

**Personal Financial Planning –
Supplementary Questionnaire**



Ash-Ridge

Schedule of Pensions and Investments

Client Name/s -----

Client National Insurance Number/s -----

It is our normal practice to confirm full details with providers direct. The information below will enable us to provide you with the relevant letters of authority for your authorisation in order that we may contact the relevant Providers / Trustees on your behalf.

Money Purchase Pensions

Owner	Provider Name	Scheme Name (if applicable)	Scheme Number (if applicable)	Pension Type	Plan Number

Defined Benefit Pension Schemes

Owner	Employers Name	Scheme Name	Scheme Number (if applicable)	Pension Type	Plan Number

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Packaged Investments

Owner	Provider Name	Account Type (ISA/Investment Bond/General Investment Account)	Account Number	Approximate Value

Direct Investments

Owner	Security	Directly / Indirectly held	No of Shares held	Registrar Name	Approximate Value

Client Declaration

I/we request that As-Ridge provide me/us with the relevant authority letters for approval.

SIGNED

Client

Partner

DATED