



Please enter details using BLOCK CAPITALS

Scheme/

Employer Name: _____

Full name: _____

Date of Birth: _____

Contact Phone: _____

Home Address: _____

Email Address: _____

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

☐ **Option A - Referral to Willis Towers
Watson Financial Planning Team**

I wish to appoint Willis Towers Watson as my financial adviser and authorise the release of information in respect of my benefits held in the above scheme.

☐ **Option B - Other Financial Adviser**

I confirm that I have my own financial adviser and authorise the release of information in respect of my benefits held in the above scheme upon request.

Financial Adviser Name: _____

Financial Adviser Company: _____

Signature: _____

Date: _____