



**PENSIONHELP  
CONFIDENTIAL  
FINANCIAL  
REVIEW**



Private and Confidential



**CONFIDENTIAL FINANCIAL REVIEW**

Pensionhelp's advice is based on the information contained within this document. Please ensure it is fully completed. If you note that any details are incorrect, omitted or change, please let us know as this may impact on the suitability of the advice. This advice will be limited to pension and retirement planning only.

Please list all parties present during the meeting and their relationship to you.

Introducer Firm

(if applicable)

Introducer Name

(if applicable)

Pensionhelp Reference

(if known)

**Personal Details**

	SELF				SPOUSE/PARTNER			
Title/Salutation								
First Name(s)								
Surname								
Maiden/Previous Name								
Date Of Birth								
Gender								
National Insurance Number								
Relationship Status								
Do You Have A Valid Will?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is It up to Date?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
State of Health ( also complete health details appendix PG.18)								
UK Domicile	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
UK Residency	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you hold or are you subject to any Trusts or Powers of Attorney?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide details of the Trust or Power of Attorney below:

For example; if you have (or are named on) a Lasting Power of Attorney please provide details of whether this is a Financial and/or Welfare responsibility and if it carries any other duties?

**Address/Contact Details**

Address

Postcode

Telephone/Mobile

Client 1 Email

Client 2 Email

Preferred Contact Method  Landline  Mobile  Email

**Family & Dependants**

Full Name

Relationship  Related to

Age  Financially Dependant?  YES  NO  Dependent Until Age?

**Family & Dependants**

Full Name

Relationship  Related to

Age  Financially Dependant?  YES  NO  Dependent Until Age?

**Family & Dependants**

Full Name

Relationship  Related to

Age  Financially Dependant?  YES  NO  Dependent Until Age?

**Family & Dependants**

Full Name

Relationship  Related to

Age  Financially Dependant?  YES  NO  Dependent Until Age?

**Family & Dependants**

Full Name

Relationship  Related to

Age  Financially Dependant?  YES  NO  Dependent Until Age?



**Current Liabilities**

Type	Loan Type (e.g mortgage, car finance)	Owner Self/ Partner/ Joint	Current Balance	Monthly Repayment	Interest Rate	Repayment Type	Deal End Date	Loan End Date
1								
2								
3								
4								
5								
6								
7								
8								
Total								

**If you are looking to repay any of this debt, please indicate if there are any early repayment penalties in the section below:**



**Workplace Pension Scheme - Current or Most Recent Scheme** (ie a scheme that you are currently paying into)

**\*\* Please Note** – This is essential information, required in order for us to provide a recommendation and comply with Financial Conduct Authority guidelines. If you or your Adviser have this information available, please enter below. If it is not available, we will require a Letter of Authority from you, so we may apply to the scheme directly for the information required. \*\*

SELF

Scheme Name	<input type="text"/>
Scheme Type	<input type="text"/>
Are you a Member?	<input type="text"/>
Plan No	<input type="text"/>
Date joined	<input type="text"/>
Employer Contribution	<input type="text"/>
Your Contribution	<input type="text"/>
Retirement Age	<input type="text"/>
Current Fund Value	<input type="text"/>
Annual Management Charge	<input type="text"/>
Monthly Charge	<input type="text"/>
Scheme Booklet available	<input type="checkbox"/> If 'Yes' please can you provide us with a copy

PARTNER/SPOUSE

Scheme Name	<input type="text"/>
Scheme Type	<input type="text"/>
Are you a Member?	<input type="text"/>
Plan No	<input type="text"/>
Date joined	<input type="text"/>
Employer Contribution	<input type="text"/>
Your Contribution	<input type="text"/>
Retirement Age	<input type="text"/>
Current Fund Value	<input type="text"/>
Annual Management Charge	<input type="text"/>
Monthly Charge	<input type="text"/>
Scheme Booklet available	<input type="checkbox"/> If 'Yes' please can you provide us with a copy

**Notes**



**Other Pension Schemes - SELF**

	Provider	Plan type (e.g. money purchase/ defined benefit)	Plan No	Date joined/ started	Retirement age	Current / Last known fund value	Date of valuation	Annual pension at date of leaving (if known)
Plan 1								
Plan 2								
Plan 3								
Plan 4								
Plan 5								

**Other Pension Schemes - PARTNER/SPOUSE**

	Provider	Plan type (e.g. money purchase/ defined benefit)	Plan No	Date joined/ started	Retirement age	Current / Last known fund value	Date of valuation	Annual pension at date of leaving (if known)
Plan 1								
Plan 2								
Plan 3								
Plan 4								
Plan 5								

**Notes: If you have pension plans in addition to those detailed above, please document below:**

**Pension plans already in payment**

	Pension 1	Pension 2	Pension 3	Pension 4
Owner (Self / Partner)				
Plan type (e.g. Money purchase /Defined benefit /Drawdown/ Annuity)				
Provider				
Current / Last known fund value				
Annual pension (Gross)				
Date income started				

**Notes - If there are any more pensions, please note below**

**State Pension - \*\* Please note – We will require a State Pension Forecast for each person, obtainable from the GOV.UK Website \*\***

	SELF	PARTNER/SPOUSE
Amount Currently Accrued		
Expected / Projected amount <small>(please provide evidence)</small>		
State Pension Age		
Amount in payment		

**If there is a shortfall in your state pension entitlement, would you consider making this up prior to retirement?**

	Shortfall: No of Years	Yes	No	Not sure
Self				
Spouse/Partner				

**Notes**

**Lifetime Allowance - Do you have any protection against the Lifetime Allowance? If yes, please give details below.**

**\*\* If you have Lifetime Allowance Protection, we will require evidence of this at a later stage.\*\***

**Life Assurance - Please Provide Details of any existing Life / Critical Illness / Death in Service Cover**

Life Assured	Amount	Remaining Term	Type of Cover	Monthly Premium	End Date

**Notes**

### Your Objectives

It is essential we understand what you are aiming to achieve, both between now and your intended retirement age and also once you are retired.

Please tell us what your aims and objectives are between now and your intended retirement age.

Please tell us what your aims and objectives are for when you are actually retired.

**Your Pension Transfer Attitude To Risk – Please attempt to answer each of the questions detailed below.**

- 1** Why are you considering a transfer and why now? Has there been a 'driver' that has led you to review your pension?  
What do you believe transferring your scheme will allow you to achieve that could not be done leaving it where it is?  
Have you considered other options to meet these benefits?

- 2** What are your views on the RISKS of staying in your current scheme?  
What are your views on the BENEFITS of staying in your current scheme?

- 3** What are your views on the RISKS of transferring your scheme?  
What are your views on the BENEFITS of transferring your scheme?

- 4** How do you feel about giving up a regular secure income from your scheme, for an income that may not last throughout your retirement?  
Would you wish to discuss the options available to provide a secure income outside of the scheme pension?

**Your Pension Transfer Attitude To Risk – Please attempt to answer each of the questions detailed below.**

- 5** Do you think you may need to make ad-hoc withdrawals from your pension, over and above your planned retirement income and/or capital withdrawals? Could this lead to potential financial difficulties?

- 6** If, at the end of the process, we consider that a transfer isn't the right thing for you, what would that mean for you?

- 7** What experience do you have in managing investments? How do you feel about paying for advice on managing investments?

**Your Priorities Please tell us your main priorities in respect of your pension. If you have any other priorities please add these in the notes section at the bottom of the page.**

A guaranteed index linked spouses/dependants pension for their life in the event of your death Important  Not Important   
 Please explain why this is the case.

Flexible Death Benefits for my Spouse/Partner and my wider family. Important  Not Important   
 Please explain why this is the case.

To receive a guaranteed, index linked pension for life. Important  Not Important   
 Please explain why this is the case.

To receive a flexible income, with the risk it may not last throughout retirement. Important  Not Important   
 Please explain why this is the case.

**Your Requirements from a New Pension / Pension Provider**

**1 = no concern to 5 = high concern**

Priority Number

Flexible access to your benefits	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
No penalty on transfer out	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Free fund switches	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Provider financial strength	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Funds which consider Ethical, Social and Governance Issues	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Having all your investments/pensions under one roof?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Ability to view basic details of your pension online	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Ability to produce more complex reports online	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Bespoke investment with access to a fund manager	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

**Please use this space to describe any other features you are looking for and include any companies you would not want to deal with due to previous experience**

**Total Expenditure Breakdown – Monthly outgoings both now and in retirement**

**A Essential**

	Now	In Retirement
Rent		
Council Tax		
Gas		
Electricity		
Water		
Telephone/ Mobile Phone		
TV / Satellite / Internet		
Home maintenance		
Food		
Car / Travel expenses		
Life Assurance Premiums		
Personal Pension Contributions		
Home / Car Insurance Premiums		
School Fees/University Fees		
Living Expenses		
Other		
<b>Total Essential Expenditure</b>		

**B Lifestyle**

	Now	In Retirement
Gym		
Holidays		
Entertainment		
Other		
<b>Total Lifestyle Expenditure</b>		

**C Discretionary**

	Now	In Retirement
Gifts to family or trusts		
Savings		
Regular Investments		
Other		
<b>Total Discretionary Expenditure</b>		

**D Liability Expenditure**

	Now	In Retirement
Mortgage		
Loan		
PCP/HP		
Overdrafts		
Credit Cards		
Other		
<b>Total Liability Expenditure</b>		

**Grand Total (A+B+C+D)**

	Now	In Retirement
Monthly		
Annually		

**Once retired will you require net income in excess of the annual figure for Expenditure in Retirement shown above?**

YES  NO

Required Net Annual Income

Purpose of additional Income

If so, what level of Net Annual Income would you be looking to achieve in retirement and what would any additional income be used for?

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**Please note any expenditure that may cease prior to retirement.**

**Do you see any changes in your spending patterns as your retirement progresses?**



**Cashflow – What income / lump sum requirements do you have? Please provide amounts and reasons**

	Amount	At what age	What will this be for?	Which asset would you prefer to take this from and why?
Lump Sum				
Income				

**Notes**

**Changes to Assets, Income and Required Lump Sums in Retirement**

Please indicate any age specific anticipated changes to your assets / income in retirement, for example, when State Pension comes into payment, or when you or spouse/partner may stop working. Please also indicate any anticipated capital expenditure in retirement.

Age	Self	Partner

**Life Events - Please provide any details of potential changes to your assets e.g potential inheritances / downsizing property**

**Health Details**

SELF

SPOUSE / PARTNER

Height	<input type="text"/> ft	<input type="text"/> ins	<input type="text"/> cm	<input type="text"/> ft	<input type="text"/> ins	<input type="text"/> cm			
Weight	<input type="text"/> st	<input type="text"/> lb	<input type="text"/> kg	<input type="text"/> st	<input type="text"/> lb	<input type="text"/> kg			
Have you smoked in the last 10 years?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Have you ever been diagnosed with cancer?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Have you been diagnosed with high blood pressure, requiring ongoing medication?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Have you been diagnosed with diabetes, requiring insulin or tablet treatment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Have you suffered from a stroke (CVA), excluding mini-strokes (TIAS)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Have you been diagnosed with angina, requiring ongoing medication?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Have you been diagnosed with Parkinson's disease?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Have you been diagnosed with Multiple Sclerosis?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Have you taken early retirement on the grounds of ill health?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Other: Please describe	<input type="text"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

**Please provide any additional information on your health that you think may be relevant such as family history of illness. Are you currently taking any medication? If so, please detail below.**

**Attitude to Risk Questionnaire**

This risk questionnaire aims to establish your general risk outlook and the level of risk you are normally prepared to take, although you may decide to take more or less risk for any specific investment objectives you may have. You should answer each question thoughtfully and honestly – there are no right or wrong answers, and no option for 'don't know'. If a question seems open to interpretation, just give the response that feels most intuitive to you. Try to avoid a significant number of "Neutral" answers as this can lead to a risk profile rating of reduced accuracy.

Please tick the relevant box to indicate how you feel about each statement on the five-point scale from 1 'Strongly Agree,' through to 5 'Strongly Disagree'.

**1 - Strongly agree to 5 - Strongly disagree**

Priority Number

<b>1</b>	People who know me would describe me as a cautious person	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>2</b>	I feel comfortable about investing in the stock market	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>3</b>	I generally look for the safer investments, even if that means lower returns	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>4</b>	Usually it takes me a long time to make up my mind on financial matters	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>5</b>	I associate the word "risk" with the idea of "opportunity"	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>6</b>	I generally prefer bank deposits to riskier investments	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>7</b>	I find investment matters easy to understand	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>8</b>	I'm willing to take substantial investment risk to earn substantial returns	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>9</b>	I have little experience of investing in stocks and shares	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>10</b>	I tend to be anxious about the investment decisions I've made	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>11</b>	I'd rather take my chances with higher risk investments than increase the amount I'm saving	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>12</b>	I'm not comfortable with the ups and downs of stockmarket investments	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

**If you found the questions difficult to answer or understand, or have any other reservations about your responses, you may wish to speak to your adviser about risk in more detail.**

**Also, be aware that inconsistent answers cannot always be identified at the time of completing this document.**

**If inconsistent answers are present your adviser will discuss these with you before producing your final Attitude to Risk Report.**

**Notes**

**Agreed Risk Profile**

**Natural Risk Level** - Your natural risk level is based on the answers given in the Attitude to Risk Questionnaire. This can be calculated using the table below.

**Agreed Risk Level** - To be agreed with Pensionhelp Independent Financial Adviser  
Your agreed risk level is arrived at following an interactive discussion with your Adviser, taking into consideration your natural risk level, capacity for loss and required investment return.


Question	Client Responses					Client's Score
	1	2	3	4	5	
1	0	1	2	3	4	
2	4	3	2	1	0	
3	0	1	2	3	4	
4	0	1	2	3	4	
5	4	3	2	1	0	
6	0	1	2	3	4	
7	4	3	2	1	0	
8	4	3	2	1	0	
9	0	1	2	3	4	
10	0	1	2	3	4	
11	4	3	2	1	0	
12	0	1	2	3	4	
<b>TOTAL</b>						

The scores correspond to the risk 10 risk profiles as follows:

Overall Score	0-4	5-11	12-15	16-18	19-24	25-29	30-34	35-38	39-43	44-48
Natural Risk Profile	1	2	3	4	5	6	7	8	9	10

**Notes**

**Knowledge and Experience – Assessment**

Before making a recommendation it is essential for us to determine that you have the necessary level of experience and knowledge in order to understand the risks involved in any transaction we may arrange for you or in the management of your portfolio. Therefore, please complete the following assessment accurately.

**Which of the following best describes your knowledge and experience? (Please tick).**

This would be my first investment - I have no previous knowledge or experience of investments.

YES  NO

This would be my first investment - although I have some knowledge of how investments work (please provide further details on this in the notes box below).

YES  NO

I am aware of market fluctuations, and how these might generate growth/income within my investments but also the fact that I may lose all or part of an investment made.

YES  NO

I have previously invested in investment or pension products - I have some knowledge of investments and how they work (please provide further details on this in the notes box below).

YES  NO

If the products purchased fluctuated in value, have you been comfortable with this? If No, please provide further detail below

YES  NO  N/A

I have previously invested in a range of investment or pension products, take an active interest in following investment markets and reviewing my financial plans - I have a strong knowledge of investments and how they work (please provide further details on this in the notes box below).

YES  NO

If the products purchased fluctuated in value, have you been comfortable with this? If No, please provide further details below.

YES  NO  N/A

**Notes: Please describe your personal investment knowledge and experience**

**Client declaration**

I/We (the undersigned) have read and signed the Pensionhelp Privacy Notice document which explains why Pensionhelp collects my/our personal data, the type of personal data Pensionhelp collect and how Pensionhelp use it when providing services to me/us. I/We agree to be bound by the terms set out in these documents.

I/We confirm that the Client Agreement and Services and Fees Documents have been recieved by me/us.

I//We the undersigned confirm that the information provided in this Confidential Financial 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 Pensionhelp to obtain quotations/details of existing life assurance/ pension policies and investments and make recommendations for my/our consideration.

Signed	<input type="text"/>	Signed	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

**Additional Notes**

Additional Notes





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Registered in England: 9437056  
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