

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

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Pension (Regular/Lump Sum)

£145 (1 Plan) plus £33.75 for each additional plan

*For cases where more than 4 cases are being recommended, please call to an agree an appropriate fee.

REPLACEMENTS

Personal Pension to RP/RA,

Occupational Money Purchase to RP/RA

£385 (1 Plan) plus £67.50 for each additional plan

Safeguarded Benefits.

\$£825 (1 Plan)\$ plus \$£67.50\$ if additional plans do not include safeguard benefits plus \$£135\$ if additional plans contain safeguard benefit

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	

CEDING PROVIDERS DETAILS

CEDING PROVIDER	PLAN TYPE	PLAN NUMBER



CASE TYPE		
PERSONAL/OCCUPATIONAL PENSION TO RA	SIPP RE-INVESTMENT	
SIPP TO RA	SSAS RE-INVESTMENT	
OTHER - PLEASE CONFIRM		
EMPLOYER SCHEME DETAILS IS THE CLIENT		
EMPLOYED SELF	EMPLOYED UNEMPLOYED	
NAME OF EMPLOYER		
PLEASE PROVIDE DETAILS OF THE EMI	PLOYER SCHEME	
PREFERRED CLIENT RETIREMENT AGE		



PLEASE CONFIRM CLIENTS ATTITUDE TO RISK	LOWER MEDIUM	MEDIUM	UPPER	MEDIUM	HIGH		
PLEASE CONFIRM % OF INVESTMENT IN FUNDS/PORTFOLIOS. IF BESPOKE FUND SELECTION PLEASE INCLUDE IN THE OBJECTIVE & ADVICE SECTION BELOW.							
	%						
					NFIRMATION - NOT APPLICABLE		
Do you hold the releva	nt product licence			123 110	NOTATTECABLE		
,							
Has a signed Letter of A	Authority for each p	rovider been provide	ed				
Has the Ceding Schem	e information been f	fully collated					
Has a Letter of Author scheme	ity been provided fo	r the Employers AE					
Is State Pension Foreca	ast (BR19) informati	on included					
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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



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



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

HANDOVER INFORMATION - COMPLETE IN CFR	TICK TO CONFIRM
	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? – Planned Retirement Age and income required at	
Retirement Age. Consolidation - are all pensions being consolidated - if no, please state why not. What is it the client	
doesn't like about their current plans i.e. lack of advice? Are their circumstances likely to change in the short/medium	
term or are there any specific plans.	
3 - WHAT DISCUSSIONS TOOK PLACE REGARDING ATR AND CAPACITY FOR LOSS - What is the clients 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 standard of living. Ensure that CFR contains details of client's	
investable assets. Ensure rationale for variation between ATR and fund selection is provided. Discuss previous	
investment experience and knowledge.	
4 - DETAILS OF ALL EXISTING ARRANGEMENTS - ENSURE A LOA IS PROVIDED FOR EACH CEDING SCHEME	
AND AE SCHEME. Please provide as much information as possible for each policy and whether to be transferred.	
Completed State Pension Forecast (BR19)	
5 - YOUR RECOMMENDATION AND HOW THIS WILL ACHIEVE THE CLIENT'S OBJECTIVES. Relate	
contribution levels and product specifics to the client's circumstances. If applicable, what is it about St James's Place	
service that the client likes. If the recommendation includes a regular premium, please confirm how the contributions	
are affordable over the term of the plan. Include details of the client's emergency fund.	
6 - WHAT ALTERNATIVES HAVE BEEN CONSIDERED AND WHY WERE THEY DISCOUNTED - Fund	
switch/Transfer to Employers Scheme/Additional Contributions to Existing Plans/Additional Contribution to	
Employers Scheme/Transfer to Stakeholder. Please provide robust rationale.	
7 – IS THE CLIENT AT RISK OF EXCEEDING THE LIFETIME ALLOWANCE – Record details of the discussions with	
the client.	
8 – IS THE CLIENT'S EMPLOYER SPONSORED SCHEME A FINAL SALARY – If yes, details will need to be discussed	
with BA/Paraplanner before case can be started.	
9 - PROVIDE DETAILS OF ANY EMPLOYER SCHEME (ESS) CURRENTLY AVAILABLE OR THAT WILL BE	
AVAILABLE IN THE NEXT 12 MONTHS	
10 - CONFIRM ASSEST PRESERVATION TRUST HAS BEEN RECOMMENDED - Confirm details of	
beneficiaries/trustees. If declined by the client, SL will need to detail positive recommendation with the clients reason	
for declining.	