

Data Capture Form (For Adviser use only)

1 Personal details

Title:	
Surname:	
Forename/s: (in full)	
Date of birth:	
Country of birth:	
Sex:	
Marital status:	
Spouse's / partner's name:	
Spouse's / partner's date of birth:	
Permanent residential address including postcode:	
Date moved to this address:	
<i>(If you have lived there for less than three years, your previous permanent residential address)</i>	
Contact numbers:	Home:
	Office:
	Mobile:
Email address:	
National Insurance Number:	
Intended retirement age:	

2 Status

Your client's status is: (Employment details if employed or Trading details if Self-employed)	Employed / Self Employed / Pensioner / Child / Other
Job title/occupation:	
Earnings/profits in current tax year:	
Date MPAA applicable:	

3 Contributions (Payment methods include Standing Order, BACS or Direct Credit)

Regular contributions:	£	Member (net)	£	Member (gross)
	£	Employer (gross)		
This will be paid (Frequency):				
Single contributions:	£	Member (net)	£	Member (gross)
	£	Employer (gross)		

4 Source of wealth and funds

	Member	Third party
Income from employment:	<input type="checkbox"/>	<input type="checkbox"/>
Savings and/or investments:	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance:	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement:	<input type="checkbox"/>	<input type="checkbox"/>
Transfer from another regulated scheme:	<input type="checkbox"/>	

5 Details of transferring schemes

	Transfer 1	Transfer 2	Transfer 3
Company/Scheme name:			
Policy number(s)/Scheme Reference:			
Type of Scheme:			
Is this the full plan value?			
Crystallised?			
Transfer value (or estimate):			
Transfer will be made: (cash/In specie)			
Does this transfer have a protected pension age? (if these boxes are left blank, we will assume the answer is no).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6 Investment intentions

Investment Manager: *(if applicable)*

Address:

7 Expression of wishes

Name and address	Relationship	% of Benefit
Total		100%

We are able to provide literature in alternative formats. For a Braille, large print, audio or E-text version of this document call us on 0115 841 5000 (or via the Typetalk service on 18001 0115 841 5000).

55 Maid Marian Way, Nottingham, NG1 6GE | t. 0115 841 5000 | f. 0115 841 5027 | e. enquiries@talbotmuir.co.uk | w. www.talbotmuir.co.uk

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