

Monmouthshire
Independent
Financial
Advisers

Mifa

a Monmouthshire Building Society Group Company

CONFIDENTIAL

**RETIREMENT OPTIONS
ATTITUDE QUESTIONNAIRE**

CLIENT NAMES:

Adviser Name:

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Date:

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First Contact:		Second Contact:	
Third Contact:		Fourth Contact:	
Fifth Contact:		Sixth Contact:	

Date Completed:

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Personal Details

	Client One	Client Two
Surname Mr/Mrs/Miss/Ms	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
First Names:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Date of Birth:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Nationality:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Marital Status:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Living with Partner:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Smoker:	Yes No	Yes No
National Insurance No:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Client One: Address :	<input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/>	Client Two: Address : <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/>
Post Code:	<input style="width:100%;" type="text"/>	Post Code: <input style="width:100%;" type="text"/>
	Telephone Numbers:	Telephone Numbers:
Home:	<input style="width:100%;" type="text"/>	Home: <input style="width:100%;" type="text"/>
Work:	<input style="width:100%;" type="text"/>	Work: <input style="width:100%;" type="text"/>
Mobile:	<input style="width:100%;" type="text"/>	Mobile: <input style="width:100%;" type="text"/>
Email:	<input style="width:100%;" type="text"/>	Email: <input style="width:100%;" type="text"/>
You are currently:	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Director <input type="checkbox"/> Unemployed	
How would you describe your current state of health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Are there any health conditions that you suffer from that may have an effect on your Pension planning or requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Please complete the Medical Questionnaire included in this form. You might be entitled to an enhanced Pension based upon any medical condition.</small>		
Have you applied for Enhanced Protection from HMRC in respect of your Pension funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, have you received confirmation from HMRC that your funds are now protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>If Yes, transferring benefits from a Final Salary Scheme may affect your entitlement to Enhanced Protection. Please provide a copy of your HMRC confirmation.</small>		
If your total Pension Funds exceeded £1.5 million at 5th April 2006 you are entitled to apply for Primary Protection. Please advise if you are eligible or have applied for this.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RETIREMENT OBJECTIVES

Have you retired, or do you now intend to retire, from full employment?

Yes No

If you are retiring from full time employment do you intend to seek part time employment to supplement your income?

Yes No

Have you received an estimate of your State Retirement Pension Benefits?

Yes No

If so how much are you expecting to receive?

£ per week

Will you have any other source of continuing income, for example other Pensions? If so, how much will you receive?

£ per week

Do you have an idea of the level of income that you are aiming for in retirement? If so, please confirm the required amount.

£ per week

Do you wish to consider retirement options where part of your funds remain invested rather than having the security of a known, guaranteed, income purchased at outset?

Yes No

TAX FREE CASH CONSIDERATIONS

Do you require the maximum available tax free cash sum from your benefits?

Yes No

If not, how much tax free cash do you require?

£

Please confirm the purpose the cash sum will be used for.

If you do not require the maximum tax-free cash at outset do you want the option to access the remainder at a later date?

Yes No

Investments

	Type	Provider	Reference	Owner	Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Please record your current investments in this Table. If you have more than 10 individual investments please record them in the Note section at the end of this Questionnaire.

Mortgages/Debts

Do either of you have a mortgage?	Client One	Client Two						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> </table>	Yes	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> </table>	Yes	No		
Yes	No							
Yes	No							
If Yes, how much do you owe?		£ <input style="width: 80%;" type="text"/>						
Will this mortgage continue in retirement?	Client One	Client Two						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> </table>	Yes	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> </table>	Yes	No		
Yes	No							
Yes	No							
How and when is this mortgage to be repaid?	<table border="1" style="width: 100%; height: 50px; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
Do either of you have loans, hire purchase or credit card debts?	Client One	Client Two						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> </table>	Yes	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> </table>	Yes	No		
Yes	No							
Yes	No							
If Yes, how much do you owe?		£ <input style="width: 80%;" type="text"/>						
Will any of these continue in retirement?	Client One	Client Two						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> </table>	Yes	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> </table>	Yes	No		
Yes	No							
Yes	No							
How and when are they to be repaid?	<table border="1" style="width: 100%; height: 50px; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							

If you need more room please use the Note section at the end of this Questionnaire.

RETIREMENT INCOME OPTIONS

Would you prefer to have a fixed level of income in retirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like the ability to vary your income each year to reflect your changing circumstances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you would prefer the security of an annuity would you be prepared to consider investment-linked or with-profits annuities where your income payments may fluctuate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you rather defer the purchase of an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Annuity Options

If you wish to consider purchasing an annuity please select the appropriate options based on your personal preferences.

Your Benefit Options	Your Selection			
Guarantee Period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<small>(Pension continues for the balance of the guarantee period if you die within that period)</small>	None	5 Years	10 Years	
Payment Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Monthly	Half Yearly	Annually	
Pensions Payments made		<input type="checkbox"/>	<input type="checkbox"/>	
		In Advance	In Arrears	
Escalation Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>(The amount by which the income increases every year)</small>	0%	3%	5%	RPI
Spouse's Pension required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>(A pension can be paid to your spouse upon your death. It is expressed as a proportion of your pension)</small>	0%	50%	66%	100%

Annual Expenditure

Will your anticipated income in retirement be sufficient to meet your annual expenditure? This "aide memoire" should help you establish this.

	Client One	Client Two	Joint
Mortgage	£	£	£
Loans	£	£	£
Council Tax	£	£	£
Gas/Electricity/Water	£	£	£
Telephone	£	£	£
TV/Subscriptions	£	£	£
Car Insurance/Road Tax	£	£	£
Petrol/Travel Expenses	£	£	£
Food	£	£	£
Socialising	£	£	£
Clothes	£	£	£
Holidays	£	£	£
Incidentals	£	£	£
Other	£	£	£
	£	£	£
	£	£	£
Totals	£	£	£

DEATH BENEFIT OPTIONS

If married, does your spouse have adequate pension provision in her own right?

Yes	No
-----	----

Do you wish to provide for your spouse/dependant in the event of your death?

Yes	No
-----	----

Is the provision of a lump sum death benefit to your spouse or dependants of more importance to you than providing a spouse/dependant's pension?

Yes	No
-----	----

If you do not intend to make provision for your spouse/dependants would you like the chance to leave your residual pension fund to your estate?

Yes	No
-----	----

Would you prefer to keep your options open with regard to the provision of death benefits??

Yes	No
-----	----

OTHER CONSIDERATIONS

Taxation Position

You should keep in mind the effect that taxation will have on your pension income. Please confirm which of the following statements most closely applies to you.

I am a higher rate tax payer and expect to remain so

I am currently higher rate taxpayer but expect this to change after my retirement

I am a basic rate taxpayer and expect to remain so

I am a basic rate taxpayer and am likely to become a higher rate taxpayer in the future

Other

Please provide a description

Inheritance Tax

	Client One		Client Two	
Have you made a Will?	Yes	No	Yes	No

Main Provisions

Estate Value:

	Owner		
Asset	Client One	Client Two	Joint
Main Residence	£	£	£
Personal Effects	£	£	£
Current Account	£	£	£
Deposit Account	£	£	£
B/Soc'y Account	£	£	£
Other Property	£	£	£
Investments	£	£	£

RISK AND REWARD

The suitability of certain retirement option products is determined not only by your income requirements, death benefit requirements and priorities but also on your appetite for investment risk. We use a system of risk ratings as illustrated below. Please would you indicate the level of investment risk you are prepared to accept in respect of retirement provision in the table below.

Please circle the risk profile you feel best suits your attitude to investment risk. You may want to refer to the notes below which describe the risk profiles and the examples of suitable retirement income products that each risk rating would generally be suitable for.

1	2	3	4	5	6
No Risk			Adventurous		
1 No risk	This means you do not want to lose any of your money and are not prepared to accept even a short-term loss.		Conventional annuities		
2 Cautious	You are prepared to take only limited risks with your money. You would have the majority of your investments in fixed interest or cash but with, potentially, some exposure to equities.		Conventional annuities Fixed term annuities		
3 Moderately Cautious	You are prepared to accept some risk to achieve potential returns in excess of inflation over the longer term. You would have a high proportion of fixed interest investments but also other investments such as company shares, primarily UK based. You accept that you might get back less than you put in, particularly over the short term.		Fixed term annuities Some With-Profit annuities Some investment linked annuities		
4 Balanced	You are prepared to accept some risk to achieve potential returns above inflation over the longer term. You would have a greater exposure to equities but you want to limit the amount of your money in more risky investments. You accept that you might get back less than you put in, particularly over the short term.		With Profits annuities Investment linked annuities Phased Retirement Pension Fund Withdrawal (Income Drawdown)		
5 Moderately Adventurous	You are prepared to accept a greater level of risk and understand the value of your investment can fluctuate sharply, and accept this to achieve potentially greater returns over the longer term. You will have a much greater exposure to equities, including some overseas markets.		Phased Retirement contracts Pension Fund Withdrawal (Income Drawdown)		
6 Adventurous	You aim for the highest possible returns and accept higher levels of risk to achieve them, recognising that the value of your investment may fluctuate significantly. You will have almost 100% exposure to a combination of UK and overseas equities and potentially specialist asset classes.		Phased retirement contracts Pension Fund Withdrawal (Income Drawdown)		

YOUR PRIORITIES

To assist us in selecting the most suitable retirement option contract for you please could you place the following needs in order of priority.
(1 for highest priority and 6 for lowest priority)

Lump sum death benefits

The security of a guaranteed income

The flexibility of being able to vary both your income and the way death benefits are distributed, as your personal circumstances change

The ability to leave part of your residual funds invested to attain potential future investment growth

The provision of a spouse's/dependant's pension

The ability to take the maximum tax free cash sum

Thank you for taking your time to complete this questionnaire. Please now complete the annuity and medical questionnaire, then read and sign the declaration and letter of authority on the following pages.

MEDICAL DETAILS

Certain providers will be able to increase the pension paid to you from a pension annuity policy if you have certain medical or lifestyle conditions. The following sections should be completed by you and your partner (if a partner's pension is to be provided) and should take only a few minutes to complete, to determine whether an enhanced annuity is available. Information marked with an asterisk (*) must be completed.

a) Personal Details

	Client 1	Client 2
Name:	<input type="text"/>	<input type="text"/>
Height (ft/ins or cms):*	<input type="text"/>	<input type="text"/>
Weight (st/lbs or kgs):*	<input type="text"/>	<input type="text"/>
Occupation prior to retirement:	<input type="text"/>	<input type="text"/>

b) Lifestyle Conditions

1. Are you currently a smoker and/or have been for the last 10 years?*		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. Please advise the average number of:*		
a) Cigarettes per day	<input type="text"/>	<input type="text"/>
b) Cigars OR ounces/grams of pipe tobacco per day	<input type="text"/>	<input type="text"/>
b) Cigars OR ounces/grams of pipe tobacco per week	<input type="text"/>	<input type="text"/>
3. If you suffer from Hypertension please advise:		
a) BP readings POST medication (systolic/diastolic) if known	<input type="text"/>	<input type="text"/>
b) Number of prescribed medications taken for high blood pressure per	<input type="text"/>	<input type="text"/>
4. If you suffer from high Cholesterol please advise:		
a) Cholesterol level POST medication (mmol/l) if known	<input type="text"/>	<input type="text"/>
b) Number of prescribed medications taken for high cholesterol per day	<input type="text"/>	<input type="text"/>
If you have suffered any other medical condition (e.g. diabetes, cancer, heart disease) please complete section C) Medical History.		

c) Medical History

Please give the full name of medical conditions and answer all applicable questions 1 – 8.

Client 1

Client 2

Condition 1

Condition 2

Condition 3

Condition 1 Condition 2 Condition 3 Condition 1 Condition 2 Condition 3

1. When did you last suffer symptoms or receive treatment for this condition?

a) 0-6 months ago	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) 6 mth–2 yrs ago	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) More than 5 yrs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. How long have you suffered from this condition?

a) 0-1 year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) 1-5 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) 5-10 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) More than 10 yrs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. When were you last hospitalised for this condition?

a) Never	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) 0-1 years ago	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) 1-5 years ago	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) More than 5 yrs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. What treatment have you received in the last 2 years for this condition?

a) Nothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) 1-2 prescribed medications daily	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) 3+ prescribed medications daily	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Special treatment, e.g. surgery, radiotherapy, chemotherapy or Renal Dialysis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Concerning your mobility, in respect of this condition?

a) Fully independent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Able to walk only with assistance, e.g. stick, frame	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Permanently and irreversibly wheelchair bound	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Permanently and irreversibly in need of daily nursing care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Permanently and irreversibly bedridden	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

e) If you have diabetes please also answer the following questions

6. What type of diabetes do you have?

	Client 1	Client 2
a) Controlled by diet only	<input type="text"/>	<input type="text"/>
b) Non insulin dependent diabetes	<input type="text"/>	<input type="text"/>
c) Insulin dependent diabetes	<input type="text"/>	<input type="text"/>

7. Do you have any of the following related conditions due to your diabetes?

a) Kidney disease	<input type="text"/>	<input type="text"/>
b) Eye disease	<input type="text"/>	<input type="text"/>
c) Heart disease	<input type="text"/>	<input type="text"/>
d) Poor circulation	<input type="text"/>	<input type="text"/>

8. If you have insulin dependent diabetes, how many times do you take insulin per day?

a) One	<input type="text"/>	<input type="text"/>
b) Two	<input type="text"/>	<input type="text"/>
c) Three	<input type="text"/>	<input type="text"/>
d) Four or more	<input type="text"/>	<input type="text"/>

DECLARATION

Important – before signing the Declaration please read the information on this document to satisfy yourself of its correctness.

I confirm that the information I have provided is correct to the best of my knowledge. I have provided this information on the understanding that it will be used in confidence and that it does not place me under any obligation to buy, or take up any recommendations made.

Data Protection – Information held about you.

In order to advise you properly, we must obtain certain information from you about your financial, medical and personal circumstances, to assess your suitability for particular products and services.

By agreeing to these Terms and Conditions:

- 1 You agree that the information we hold about you can be held on computer and/or paper files.
- 2 You agree that any information which you give us, including sensitive personal data such as health and medical records, may be disclosed to third parties, e.g. credit reference agencies and medical practitioners where relevant, for the purpose of obtaining a quotation or processing your application and for the ongoing administration of your investment product or policy but for no other purpose.
- 3 You agree that we may use the information that we hold about you to contact you from time to time by post, fax, e-mail or telephone to bring to your attention additional products or services which may be of benefit to you.
- 4 We agree that any consent given by you under paragraph 3 above may be withdrawn by you at any time by contacting us in writing at.

Signature

Client

Date

Adviser

Date