

PENSIONS INCOME OPTIONS

1 : PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/Dr/Other) Surname :

Forenames :

Address :

..... Postcode :

Tel No : Mobile No :

Email : Date of Birth :.....

NI No :..... Occupation :.....

Smoker? : YES NO Height :..... Weight :.....

Alcohol No of Units per week :.....

Have you ever been hospitalised for a medical condition? : YES NO

(If yes, please provide further details below)

.....

Are you or have you recently taken any medication? : YES NO

(If yes, please provide further details)

.....

2 : CURRENT PENSION ARRANGEMENTS

Personal Pensions

Provider	Policy No	Fund Size	Protected Rights

Executive / MP Pension

Provider	Policy No	Fund Size	Protected Rights

3 : PENSION REQUIREMENTS

You can use your retirement fund to provide either a regular income, or can choose to receive part of your fund as a cash lump sum in return for a reduced level of income.

Please indicate your preference:

- Option 1. An Income Only**
- Option 2. A tax-free cash lump sum plus a reduced level of income.**

What proportion of your fund would you like to take as a tax-free cash lump sum (limited to a maximum of 25%)

4 : YOUR PENSION OPTIONS

- 1 :** Would you like your pension payments to increase each year? **YES** **NO**
If yes, by approximately what amount? **3%** **5%** **8%** **In line with Inflation**
- 2 :** Would you like your pension to be guaranteed for a specified period? **YES** **NO**
If **yes**, how long a guarantee period would you like? **5 Years** **10 Years**

5 : SPOUSES PENSION

- 1 :** Would you like to provide a pension for a dependant on your death? **YES** **NO**
If **yes**, please provide your dependants details.

Title (Mr/Mrs/Miss/Ms/Dr/Other) Surname :

Forenames :

Address :

..... **Postcode :**

Tel No : **Mobile No :**

Email : **Date of Birth :**

NI No : **Occupation :**

Smoker? : **YES** **NO** **Height :** **Weight :**

Alcohol No of Units per week :

Have you ever been hospitalised for a medical condition? : **YES** **NO**

(If yes, please provide further details below)

.....

Are you or have you recently taken any medication? : **YES** **NO**

(If yes, please provide further details)

.....

2 : Would you like the amount of dependant's pension to be the same as, or less than, the pension you are receiving at the time you die? **Same as** **Less Than**

If you would like your dependant's pension to be less than the pension you are receiving on when you die, how much would you like your dependants pension to reduce to?

1/4 of your pension **1/2 of your pension** **3/4 of your pension**

1/3 of your pension **2/3 of your pension**

If the dependant is your spouse, would you like his or her pension to stop on remarriage?
YES **NO**

Would you be interested in providing a pension for a dependant child? **YES** **NO**

6 : PAYMENT FREQUENCY

How regularly would you like your pension to be paid?

Monthly **Quarterly** **Half Yearly** **Yearly**

Are these payments to be in advance or arrears?

Advance **Arrears**

When would you like your pension payments to commence?

Are there any other areas of financial planning that you require advice on at this stage:-

YES **NO**

If Yes would you be prepared to complete a full Financial Planning Questionnaire:-

YES **NO**

I understand that the advice I receive, as a result of this questionnaire will be limited to my advice on my retirement income options.

Signed **Date**

The Financial Management Group
Montague House
23 Woodside Road
Amersham, Bucks
HP6 6AA

Tel: 01494 434555
Fax: 01494 434566

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ADDITIONAL NOTES