

Handover Document – Drawdown

Please complete this form and submit together with signed Letter(s) of Authority and provide IBusiness access to **P32096**

NEW BUSINESS

Drawdown Review Letter

£260 – total charge to partner per suitability letter

REPLACEMENTS – Drawdown Recommendations (excl. Defined Benefit Pension Schemes)

External Drawdown case

£575 (up to 2 plans) plus **£65** for each additional plan

Internal Drawdown case

£500 (up to 2 plans) plus **£65** for each additional plan

External UFPLS case

£575 (up to 2 plans) plus **£65** for each additional plan

Internal UPPLS case

£370 (up to 2 plans) plus **£65** for each additional plan

CASE TYPE	PLEASE TICK
DRAWDOWN TO DRAWDOWN	<input type="checkbox"/>
OTHER TO DRAWDOWN	<input type="checkbox"/>
INTERNAL DRAWDOWN	<input type="checkbox"/>

RENUMERATION	PLEASE CONFIRM
OAF PAYABLE (0.25-0.50)	
ADDITIONAL ADVICE CHARGE %	
ST JAMES'S PLACE PLAN NUMBER - (Please provide Wealth Account where applicable)	

PARTNER NAME	PARTNER CODE	SIGNATURE	DATE

The submission form must be fully completed and signed by the Licensed Partner before any work will be undertaken. By signing, you confirm that all information contained in this Handover Document is accurate and up t

CLIENT 1 NAME		D.O.B	
CLIENT 2 NAME		D.O.B	

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INCOME REQUIRED

YEAR 1	£	NET	<input type="checkbox"/>	GROSS	<input type="checkbox"/>
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INCREASING BY	0%	<input type="checkbox"/>	1%	<input type="checkbox"/>	2%	<input type="checkbox"/>	OR RPI	<input type="checkbox"/>
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If different from above

YEAR 2	£	NET	<input type="checkbox"/>	GROSS	<input type="checkbox"/>
YEAR 3	£	NET	<input type="checkbox"/>	GROSS	<input type="checkbox"/>
YEAR 4	£	NET	<input type="checkbox"/>	GROSS	<input type="checkbox"/>
YEAR 5	£	NET	<input type="checkbox"/>	GROSS	<input type="checkbox"/>

TAX FREE CASH REQUIRED	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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100%	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	PLEASE SPECIFY
				£ <input type="text"/>

IS THE CLIENT IN GOOD HEALTH? (If no please provide details in advice section below)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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PLEASE CONFIRM CLIENTS ATTITUDE TO RISK	LOWER MEDIUM	<input type="checkbox"/>	MEDIUM	<input type="checkbox"/>	UPPER MEDIUM	<input type="checkbox"/>	HIGH	<input type="checkbox"/>
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PLEASE CONFIRM % OF INVESTMENT IN PORTFOLIOS. IF BESPOKE FUND SELECTION PLEASE INCLUDE IN THE ADVICE & NOTES SECTION BELOW.

FUND	%

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CLIENT NEED & OBJECTIVES

Briefly confirm why the client wants to take an income through pension fund withdrawal - reasons for discounting an annuity purchase, deferring taking an income and utilising other assets need to be provided.

TAX FREE CASH DETAILS

Please provide a breakdown of any tax free cash which is required, providing as much detail as possible.

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CEDING PROVIDERS DETAILS

CEDING PROVIDER	PLAN TYPE	PLAN NUMBER

ADVICE & NOTES

Please provide soft fact as to why the client wants to take tax free cash / income and why they are unhappy with their existing provider:

Please send all supporting documentation to:

The Paraplanning Partnership Ltd - 5 The Parade, Church Street, Armthorpe, Doncaster, DN3 3AG.

- Tel – 0345 548 5458
- Email – carl.miller@sipp.co.uk
- www.theparaplanningpartnership.co.uk

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We recommend you refer to the SJP Advice Framework when completing the CFR

HANDOVER INFORMATION – COMPLETE IN CFR	TICK TO CONFIRM
<p>1 – REASON FOR MEETING - (Annual review, new client? Did the client wish to discuss anything specifically? Was any other area discussed but not recommended? If so, why?)</p>	
<p>2 – WHAT ARE THE CLIENTS OBJECTIVES AND WHY? – INCLUDE AGE THE CLIENT WISHES TO DRAW BENEFITS AND THEIR PLANNED RETIREMENT DATE. If the client’s objective is to access pension funds before their normal retirement age, please state why. If improving performance, how is this quantified? How will the client be able to measure if this objective has been achieved? Are the clients’ future circumstances likely to change in the short/medium term or are there any specific future events the client wishes to plan for? If so, please provide details. Is it necessary to transfer all pension plans to meet the client’s objectives?</p>	
<p>3 – REQUIRED INCOME – Could income be raised from other investable assets? How did you arrive at this amount? Net/Gross/Fixed/Flexible and Frequency. Is the income required likely to change in the future? If so, please provide details. Is this level of income sustainable long term. Are any other investable assets available in the event of depletion of the fund? Please ensure ALL sources of income are recorded. If the client has a strategy in place with a view of using their pension fund over a period of time, this needs to be explained.</p>	
<p>4 – DOES THE CLIENT REQUIRE TAX FREE CASH? IF SO, PLEASE PROVIDE DETAILS - Does the client require maximum Tax-Free Cash? Do they need it in one lump sum or staged payments? Do they need more than the maximum permitted? IS this provided by Drawdown UFPLS and why? Could this be raised from other investable assets/sources? Please include reasons why.</p>	
<p>5 – DISCUSSIONS ABOUT THE CLIENTS ATR AND CAPACITY FOR LOSS – What is the clients AT, is this lower or higher than their previous ATR? Capacity for loss, how much of the investment could the client stand to lose without having a significant impact on the client’s future standard of living? Ensure the CFR contains details of client’s investable assets. What is the clients previous investment knowledge and experience? Ensure rationale for any variations between ATR and fund selection.</p>	
<p>6 – WHAT ARE THE CLIENTS OBJECTIVES IN THE EVENT OF DEATH – Did the client have any recorded health or medical conditions, please provide details and why alternatives were not appropriate.</p>	
<p>7 – PROVIDE DETAILS OF ALL EXISTING ARRANGEMENT. ENSURE THAT LOA IS PROVIDED FOR EACH CEDING SCHEME & EMPLOYER SCHEME. Please provide as much information as possible for each policy, e.g. Name of policy holder, Provider, Type of Plan (i.e. PPP, SIPP) fund value, transfer value, level of contributions, policy status and any benefits such as GARs, GCRs. Complete State Pension Forecast (BR19)</p>	
<p>8 – PROPOSED RECOMMENDATIONS AND HOW THIS WILL ACHIEVE THE CLIENT’S OBJECTIVES - Relate product specifics and contribution levels to the client’s circumstances. If appropriate, what is it about St James’s Place and/or your service that the client likes? How will a transfer to St James’s Place address the clients needs?</p>	
<p>9 – PLEASE PROVIDE DETAILS OF ALTERNATIVE RETIREMENT OPTIONS AND WHY THEY WERE DISCOUNTED</p>	
<p>10 – IS THE CLIENT AT RISK OF EXCEEDING THE LIFETIME ALLOWANCE – Record details of the discussions with the client.</p>	
<p>11 – IS THE CLIENTS EMPLOYER SPONSORED SCHEME FINAL SALARY – If so, details will need to be discussed with BA/Paraplanner before the case can be started.</p>	
<p>12 – PROVIDE DETAILS OF ANY EMPLOYER SPONSORED SCHEME CURRENTLY AVAILABLE OR THAT WILL BE AVAILABLE IN THE NEXT 12 MONTHS – If the client has access to an Employer Sponsored Scheme or Final Salary scheme, a comparison between that and the Retirement Plan will need to be completed.</p>	
<p>13 – IF THE RECOMMENDATION IS FOR A RETIREMENT PLAN FOR TRUSTEES WITHIN A SIPP, PLEASE CONFIRM WHY SIPP REQUIRED.</p>	
<p>14 – IS THE CLIENT PLANNING TO RESUME REGULAR CONTRIBUTIONS? IF SO, CONFIRM HOW THE CONTRIBUTIONS WILL BE AFFORDABLE OVER THE TERM OF THE PLAN</p>	
<p>15 – CONFIRM ASSET PRESERVATION TRUST HAS BEEN RECOMMENDED – Confirm details of beneficiaries/trustee. If declined y the client, please provide reasons why.</p>	