
<b>Notes</b>			

### Business assets

Asset	Value	Interest or income
Total	Total	Total
<b>Notes</b>		

## Property details

### Main trading premises

Address	
Owner	
Value	
Rent	
Mortgage details	
Protection policies	
<b>Notes</b>	

### Additional property

Address	
Owner	
Value	
Rent	
Mortgage details	
Protection policies	
<b>Notes</b>	

## Business loans and mortgages

1 Purpose of loan	
Amount outstanding	
Repayments	
End date	
Protection policies connected to loan	
2 Purpose of loan	
Amount outstanding	
Repayments	
End date	
Protection policies connected to loan	
3 Purpose of loan	
Amount outstanding	
Repayments	
End date	
Protection policies connected to loan	
4 Purpose of loan	
Amount outstanding	
Repayments	
End date	
Protection policies connected to loan	
<b>Notes</b>	

### Details of professional contacts

Bank
Accountant
Solicitor
Financial adviser/benefit consultant
<b>Notes</b>

### Existing group pension arrangements

Summary	Final salary	Money purchase	Group PP	Stakeholder
Scheme legislation (pre 87; 87-89; post 89)				
Number of active members				
Number of deferred members				
Number of retired members				
Normal retirement age				
Eligibility criteria/waiting period				
Definition of pensionable income				
Rate of accrual (eg 1/60, 1/80)				
Contracted in or out of SSP				
Contribution rate – employer				
Contribution rate – employee				
Product provider (if insured)				
Is the scheme stakeholder compatible?				
Death benefits – lump sum				
Death benefits – dependants' pension				
Renewal date (current insurer)				
<b>Notes –</b> Including objectives for the future				

## Executive pensions

**Current situation**

(eg purpose, funding levels, selected retirement ages SSAS and SIPP investments etc. Also see Director information details)

**Objectives**

(When do they want to retire? What level of income is required? Are investments still appropriate?)

## Keyman protection/Critical illness cover/PHI/Share protection arrangements

**Current situation**

(eg purpose, provider, premium levels, sums assured trust, beneficiaries etc. Is there a cross option agreement in place? Has a partnership agreement, or similar, been checked?)

**Objectives**

(Who are the key employees? What protection needs exist? What would they want to happen to any shares?)

## Group Death in service/Income replacement/Private medical cover

**Current situation**

(eg purpose, cost, who is covered? At what levels? Do PHI benefits pay to the business or to the individual?)

**Objectives**

(Who should be covered? What levels of benefit are appropriate? Are other benefits more appropriate?)

### Corporate attitude to risk

When considering the merits of different investments, it is important to look at the level of volatility or risk you are prepared to accept, taking into account the timing and frequency of investment, the timescale involved and the importance of what you are trying to achieve.

Generally, investments that show shorter-term risk or volatility tend to offer the greatest potential for longer-term growth, whilst more secure investments may be better in the short-term, or if it is important to have a guaranteed outcome.

What level of investment/pension investment risk are the company directors prepared to take?

	No risk	Modest returns highly secure eg cash deposit, only risk is inflation. (Eg, National Savings, bank/building society account)
	Low risk	Seeking better returns through growth/income with some protection against inflation. Minimal capital fluctuation.
	Medium risk	A balanced investment approach with moderate risk to enhance potential rewards. Capital fluctuation likely.
	Speculative	Willing to take a higher risk in order to achieve higher returns. More capital fluctuation likely, as is the possible loss.

**Notes**

## Corporate objectives/priorities

You may already have specific objectives that need to be met and others may have been highlighted by completing this questionnaire.

Please indicate the needs and areas of interest that have been identified and show the importance of achieving each need, on a scale of 1-5, where 1 is very important and 5 is of lowest importance.

	Client need identified	Rank – order of priority
Provision of pension benefits for employees	Yes/No	
Providing for the health needs of employees when required (eg private medical care)	Yes/No	
Provision of income for employees during prolonged illness or disability	Yes/No	
Independent financial advice for employees	Yes/No	
Provision of funds to enable the purchase of a deceased partner's or director's share of the business.	Yes/No	
Provision for the transfer of business ownership in the event of a partner's or director's retirement	Yes/No	
Protection against the financial consequences of death or serious illness of key personnel	Yes/No	
Pension planning for key staff/directors	Yes/No	
Providing for the health needs of partners/directors when required (eg private medical care)	Yes/No	
Provision of income for partners/directors during prolonged illness or disability	Yes/No	
Independent financial advice for partners/directors	Yes/No	
Property purchase	Yes/No	
Other (please specify)	Yes/No	
<b>Notes</b>		

## Director/Equity partner information

If there are more than two directors/partners, copy and attach an additional sheet for each director/partner
Name
Position
Date of joining service
Date of birth
Normal retirement age
% shareholding/ownership
Potential service to NRA
NI Number
Spouse name
Spouse date of birth
<b>Notes</b>

### Protection arrangements

Key man life cover
Key man critical illness
Death in service arrangements
Share protection arrangements
PHI arrangements

### Earnings history (complete relevant sections)

Year ending					
Salary					
Car					
Fuel					
Private medical					
Other					
Total PI Id					
Total income					

### Pension arrangements (individual and executive and AVCs)

Type of plan	Provider	Pension regime	Start date	Contributions (er/ee)	Fund value

### Notes

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Position					
Date of joining service					
Date of birth					
Normal retirement age					
% shareholding/ownership					
Potential service to NRA					
NI Number					
Spouse name					
Spouse date of birth					
<b>Notes</b>					

**Protection arrangements**

Key man life cover					
Key man critical illness					
Death in service arrangements					
Share protection arrangements					
PHI arrangements					

**Earnings history (complete relevant sections)**

Year ending					
Salary					
Car					
Fuel					
Private medical					
Other					
Total PI Id					
Total income					

**Pension arrangements (individual and executive and AVCs)**

Type of plan	Provider	Pension regime	Start date	Contributions (er/ee)	Fund value

**Notes**

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**Further information/Notes**

**Client declaration**

I/we confirm that the information has been provided on the understanding that it will be used in the strictest of confidence and that it places me/us under no obligation whatsoever to take up any suggested recommendations. I/We acknowledge receipt of business card and Terms of Business letter.

Date of meetings .....

Signature of client(s) .....

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Date .....

Signature of adviser .....

Date .....