

SUBMISSION FORM

PENSIONS

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

PREFERRED CLIENT RETIREMENT AGE:.....

CASE TYPE

	PLEASE TICK
PERSONAL / OCCUPATIONAL PENSION TO RP	<input type="radio"/>
SIPP RE-INVESTMENT	<input type="radio"/>
SIPP TO RP	<input type="radio"/>
SSAS RE-INVESTMENT	<input type="radio"/>
OTHER PLEASE CONFIRM:	<input type="radio"/>

EMPLOYER SCHEME DETAILS

IS THE CLIENT: EMPLOYED ☐ SELF-EMPLOYED ☐ NOT CURRENTLY WORKING ☐

If the client is employed please confirm the following:

NAME OF EMPLOYER:
.....

PLEASE PROVIDE DETAILS OF THE EMPLOYER SCHEME:
.....

PLEASE PROVIDE COMPANY PAYE NUMBER:
.....

If the client is investing in an RA please can you confirm the OAF both now, and if applicable, at retirement.

CEDING PROVIDERS DETAILS

CEDING PROVIDER NAME	PLAN TYPE	PLAN NUMBER

CLIENT NEEDS / OBJECTIVES / ADVICE

Please confirm brief details of the client’s needs / objectives with regard to this particular investment and please explain why they are dissatisfied with their current provider(s) and the reasons for transfer – please be as specific / detailed as possible:

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 3) 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