

# Financial Advice Form

Please enter details using BLOCK CAPITALS

Full Name:

Date of Birth:

Contact Phone No:

Home Address:

Email Address:

Please indicate your decision by ticking **ONLY ONE** of the options below:

**OPTION A – REFERRAL TO WILLIS PRIVATE CLIENTS**

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I do not have my own Financial Adviser and I authorise   
to arrange for a Consultant from Willis Private Clients, the Individual Advisory Division of Willis Towers Watson to contact me.

Below is list of my benefits and I hereby grant authority to release any information requested on my investments, insurances and pension to Willis Private Clients on request.

Provider	Policy Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**OPTION B – INDEPENDENT FINANCIAL ADVISER**

☐

I confirm that I have my own Financial Adviser and I authorise   
to provide all relevant information to my Financial Adviser (details below)

Financial Adviser Name:

Financial Adviser Company:

Office Phone No:  Mobile No:

Office Address:

Email Address:

Signed:

Date: