

Investment Questionnaire (please complete to the best of your knowledge providing as much information as possible)

Your name(s) & Date of birth

Who is/was your plan with?

What was your occupation at the time of the advice?

Were you retired or about to retire?

How much was invested and when? (approx.. is fine)

What was the source of the funds (eg. Life savings,
Inheritance, redundancy?)

After making the investments
did you have any other savings at the time?
If so how much (approx.)

Can you recall what you received back if the investment
was cashed in

Did you have any serious health issues at the time of advice
(for example – heart related issues, cancer, stroke etc)

How was the plan sold to you (i.e. over the phone, in a branch etc)

Did you have any previous investment experience?

Any other comments you wish to make:
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Signed..... Date.....

Print name(s).....

Thank you for completing this questionnaire

Please return this to Life Policy Reclaim Ltd, 10 Northbrook Rd, Ilford, Essex, IG1 3BS