

Key Features Illustration Request Form

7IM Single Investment SIPP

INTRODUCER INFORMATION

Name of Firm	<input type="text"/>	Contact Name	<input type="text"/>
Address	<input type="text"/>		
Phone No.	<input type="text"/>	FCA No.	<input type="text"/>

CLIENT INFORMATION

Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Gender	<input type="text" value="Male / Female"/>
Marital Status	<input type="text" value="SINGLE"/> <input type="text" value="MARRIED"/> <input type="text" value="REGISTERED CIVIL PARTNERSHIP"/>		
Spouse's date of birth (if applicable)	<input type="text"/>	Gender	<input type="text" value="Male / Female"/>
Income Tax Rate	<input type="text" value="20%"/> <input type="text" value="40%"/>		
Selected Retirement Age	<input type="text"/>	<i>This will default to State Pension Age for pre-retirement illustrations if not stated</i>	

CONTRIBUTION DETAILS

Employer one off	£ <input type="text" value="gross"/>	Employer regular	£ <input type="text" value="gross p.a."/>
Personal one off	£ <input type="text" value="net"/>	Personal regular	£ <input type="text" value="net p.a."/>

TRANSFER IN DETAILS *(if there is more than one transfer in drawdown please complete an additional form per transfer)*

Number of transfers	<input type="text"/>
Total transfer value	£ <input type="text"/>

BENEFITS

Have any benefits been taken from these funds? Yes If Yes, go to Section 1 No

If **No**, does the client intend to take benefits immediately? Yes If Yes, go to Section 2 No

If **No**, what is the intended annuity age date? *This will default to age 99 for post-retirement illustrations if not stated*

SECTION 1 *(only complete this section if the client has previously taken benefits)*

By what method has the client taken benefits? Flexi-Access Drawdown Uncrystallised Funds Pension Lump Sum Capped Drawdown

If **Capped**, what was the date the maximum pension was last reviewed

If **Capped**, what was the maximum pension calculated at this date

If **Capped or Flexi**, please state the percentage of funds crystallised

SECTION 2 *(only complete this section if the client wishes to take benefits)*

By what method does the client wish to take benefits? Flexi-Access Drawdown Uncrystallised Funds Pension Lump Sum Capped Drawdown

If there are uncrystallised funds available, please state the amount the client wishes to crystallise or the entire fund Entire fund

Please specify the amount of PCLS that Maximum Specific amount None the client wishes to receive

PENSION INCOME (only complete if benefits are being taken)

Flexi Access drawdown

Please specify the level of gross income the client would like to receive:

The full amount (which will be the full fund value)

A specific amount

£

Capped drawdown

This is only available if the client designated funds into Capped Drawdown prior to 6th April 2015 under this arrangement. Please specify the level of gross income that the client would like to receive:

The full amount (which will be the maximum GAD)

A specific amount (which must be less than the maximum GAD)

£

Frequency of payments

If the client wishes to draw an income please confirm the frequency of the income payments

Single one off payment

Monthly

Quarterly

Half-yearly

Yearly

CHARGES

Adviser Charge

Initial

Annual

7IM Management Charge (AMC)
including fund / portfolio charges

INVESTMENTS

Please indicate how the plan is to be invested, with the appropriate percentage

Fund manager / stockbroker / platform

Property

Insurance company investment

Cash

Other (please indicate) _____

If you would like to be set up on our online illustration system please e-mail your request to SI_Team@dapco.co.uk and include your name, e-mail address and FCA number.

Please return your completed form to: DP Pensions Ltd, Bridewell House, Bridewell Lane, Tenterden, Kent TN30 6FA · Tel 01580 762 555 · Fax 01580 766 444 · www.dapco.co.uk · SI_Team@dapco.co.uk

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