



### Portfolio Review Questionnaire

Should you have any queries when completing this form please call us on **0845 074 7778**, we will be happy to help

<b>1. Personal Details</b>
Name:
Date of birth:
Email Address:
Telephone number:
Postal Address (this is mandatory for security purposes when obtaining information from your pension provider):
National Insurance Number:
<b>Investment 1</b>
Name of Plan Manager / Fund Supermarket:
Policy number (if known):
<b>Investment 2</b>
Name of Plan Manager / Fund Supermarket:
Policy number (if known):
<b>Investment 3</b>
Name of Plan Manager / Fund Supermarket:
Policy number (if known):
<b>Investment 4</b>
Name of Plan Manager / Fund Supermarket:
Policy number (if known):
<b>Investment 5</b>
Name of Plan Manager / Fund Supermarket:
Policy number (if known):

**2. Notes: Please use the section below for any additional information you would like to give us which you think will help us when compiling our report**

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**Declaration**

Please also take this as my authority to release information to Investment Sense.

Please transfer the future servicing of the above noted policies to Investment Sense.

Please also transfer renewal commission to Investment Sense; I understand that I can move away from Investment Sense at any time without penalty.

I agree that a copy of this authority shall have the same validity as the original.

Signed:	Date:
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**Next Steps**

There are a number of ways that this form can be sent to us:

Fax                                      0115 933 8435

Scan and email                      [info@investmentsense.co.uk](mailto:info@investmentsense.co.uk)

Post                                      Investment Sense  
Lace Market House  
54-56 High Pavement  
Lace Market  
Nottingham  
NG1 1HW