

INDEPENDENT FINANCIAL ADVISERS' PENSION SWITCHING QUESTIONNAIRE



*The Professional
Indemnity Specialists*

1. Have you provided advice or services since 6th April 2006 to switch your clients' existing Pensions into a Personal Pension Plan or a Self-Invested Personal Pension Plan?

Yes / No

If yes, please provide the number of Pension Switches arranged since 6th April 2006 broken down as follows:

	Year commencing					TOTAL
	April 2006	April 2007	April 2008	April 2009 <i>(proj.)</i>	April 2010 <i>(proj.)</i>	
Personal Pension Plan						
SIPP						

Please further provide the following details in respect of all Pension Switches arranged since 6th April 2006:

Average transfer value	£	
3 largest transfer values	£	£
Proportion of work conducted and correctly evidenced as on an execution-only basis		%
Average commission rate on transfers where Pension Switching advice given		%
Proportion of transfers with Pension Switching advice where full commission taken		%

2. Please advise the number of Pension Switches undertaken in which the receiving scheme was more expensive than the ceding scheme and/or a stakeholder pension.

Please explain why you advised that these Pension Switches be undertaken.

3. In respect of all Pension Switching business, please advise whether in any case the customer lost benefits (e.g. guaranteed annuity rates) without good reason.

Yes / No

4. In respect of all Pension Switching business, please confirm whether in each case you obtained up-to-date Know Your Customer (KYC) or Fact Find information which identified the client's attitude to risk prior to advising on the Pension Switch.

Yes / No

If not, please clarify why this was not the case.



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5. Please confirm whether you explained to all Pension Switching clients the importance of ongoing investment review or offered such a service in the suitability report provided to each client.

Yes / No

If not, please clarify why this was not the case.

6. Please advise as to what drivers for Pension Switches were stated in suitability reports or in other documents on file.

7. Please confirm whether any pension profiling or comparison tool is used to determine whether there are any benefits in Pension Switching.

Yes / No

If so, please provide details.

8. Please confirm whether you have advised upon any Pension Switch where the risk of the new pension is different to that of the ceding scheme.

Yes / No

- a. please advise whether the change in risk was highlighted to the client in all cases.

Yes / No

- b. please advise whether the risk of the new scheme was consistent with the client's attitude to risk as documented in the KYC and/or Fact Find information in all cases.

Yes / No

If either of the above was not the case, please provide specific details of the cases in question and an explanation as to why the switch was performed.



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- 9. Please advise under what circumstances you consider recommending a Pension Switch.

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- 10. Please provide the names and detail the experience and qualifications of the individuals authorized to provide Pension Switch advice. (Please continue on another page if required.)

Names	Qualifications	Experience

- 11. Please provide details of your top three product providers in terms of commission income from Pension Switches since 6th April 2006.

Provider	Proportion of total pension switching commission income
	%
	%
	%

DECLARATION

I/We declare that:

- (a) this questionnaire has been completed after proper enquiry;
- (b) its contents are true and accurate; and
- (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Insurers to avoid this insurance.

I/We agree that this questionnaire and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature: _____ Date: _____

Firm name: _____