DOCUMENT HANDOVER

Pension (Including SIPP/SSAS)

If Drawdown, please use Drawdown Handover.

Is the client(s) currently receiving advice from Client Solutions / Policy Services? (If yes, please provide details)		Yes ☐	No ☐
Adviser:		Client:	
Date:		SCDD issue date:	
Servicing agreement in place:			
SRA:			

Fact Find Checklist

Please confirm that you have obtained the following information. (If not, please complete the relevant section of the CFR)

Personal details	☐	Will information in CFR	☐
Dependant's details including date of birth	☐	Health details	☐
Occupation and employment details	☐	Income and expenditure	☐
Emergency fund	☐	Future circumstances / tax and residence	☐
Full details of any liabilities	☐	Full details of any existing Protection	☐
Full details of any existing Pensions	☐	Full details of any existing assets	☐
Investments and regular savings section fully complete			☐
Protection / Retirement / Inheritance Tax section fully complete if discussed			☐

Active member of Defined Benefit Scheme? Yes ☐ No ☐

Details/LOA on file? Yes ☐ No ☐

Employer Sponsored Scheme (ESS) available? Yes ☐ No ☐

Details/LOA on file? Yes ☐ No ☐

* Please note a comparison against any ESS (if currently available or would be within the next 12 months), Defined Benefit Scheme/AVC will need to be undertaken. Please ensure details of these are on file, including whether they will accept the lump sum/regular contribution and the applicable charges.

IAF details:

OAF details:

If Initial Advice Charge sacrifice is required, would you prefer: Maximise Credit ☐ Maximise IAF ☐

Do you require a Letter or Report?

Letter ☐ Report ☐

Solutions

Retirement Account ☐ SIPP/SSAS* ☐ Trustee Investment Account ☐

If a SIPP or SSAS have been recommended, please confirm provider and reason why SIPP/SSAS is required. Please ensure an LOA is on file for the SIPP/SSAS provider and any third party investment manager.

If SIPP/SSAS being used, has the provider confirmed the acceptance of the property? Yes ☐ No ☐

Please note which plans are to be replaced

If you wish for a specific plan to transfer to a specific product, please document in the 'reason for recommendation' box.

Current Provider	Policy Type	Policy Number	Owner	To Be Replaced

Additional Contributions

Lump sum (gross/net):		Regular contribution (gross/net):	
Frequency:		Indexation:	
Contribution paid by:			

LTA protection in place?	Yes		No	
Details of protection on file?	Yes		No	

Recommendation

Is the client at risk of breaching LTA due to the recommendations?	Yes		No	
If using carry forward, are calculations and supporting documents on file?	On file		Needed	

Please provide details of recommendations and how it will meet the clients' objectives.

Fund/Portfolio Selection

Reason for Selection

Please indicate why a particular fund/portfolio has been selected in preference to other similar risk rated fund.

Details for Asset Preservation Trust (APT)

Trustees, beneficiaries, APT already in place?