



WillisTowersWatson 

# Financial Advice Form

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: \_\_\_\_\_