

Handover Document – Protection

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

Protection
(Including business Protection)

£220 (1 plan) plus **£33.75** for each additional plan

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	

RECOMMENDATION OVERVIEW/SHORTFALL IN COVER

Handover Document – Investments

Number of Policies Recommended	<input type="text"/>
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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"/>
State Pension Forecast (BR19) information	<input type="text"/>

<p>Rationale For Provider(s) Recommended</p>
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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
- www.theparaplanningpartnership.co.uk
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Handover Document – Investments

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? – Explain how you arrived at the sum assured and the term. Does the term extend beyond retirement, if so, please provide rationale? If premium driven, how will any shortfall in cover be addressed.	
3 – 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, (WOL, LTA, DTA), sum assured, level of contribution, fund value, policy status. If the policy is in trust, please provide details.	
4 – YOUR RECOMMENDATION AND HOW THIS WILL ACHIEVE THE CLIENT’S OBJECTIVES – Provide product specifics and contribution levels to the client’s circumstances. Are the existing plans included within the solution? If not, please provide rationale.	
5 – CONFIRM TYPE OF NEW PLAN AND WHETHER REVIEWABLE OR GUARANTEED PREMIUMS HAVE BEEN SELECTED. PLEASE CONFIRM THE STRUCTURE OF THE PLAN(S) RECOMMENDED I.E. OWNER, LIVES ASSURED, TRUST DETAILS. – If reviewable premiums selected based on cost, confirm the cost of guaranteed premiums.	
6 – WHAT ALTERNATIVE PLANS/PROVIDERS WERE CONSIDERED AND WHY WERE THEY DISCOUNTED – If cheaper providers are available, why were they discounted.	
7 – FOR SINGLE LIFE AND JOINT LIFE SECOND DEATH PLANS, CONFIRM THE TYPE OF TRUST TO BE USED AND WHO THE ADDITIONAL TRUSTEES WILL BE. Please note that a trust should be recommended even if CIC is included. Please refer to the advice framework for more details.	
8 – CONFIRM HOW THE PREMIUMS WILL BE AFFORDABLE OVER THE TERM OF THE PLAN.	
9 – WHAT ADDITIONAL OPTIONS (IF ANY) HAVE BEEN ADDED OR DISCONTINUED AND WHY – E.g. Waiver of Premium/Indexation.	