

Handover Document – Investments

CASE TYPE

HAS CLIENT 1 MAXIMISED THIS YEARS ISA ALLOWANCE:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

IF NO, HOW MUCH OF THE ISA ALLOWANCE REMAINS

£

HAS CLIENT 2 MAXIMISED THIS YEARS ISA ALLOWANCE:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

IF NO, HOW MUCH OF THE ISA ALLOWANCE REMAINS

£

IF A UNIT TRUST FEEDER IS NOT BEING RECOMMENDED, PLEASE CONFIRM WHY

IF AN ISA OR UNIT TRUST IS BEING RECOMMENDED IN WHAT FORMAT WILL KIID(S) BE GIVEN

ONLINE

PAPER

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RECOMMENDATION TYPE

NEW MONEY CASE	
ISA	<input type="checkbox"/>
UNIT TRUST FEEDER	<input type="checkbox"/>
INVESTMENT BOND	<input type="checkbox"/>
INTERNATIONAL INVESTMENT BOND	<input type="checkbox"/>
VCT	<input type="checkbox"/>
EIS	<input type="checkbox"/>

REPLACEMENT PRODUCT	INVESTMENT BEING RECOMMENDED
ISA	<input type="checkbox"/>
UNIT TRUST/OEIC	<input type="checkbox"/>
INVESTMENT BOND	<input type="checkbox"/>
INTERNATIONAL INVESTMENT BOND	<input type="checkbox"/>
OTHER	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>

UNLESS A CLIENT HAS MAXIMISED THEIR ISA ALLOWANCE FOR THE TAX YEAR, AN ISA WILL BE THE DEFAULT RECOMMENDATION FOR ANY NON ISA TRANSFER

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CLIENT OBJECTIVES AND ADVICE

Please confirm the details of the client’s objectives regarding the investment and please explain why they are unhappy with their current provider(s) and/or advisor and the reasons for transfer. Please provide as much detail as possible.

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 FUNDS/PORTFOLIOS. IF BESPOKE FUND SELECTION PLEASE INCLUDE IN THE ADVICE & NOTES SECTION BELOW.

FUND	%

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PREVIOUS INVESTMENT EXPERIENCE

IF NO PREVIOUS INVESTMENT EXPERIENCE CAN BE DEMONSTRATED PLEASE CONFIRM RATIONALE FOR RISK SELECTION: (Unless recommending a portfolio/fund selection at the Lower/Medium risk range)

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REQUIRED DOCUMENTATION/PROCESS	CONFIRMATION YES – NO – NOT APPLICABLE
Do you hold the relevant product licence	<input type="text"/>
Has a signed Letter of Authority for each provider been provided	<input type="text"/>
Has the Ceding Scheme information been fully collated	<input type="text"/>

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
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?)	
2 – WHAT ARE THE CLIENTS OBJECTIVES AND WHY? – Is the client consolidating? If so, are all the investments being considered for consolidation? If not, why. Generating income – Is there a target income and if so, how has this figure been calculated? Is this fixed or flexible and why. What is the impact on the client’s circumstances if this income target cannot be achieved? Is there a potential IHT liability, if so, have you provided rationale why this hasn’t been addressed now? Does the client have adequate emergency funds? Are the client’s circumstances likely to change over the short/medium term? Is there a specific event that the client wishes to plan for? If so, please state. What does the client dislike about their existing plan(s) e.g. lack of advice? Has the repayment of any debts /liabilities been considered? If applicable but not considered, please state why.	
3 – LIST DETAILS OF ALL EXISTING ARRANGEMENTS – Is there a Letter of Authority for each Ceding Scheme? Provide as much information as you have for each policy e.g. Name of Policyholder, Policy Owner, Type of Plan, Fund Value, Level of Contributions and whether it will be transferred.	
4 – WHAT DISCUSSIONS TOOK PLACE REGARDING ATR AND CAPACITY FOR LOSS – What is the clients ATR – Is this lower or higher than their previous ATR. Previous investment knowledge and experience. Ensure rationale for any variations between ATR and fund selection are provided. Capacity for loss – how much of the investment could the client stand to lose without having a significant impact on their standard of living. Ensure that CFR contains details of clients investable assests.	
5 – PROPOSED RECOMMENDATION AND HOW WILL THIS ACHIEVE THE CLIENT’S OBJECTIVES – How a transfer to St James’s Place addresses their needs. Where appropriate, what is it about St James’s Place and/or your service that the client likes. Relate product specifics and contribution levels to the client’s circumstances. Is the recommendation the most appropriate to their current circumstances?	
6 – WHAT ALTERNATIVES HAVE BEEN CONSIDERED AND WHY WERE THEY DISCOUNTED – Robust reasons must be displayed if default product is discounted. Please refer to Advice Framework. What consideration has been given to a Pension Contribution.	
7 – IF NEW MONEY CONFIRM THE ORIGINAL SOURCE OF FUNDS ON DEPOSIT.	
8 – DOES THE SPECIAL CARE PROCESS APPLY – Please refer to the Advice Framework – Advising Vulnerable Clients. Please refer to Business Assurance if investing above limits for the client’s age.	
9 – STRUCTURE OF PLAN (OWNER/LIFE ASSURED) AND WHY – Is the client over 70 – younger life assured must be recommended on a bond.	
10 – WAS THERE A DISCUSSION REGARDING SUCESSION PLANNING	