

INTELLIGENT PENSIONS

PERSONAL FINANCIAL INFORMATION

Please ensure all sections are completed and both spouses sign otherwise the form will need to be returned

Full name	<input type="text"/>	Marital status	<input type="text"/>
Address	<input type="text"/>	Occupation	<input type="text"/>
		Spouse's name	<input type="text"/>
		Telephone	<input type="text"/>

Date of birth	<input type="text"/>	Occ. Status	Self	Spse
National Ins. No.	<input type="text"/>	Self employed	<input type="text"/>	<input type="text"/>
		Company director	<input type="text"/>	<input type="text"/>
Spse date of birth	<input type="text"/>	Employee	<input type="text"/>	<input type="text"/>
National Ins. No.	<input type="text"/>	Retired	<input type="text"/>	<input type="text"/>
		Unemployed	<input type="text"/>	<input type="text"/>
Are you an active	<input type="text"/>			

member of an occupational pension scheme with a current employer? Y/N Is your spouse? Y/N

Dependants (including relatives other than children if appropriate)

Name	Relationship	Age/ Date of birth	Financially dependent?

Assets and Investments (please enter all details including properties)

Description	Value
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£

Ownership

Self	Spouse	Joint

(Income sources (including earnings, pensions in payment, state benefits and investment income))

N.B. Please show fluctuating earnings (bonus, commission etc.) separately giving the average over last 3 years.

Description	Self	Spse	Jnt	Annual amount (after tax)	Expected rate of increase
				£	% p.a.
				£	% p.a.
				£	% p.a.
				£	% p.a.
				£	% p.a.
				£	% p.a.

Do you expect any major change in your income in the next few years?
(e.g. earnings stopping) Y N

If "yes" please provide details:

Taking account of your essential living expenses please confirm your minimum acceptable annual income (net) after age 75:

£ _____

(N.B. This should be the total "household" income you expect to need at current value e.g. if you were age 75 now).

Life Assurance Plans

Type	Company	Proj. Value	Maturity date	Death benefit	Beneficiary *	Prem p.a

* If held in trust please add "T" in box

Future Pension Benefits

(any existing pensions in payment should be included in the income section above).

Scheme type *	Self	Spse	Company and policy or membership no.	Current trnfr. value	Tax free cash

*e.g. Personal Pension (PPP), Retirement Annuity (RAP), Additional Voluntary Contributions (AVC) company or superannuation scheme - "final salary based e.g. 1/60ths (FS), or company scheme - individual fund (IP).

Liabilities

Description *	Amount outstanding	Annual pmts.	Rept. date	Repayment method ~

*(mortgage, personal loan, business loan, HP credit etc.)

~ Endowment etc.

Have you made a will ? Self Y N Spouse Y N

If yes please give brief details _____

Do you or your partner expect to receive benefits from anyone else's estate ? Y N

If yes please give brief details _____

Are you a smoker? Self Y N Partner Y N

Do you suffer from any medical conditions ? Self Y N Partner Y N

If yes please give brief details and confirm whether these are expected to materially affect your life expectancy

Have you any insurance to cover costs for long term care, e.g. in a nursing home ? Y N

If yes :
 Benefit p.a. Annual increase in (a) Cover (b) Benefit during a claim

£			% p.a.	% p.a.
£			% p.a.	% p.a.

When you are investing what level of risk are you normally prepared to take in order to achieve improved performance? *(please circle one only)*

No risk at all Low risk Low to Medium Medium risk Medium to High High risk

Some funds impose constraints on investment for social, ethical, environmental or religious reasons. Please tick box if you wish these to be considered.

Signed _____ Date _____

Partner _____ Date _____