



INDEPENDENT
FINANCIAL
MANAGEMENT

Northwich Office

Drake House, Gadbrook Way,
Gadbrook Park,
Northwich, Cheshire,
CW9 7RA

Nantwich Office

Bank Chambers,
3 Churchyardside,
Nantwich, Cheshire,
CW5 5DE

01606 338914 hello@hwifm.co.uk

TRUST QUESTIONNAIRE

PRIVATE AND CONFIDENTIAL

To complete this form please use Adobe Acrobat Reader.
This can be downloaded free [here](#), should you not have it installed already.

Trust name:

Date of meeting:

Adviser:

My advice is based on the information contained within this document.
Unanswered questions or blank responses will be excluded from any advice given.
If any details are incorrect or omitted, please let me know as this may impact on the suitability of the advice.

DISCLOSURE AND KEY FACTS

TYPE OF DOCUMENT

DATE ISSUED

TRUSTEES

Client 1

Client 2

First name

Surname

Date of Birth

National Insurance No.

Address

Postcode

Contact Number

Email Address

MONEY LAUNDERING / CERTIFY DOCUMENTS

	Requested	Recieved
Trustees		
Beneficiaries/Remaindermen		
Certified copy of Will/Trust document		

BENEFICIARIES - LIFE INTEREST

Name	Address	Date of Birth

BENEFICIARIES – REMAINDERMEN

Name	Address	Date of Birth

SOLICITORS

Name and address	Type of Trust

TRUST ASSETS

Asset Type	Value
Bank Accounts	
National Savings	
Quoted Shares	
Unit Trusts / OEICS	
Insurance Bonds	
Business Assets	
Total	

ATTITUDE TO RISK / DISCUSSION NOTES

ADDITIONAL INFORMATION REGARDING THE TRUST

TRUSTEE DECLARATION

I/We the undersigned confirm a copy of the Client Agreement and the Financial Planner's Business Card have been handed to me/us. I/We the undersigned confirm that the information provided in this review is correct and is given on the understanding that it does not place me/us under any obligation to buy or take up any recommendation which may be made and that a copy of this form is available on request.

I/We the undersigned confirm my/our financial planning objectives are those identified and prioritised in this document.

I/We the undersigned authorise HWIFM to obtain quotations/details of existing life assurance/pension policies and investments and make recommendations for my/our consideration

Signature..... Date

Position: Trustee –

Signature..... Date

Position: Trustee –