

**DOCUMENT HANDOVER**

# Pension Transfers & New Money (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:  Partner code:  Product licence held

If another adviser is providing the advice or if there is a different fee split, please note this in the IAF/OAF section.

Client:  Client NI number:   
 Client DoB:  Date:  SCDD issue date:   
 Selected retirement age

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.

Please provide further details on clients existing Employer Scheme plus any details of any further matching of contributions available or salary sacrifice options via employer for the client:

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

## Recommendation

New money (confirm investment amount below)

Replacement

## Solutions

Retirement Account

SIPP/SSAS\*

Trustee Investment Account

If SIPP/SSAS being used, has the provider confirmed the acceptance of the property?

Yes

No

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.

## 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):	<input type="text"/>	Regular contribution (gross/net):	<input type="text"/>
Frequency:	<input type="text"/>	Indexation:	<input type="text"/>
Contribution paid by:	<input type="text"/>		

LTA protection in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details of protection on file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Recommendation

Is the client at risk of breaching LTA due to the recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If using carry forward, are calculations and supporting documents on file?	On file <input type="checkbox"/>	Needed <input type="checkbox"/>

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

## Fund/Portfolio selection

Automatic Fund Transfer Facility to be used? (Please provide details)

Yes

No

## Reason for selection

Please indicate why a particular fund/portfolio has been selected in preference to other similar risk rated fund. For any funds/portfolio outside their risk tolerance, please indicate why chosen.

## Bespoke Fund choice

Why has each fund been selected? Why have any funds outside their risk profile been selected?

## Details for Asset Preservation Trust (APT)

Trustees, beneficiaries, APT already in place?

## Documentation checklist

Ensure that the illustration and advice set have been created (if applicable) and the following documents are attached:

LoAs provided for Employer Scheme	<input type="checkbox"/>
LoAs provided for all plans under review	<input type="checkbox"/>
Evidence of any LTA protection	<input type="checkbox"/>

## Is this a client in vulnerable circumstances?

### Health

Health condition or illnesses that affect the ability to carry out day-to-day tasks.

Physical disability	<input type="checkbox"/>
Severe or long-term illness	<input type="checkbox"/>
Hearing or visual impairment	<input type="checkbox"/>
Poor mental health	<input type="checkbox"/>
Low mental capacity or cognitive impairment	<input type="checkbox"/>
Addiction	<input type="checkbox"/>

### Life Events

Major life events such as bereavement, job loss or relationship breakdown.

Caring responsibilities	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>
Income shock	<input type="checkbox"/>
Relationship breakdown	<input type="checkbox"/>
People with non-standard requirements	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>
Retirement	<input type="checkbox"/>

### Resilience

Low ability to withstand emotional or financial shocks.

Low or erratic income	<input type="checkbox"/>
Over indebtedness	<input type="checkbox"/>
Low savings	<input type="checkbox"/>
Low emotional resilience	<input type="checkbox"/>

### Capability

Low knowledge of financial or low confidence in managing money.

Poor literacy or numeracy skills	<input type="checkbox"/>
Low English language skills	<input type="checkbox"/>
Poor or non-existent digital skills	<input type="checkbox"/>
Low knowledge/confidence in managing finances	<input type="checkbox"/>

### Additional information

If you have marked any of the above, or your client has any other vulnerabilities not listed, please detail below and state any actions and amendments to your client's standard service based on their vulnerabilities: -