



QUESTIONNAIRE FORM

Full Name:

Marital Status:

Have any of the claimants died?

Is someone making the claim on your behalf?

Name of Pension or Investment Provider (s):

Pension Plan or Investment Number (s):

Have you transferred/cashed in your pension since you received advice from the firm? (Answer if applicable)

Explanation (Answer if applicable):

Occupation at time of advice:

Annual income at time of advice: **£0-£10,000 / £10,001-£40,000 / £40,001 - £100,000 / Over £100,000**

Assets held at time of advice:

What was your Attitude to Risk at time of advice? **No Risk** **Low Risk** **Medium Risk** **High Risk**

Name of employer if pension was occupational: (Answer if applicable)

Anticipated retirement ages: **Expected / Actual / N/A**

Explanation as to why you transferred or Invested?

Have you ever been declared bankrupt or ever entered into a Trust deed etc?

Questionnaire completed date:

Signed by: