

# Handover Document – IHT & Estate Planning

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

## NEW BUSINESS

IHT Plans inc (ITS & EIS), VCT **£260** (1 plan) plus **£32.50** for each additional plan

## REPLACEMENTS – to Loan Plans, DGP, ITS, EIS

Loan Plans, DGP, ITS, EIS **£440** (1 plan) plus **£65** for each additional plan

Long Term Care **£440** (1 plan) plus **£65** for each additional plan

To a VCT **£410**

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 to date.

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

PLEASE CONFIRM % OF INVESTMENT IN PORTFOLIOS. IF BESPOKE FUND SELECTION PLEASE INCLUDE IN THE NOTES SECTION BELOW. IF EIS, ITS OR VCT PLEASE DETAIL PROVIDER INFORMATION BELOW

FUND/PROVIDER	%

REASON FOR RECOMMENDATION

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CASE TYPE – Please tick relevant products chosen

LOAN PLAN	<input type="checkbox"/>	GIFT PLAN	<input type="checkbox"/>	DGP	<input type="checkbox"/>
LLPS	<input type="checkbox"/>	EIS	<input type="checkbox"/>	ITS	<input type="checkbox"/>
WHOLE OF LIFE	<input type="checkbox"/>	*OTHER			
*OTHER – PLEASE SPECIFY	<input type="checkbox"/>				

Please confirm in the list below that the required documentation or process has been carried out

REQUIRED DOCUMENTATION/PROCESS	YES – NO – NOT APPLICABLE
Do you hold the relevant product licence	
A signed Letter of Authority for each provider has been provided	
Ceding Scheme Information is fully collated	
Protection – Research via Assureweb has been carried out	

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@sjpp.co.uk](mailto:carl.miller@sjpp.co.uk)
- [www.theparaplanningpartnership.co.uk](http://www.theparaplanningpartnership.co.uk)

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**NOTES – PLEASE USE THIS SECTION TO ADD ANY FURTHER INFORMATION ABOUT THE CASE WHICH WILL ASSIST US IN IT'S COMPLETION**

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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><b>1 – REASON FOR MEETING</b> - (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><b>2 – WHAT ARE THE CLIENTS OBJECTIVES AND WHY?</b> – Is the clients circumstances likely to change in the short/medium term or are there any specific future event they wish to plan for? If so, please provide details. Growth/Income (please specify amount, frequency and if likely to change). Growth – How is this quantified. Reducing the IHT liability? If so, is the client’s preference to reduce IHT immediately or over a longer period? Please confirm reasons.</p>	
<p><b>3 – PLEASE CONFIRM THE EXTENT TO WHICH. THE CLIENT REQUIRED ACCESS TO INCOME AND OR CAPITAL.</b> If investing for income, confirm the client’s position pre and post recommendation and why additional income is required. How have you arrived at this amount? Net/Gross/Fixed/Flexible and Frequency? Is this income requirement likely to change?</p>	
<p><b>4 – DISCUSSIONS REGARDING THE CLIENTS ATR AND CAPACITY FOR LOSS</b> – Client ATR, 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 their future standard of living? Ensure CFR contains details of client’s investable assets. Provide rationale for any variations between ATR and fund selection. Previous investment knowledge and experience.</p>	
<p><b>5 – PROVIDE DETAILS OF ALL EXISTING ARRANGEMENTS</b> - Please provide as much information as possible for each policy, e.g. Name of policy holder, Provider, Type of Plan, Fund Value, Transfer Value, Level of Contributions and whether to be transferred (subject to data gathering and analysis)</p>	
<p><b>6 – DOES THE SPECIAL CARE PROCESS APPLY?</b> – Please refer to the Advice Framework. Please contact Business Assurance if investing above outside investment corridors.</p>	
<p><b>7 – PROPOSED RECOMMENDATIONS AND HOW THIS WILL ACHIEVE THE CLIENT’S OBJECTIVES</b> - 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 client’s needs?</p>	
<p><b>8 – WHAT ALTERNATIVE IHT SOLUTIONS HAVE BEEN CONSIDERED AND WHY WERE THEY DISCOUNTED</b> – E.g. – Deed of Variation, Gifting, Loan Plan, DGP, LLPS, EIS, CITS and Whole of Life cover. Please note, if the client is unlikely to be eligible for discount, further consideration should be given to Loan Plan and EIS/OTIS.</p>	
<p><b>9 – WHAT ARE THE CLIENTS IHT LIABILITY PRE AND POST RECOMMENDATION</b> – A copy of the IHT calculation should be recorded within the CFR. Please provide details of previous gifts made and the impact on IHT Liability.</p>	
<p><b>10 – FOR ALL DGP, LOAN PLANS, LLPS AND WHOLE OF LIFE RECOMMENDATIONS, PLEASE CONFIRM THE TYPE OF TRUST AND WHY.</b></p>	
<p><b>11 – IF THE TOTAL INVESTMENT AMOUNT IS ABOVE THE NIL RATE BAND, CONFIRM WHETHER MULTIPLE TRUST PLANNING HAS TAKEN PLACE</b> – Please refer to the Advice Framework for limits.</p>	
<p><b>12 – IF THE RECOMMENDATION INVOLVES A BPR SOLUTION (E.G. EIS, CITS, OITS ETC) , CONFIRM THE LEVEL OF INVESTABLE WEALTH</b> – Refer to Advice Framework for more detailed guidance. Client will also need to demonstrate an ATR of at least Medium but willing to accept a higher level of risk.</p>	
<p><b>13 – CONFIRM STRUCTURE OF RECOMMENDED PLANS</b> – Refer to Advice Framework to ensure that structure does not fall foul of ‘Conditional Gifting’ rules.</p>	