

# SUBMISSION FORM

## DRAWDOWN

COMPANY NAME:		COMPANY REGISTER NUMBER:	
PARTNER NAME:		PARTNER CODE:	
CLIENT NAME:		CLIENT DOB:	
SPOUSE DOB:		TAX RATE:	

### INCOME REQUIRED

YEAR 1	£	NET <input type="radio"/>	GROSS <input type="radio"/>						
INCREASING BY	<table><tr><td>0%</td><td>1%</td><td>2%</td><td>OR RPI</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table>	0%	1%	2%	OR RPI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0%	1%	2%	OR RPI						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

If different from above;

YEAR 2	£	NET <input type="radio"/>	GROSS <input type="radio"/>
YEAR 3	£	NET <input type="radio"/>	GROSS <input type="radio"/>
YEAR 4	£	NET <input type="radio"/>	GROSS <input type="radio"/>
YEAR 5	£	NET <input type="radio"/>	GROSS <input type="radio"/>
YEAR 6	£	NET <input type="radio"/>	GROSS <input type="radio"/>
YEAR 7	£	NET <input type="radio"/>	GROSS <input type="radio"/>

TAX FREE CASH REQUIRED: YES ☐ NO ☐

100% ☐ OTHER ☐ £.....  
(Please specify amount)

IS THE CLIENT IN GOOD HEALTH? YES ☐ NO ☐

If no, please provide details.

### CASE TYPE

	PLEASE TICK
DRAWDOWN TO DRAWDOWN	<input type="radio"/>
OTHER TO DRAWDOWN	<input type="radio"/>

### CEDING PROVIDERS DETAILS

CEDING PROVIDER NAME	PLAN TYPE	PLAN NUMBER

### CLIENT NEEDS & OBJECTIVES

Please briefly confirm why the client wants to take an income through pension fund withdrawal - full reasons for discounting an annuity purchase, deferring taking an income and utilising other assets need to be provided:

ADVICE

Please provide detailed soft facts as to why the client wants to take tax free cash / an income and / or is unhappy with their existing drawdown provider:

PLEASE CONFIRM THE CLIENT'S ATTITUDE TO RISK AS EITHER

Please select one box

LOWER MEDIUM	<input type="radio"/>	MEDIUM	<input type="radio"/>
UPPER MEDIUM	<input type="radio"/>	HIGH	<input type="radio"/>

PLEASE CONFIRM % OF INVESTMENT IN THE FOLLOWING FUNDS / PORTFOLIOS

FUND	%

Please submit a Confidential Review (sections 1, 3 and 7) with this Submission Form along with a client authority so that we can obtain relevant details from the ceding providers.

DECLARATION

I am authorised to act on behalf of the client whose details and information I have provided in this Submission Form. I confirm that the information contained in this Submission Form is accurate and up-to-date.

By signing I confirm I am requesting Huntswood to provide paraplanning services in relation to the subject matter of this Submission Form in accordance with the Paraplanning Framework Agreement signed between the Partner named above and Huntswood CTC Limited ("Huntswood") . I agree that all the terms and conditions contained in the Framework Agreement apply to this Submission Form. I further agree and acknowledge that this Submission Form will not form a legally binding agreement between us unless and until Huntswood issues an acknowledgement in respect of this Submission Form.

.....  
Signature [Please print out, sign and scan this document](#)

.....  
Print name

.....  
Date