

SUBMISSION FORM

INVESTMENTS

COMPANY NAME:		COMPANY REGISTER NUMBER:	
PARTNER NAME:		PARTNER CODE:	
CLIENT NAME:		CLIENT DOB:	

CASE TYPE

	PLEASE TICK
DOES THE CASE INVOLVE ANY ESTATE PLANNING	<input type="radio"/>

Please note if a DGP is being recommended and the client is over 80 or in ill health a DGP Prelim will need to be completed.

BOND OR UNIT TRUST / OEIC TO BOND (& ISA)

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BOND OR UNIT TRUST / OEIC TO UTF (& ISA)

.....

DGP

.....

LOAN PLAN

.....

ISA TO ISA

.....

OTHER

.....

Please note unless a client has maximised their ISA allowance for the tax year this will be the default recommendation for any non ISA or IHT transfers.

CEDING PROVIDERS DETAILS

CEDING PROVIDER NAME	PLAN TYPE	PLAN NUMBER

HAS THE CLIENT(S) MAXIMISED THIS TAX YEAR'S ISA ALLOWANCE: YES ☐ NO ☐

If no how much of the ISA allowance remains: £.....

IF A UNIT TRUST FEEDER IS NOT BEING RECOMMENDED PLEASE CONFIRM WHY

.....

IF AN ISA OR UNIT TRUST IS BEING RECOMMENDED IN WHAT FORMAT WILL KIID(S) BE GIVEN

ONLINE ☐ PAPER ☐

CLIENT NEEDS & OBJECTIVES

Please confirm brief details of the clients's needs with regard to this particular investment:

ADVICE

Please confirm details of the recommendation that you feel would best suit the client needs plus the reasons why the client is unhappy with their existing provider, these reasons need to be detailed and client specific:

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 and 4) with this Submission Form along with a client authority so we can obtain relevant details from the ceding providers. For IHT cases section 8 of the Fact Find will also be required.

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