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Confidential Questionnaire Pension Advice Only

Personal Information

	Client 1	Client 2
Title		
Forename(s)		
Surname		
Date of Birth		
Address		
Marital Status		
Employment Status		
Annual Earnings		
Contact telephone number		
E-mail address		
State of Health – Smoker		
National Insurance Number		

Please state your Retirement Planning Objective(s)	
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WARNING: you have elected only to receive specific advice regarding your retirement planning. Therefore, we are unable to comment or advise on other areas of your personal financial circumstances. Please be aware that you may have needs which may be considered higher priority than your retirement planning. As a consequence had I conducted a holistic review of your circumstances my advice may be different. I recommend that a holistic review of your circumstances be conducted as soon as you deem it convenient.

Client Acceptance

I/we have read the above warning and agree to receive advice ONLY on my/our RETIREMENT PLANNING at this time. I/we understand the implications of this course of action.

Client Name: Signature: Date:

Client Name: Signature: Date:

Current Retirement Provision:

Owner	Type	Provider & Contract Number	Status	SRD	PR Value	NPR Value

Additional Comments: