

DOCUMENT HANDOVER

At Retirement Recommendation (Drawdown, UFPLs)

If recommending an Annuity, please use the Annuity handover.

Is the client(s) currently receiving advice from Client Solutions / Policy Services? (If yes, please provide details)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adviser:	<input type="text"/>	Client:	<input type="text"/>
Date:	<input type="text"/>	SCDD issue date:	<input type="text"/>
Servicing agreement in place (regularity of reviews):		<input type="text"/>	
Selected retirement age		<input type="text"/>	

Fact Find Checklist

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

Personal details <input type="checkbox"/>	Will information in CFR <input type="checkbox"/>
Dependant's details including date of birth <input type="checkbox"/>	Health details <input type="checkbox"/>
Occupation and employment details <input type="checkbox"/>	Income and expenditure <input type="checkbox"/>
Emergency fund <input type="checkbox"/>	Future circumstances / tax and residence <input type="checkbox"/>
Full details of any liabilities <input type="checkbox"/>	Full details of any existing Protection <input type="checkbox"/>
Full details of any existing Pensions <input type="checkbox"/>	Full details of any existing assets <input type="checkbox"/>
Retirement planning and 'pre-retirement' section fully complete <input type="checkbox"/>	
Protection / Retirement / Inheritance Tax section fully complete if discussed <input type="checkbox"/>	

IAF details:

OAF details:

Do you require a Letter or Report?

Letter Report

Solution

Full Drawdown Partial Drawdown Phased Drawdown UFPLS

Is the client invested via a SIPP? Yes* No

* If yes, please provide LoA for any third party investment managers (if applicable). Failure to provide this will mean that we will have to contact the platform provider for the information concerning the investments, which is likely to delay the case/prevent us from collating all the required ceding information.

Is the client part of an Employer Scheme (ESS)? Yes* No

* If yes please provide detail/LoA, to confirm employer will/not offer Drawdown. If they will, a full comparison will be needed.

BR 19 on file for client and spouse Yes No

RECOMMENDATION

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

Pension Commencement Lump Sum (PCLS):			
Income needed (gross/net):			
Frequency:		Indexation:	

Does the client qualify for an Enhanced Annuity?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
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* If yes, an enhanced Annuity questionnaire will need to be completed and provided to us.

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"/>
Is the client at risk of breaching LTA due to the recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details of other guaranteed income on file? Eg. Annuity or Defined Benefit Scheme	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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?