

DOCUMENT HANDOVER

At Retirement Recommendation (Drawdown, UFPLS)

If Initial Advice Charge sacrifice is required, would you prefer:

If recommending an Annuity, please use the Ann	ver.					
Adviser:		Client 1:				
Client DOB:		Partner Code:				
Servicing agreement in place (regularity of reviews):						
Selected retirement age (if different)						
Salesforce Checklist						
· · · · · · · · · · · · · · · · · · ·	-	ons in Salesforce as this ensures the CFR is complet ce and ensure that the Advice Record includes both				
Meeting date noted under "Activity" section						
Details section fully complete						
Relationships – ensure spouse and children included – spouse should appear under 'Related Accounts'						
Financials Section fully complete						
Income & Expenditure						
Advice - Advice Record created for this particular advice						
Disclosure - updated if applicable						
Advice Record completion – click into Advice record and complete everything under 'Client Needs' (all questions answered)* *This will also be where your meeting notes with the client will be recorded						
IAF Details		DAF Details				

Maximise IAF

Maximise Credit

Solution						
	Full Drawdown	Partial Drawdown	Pl	hased Drawdov	wn	
	UFPLS	Crystallising within 12 months		TFC Only (No income)		
Is the client i	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	Is the client part of an Employer Scheme (ESS)?			Yes*	No	
* If yes please provide detail/LoA, to confirm employer will/will not offer Drawdown. If they will, a full comparison will be needed.						
State Pensio	n Forecast on file for clien	t & spouse		Yes	No	
An OMO statement is required for first time crystallisation or if the client has not received one within the last 12 months - this must b discussed as part of your review. OMO statements can be requested from the admin centre Partner helpline on 0800 0720229. Request that a copy is sent to the partner's office.						
For Replacements						
Please note which plans are to be replaced						
If you wish fo	If you wish for a specific plan to transfer to a specific product, please document in the 'recommendation' box.					

Current Provider	Policy Type	Policy Number	Owner	To Be Replaced
	- 1	1		
	$\langle \langle $			
	70			



Lump Sum (capital) amount required					
Income needed (gross/net):					
Frequency:	Indexation:				
Does the client qualify for an Enhanced Annuity	•	Yes*	No		
* If yes, please provide the full annuity questionnaire o	nd provider responses				
LTA Protection in place?		Yes	No		
Details of Protection on file?		Yes	No		
Is the client at risk of breaching LTA due to the r	ecommendations?	Yes	No		
Details of other guranteed income on file? Eg. Ar	nuity or Defined Benefit Scheme	Yes	No		
If needed please use this box to provide specific details around the recommendation. Otherwise we will assume that full details are in the CFR.					
What discussions have taken place when conside	ring the clients Capacity fo	r Loss?			



	What discussions have taken place when considering the clients Capacity for Loss?					
	What discussions have taken place in regards to considering the alternatives to Drawdown?					
	Using Existing Assets or Borrowing:					
	Deferral of accessing pensions funds:					
	Annuity:					
	UFPLS:					
	Phased drawdown:					
<u>~</u>	Fund/Portfolio Section					
	Select Option:					
	Will the funds be 100% invested or do you wish to use the Automatic Funds Transfer (AFTF)?					
	100% Invested AFTF					
	If using AFTF please provide further information in the reason for selection box below.					



증							
	Please indicate why a particular fund/portfolio has b	Please indicate why a particular fund/portfolio has been selected in preference to other similar risk rated fund.					
Š	Legacy Preservation Trust (LPT)						
	Has LPT been recommended? Yes Decl	elined Already in place					
	Confirm Trustees and beneficiaries if relevant						
D	Did the client wish to include an Expression of Wish For	orm? Yes - all complet	ed No Forms ar	e with the client			
	If yes, please provide the beneficiary details:						



Disclaimer

On receipt of the Business Assurance approval memo for the above mentioned case, I understand that I will be invoiced as per the fees menu or as agreed in writing where relevant.

If the case does not proceed to Business Assurance for approval because we cannot recommend the client transfers any/all of their plans, I understand and agree that I will be invoiced for NPW fees as outlined in the Services and Fees menu.

I also understand that if the CFR has not been adequately completed that Wiltshire Paraplanning may charge up to £100 to cover any additional admin time to complete this for you.

Type Partner Name	•	Date

