

# Retirement Options Questionnaire

You should complete this questionnaire alongside a fully completed fact find questionnaire. If you choose to omit various sections, you should be aware that we would base our advice only on the information provided.

	Client 1	Client 2
Name		
Do you currently require a lump sum or an income from your pension? Could you please tell us why?		
What do you foresee to be your expenditure in retirement? Do you anticipate any changes to this?	£	£
What is your minimum expenditure requirement? Would you prefer to receive this amount no matter what?	£	£
Do you anticipate any future inheritances or windfalls?  Do you anticipate living in your current house or downsizing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How important are your pensions to you?	Very <input type="checkbox"/> Not <input type="checkbox"/> Quite <input type="checkbox"/> No view <input type="checkbox"/>	Very <input type="checkbox"/> Not <input type="checkbox"/> Quite <input type="checkbox"/> No view <input type="checkbox"/>
Other incomes you expect during retirement	Description: State Pension	Description: State Pension
	£	£
	Starts:	Starts:
	Description:	Description:
	£	£
	Starts:	Starts:
	Description:	Description:
	£	£
Starts:	Starts:	
Description:	Description:	
£	£	
Starts:	Starts:	
Description:	Description:	
£	£	
Starts:	Starts:	

## Fact Finding Questionnaire

### Your health

	Client 1	Client 2
State of health	Excellent <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>	Excellent <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>
In the future, will your health...	Improve <input type="checkbox"/> Continue <input type="checkbox"/> Deteriorate <input type="checkbox"/>	Improve <input type="checkbox"/> Continue <input type="checkbox"/> Deteriorate <input type="checkbox"/>
Is there a history of longevity in your family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Height		
Weight		
Do you smoke and if so how much? If you stopped smoking, when?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Units of alcohol drank		
If you have had any medical conditions, please could you give further details		

## Your Pension Income Priorities (Client 1)

<i>There are no right or wrong answers, you should select the answer best matching how you feel.</i>	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I need a secure income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I want my partner to have a secure income if I die.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to be able to vary my income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I want to control the investments made on my behalf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have very limited investment experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would like to take a substantial tax-free lump sum from my pension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I want to leave my family as much money as possible when I die.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I want to be able to manage my annual income tax bill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am not yet ready to make the final choice about my pension income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I could manage if the income from my pension suddenly reduced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your Pension Income Priorities (Client 2)

<i>There are no right or wrong answers, you should select the answer best matching how you feel.</i>	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I need a secure income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I want my partner to have a secure income if I die.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to be able to vary my income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I want to control the investments made on my behalf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have very limited investment experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would like to take a substantial tax-free lump sum from my pension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I want to leave my family as much money as possible when I die.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I want to be able to manage my annual income tax bill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am not yet ready to make the final choice about my pension income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I could manage if the income from my pension suddenly reduced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Client 1	Client 2
Signatures		
Date		