

# ROWANMOOR

ILLUSTRATION REQUEST FORM

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### ILLUSTRATION REQUEST FORM

This form is designed to be used for self-invested personal pension (SIPP) and Family Pension Trust (FPT) illustrations. The Rowanmoor SIPP is now closed to new business. There is no impact to any existing Rowanmoor SIPP scheme members and their Advisers. To set up a new SIPP please go to [rowanmoor.co.uk](http://rowanmoor.co.uk) or contact [enquiries@rowanmoor.co.uk](mailto:enquiries@rowanmoor.co.uk).

This form can be edited directly if downloaded from the literature pages on our website [rowanmoor.co.uk/document-library](http://rowanmoor.co.uk/document-library). **If however you prefer to complete the form in writing, please use BLOCK CAPITALS and black ink.** Once completed please return it to [enquiries@rowanmoor.co.uk](mailto:enquiries@rowanmoor.co.uk) or Sales Support, Rowanmoor, Rowanmoor House, 46-50 Castle Street, Salisbury SP1 3TS. If you need assistance in completing this form, contact us on [enquiries@rowanmoor.co.uk](mailto:enquiries@rowanmoor.co.uk) or call our Sales Support Team on **01722 443 742**.

A separate form should be completed for each FPT member for whom you are requesting an illustration.

Any omission could cause delay or prevent the production of an illustration. All illustrations will be produced assuming a single life pension annuity, with no guarantees, will be purchased at retirement.

The information supplied will be held in the strictest confidence and subject to the provisions of Data Protection legislation.

Please bear in mind that whilst we aim to complete all requests as quickly as possible, we work to a Service Level Agreement of up to 1 working day for standard, pre-retirement requests (FPT only) and up to 3 working days for more complex income drawdown, and existing client requests.

## 1. CLIENT DETAILS

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Gender:  Male  Female Date of Birth: | D | D | M | M | Y | Y | Y | Y |

Income tax rate for illustration:  20%  40%  45%

Is this for an existing client?  Yes  No

If 'Yes', please provide:

SIPP/FPT Scheme Name: \_\_\_\_\_

Reference Number: \_\_\_\_\_

If 'Yes', are new monies being received into the scheme?  Yes  No

If 'No', please contact the relevant team on the details below:

**SIPP: SIPP@rowanmoor.co.uk or 01722 445724, FPT: FPTTeam@rowanmoor.co.uk or 01722 443753**

If 'Yes', please email the completed form to: **enquiries@rowanmoor.co.uk**, ensuring that the admin team email noted above is also copied in.

## 2. ILLUSTRATION BASIS

Date of illustration: \_\_\_\_\_ | D | D | M | M | Y | Y | Y | Y |

If left blank, the illustration will be completed using the date the illustration was requested as the start date.

What product is this illustration for?

Rowanmoor SIPP (full investment option)  Rowanmoor SIPP (single investment option)

Rowanmoor Family Pension Trust\*

\*A separate form should be completed for each member of an FPT.

Illustrative annuity purchase date: \_\_\_\_\_ | D | D | M | M | Y | Y | Y | Y |

Please confirm when the client wishes to take benefits. If left blank, the illustration will assume an annuity purchase date of age 75.

### For existing SIPP clients

Do you wish for the existing SIPP funds to show on the illustration?  Yes  No

If 'Yes', please note that these will show as a 'standard' single contribution.

### For FPT clients

How should the scheme fees be split between members?

Equally  Proportionately according to their fund values/contributions made

Is the member party to all Common Investment Funds (CIF)?  Yes  No

If 'Yes', what percentage of these fund(s) do they own (if known)? \_\_\_\_\_ %

**3. PROTECTION DETAILS**

Are any benefits subject to Protection of Existing rights?  Yes  No

If 'Yes', please confirm the type:

**4. FINANCIAL ADVISER**

Registered Adviser Name:

Company Name:

Address:  
  
Postcode:

Telephone:

Email:

Web Address:

Regulated by:

Company Authorisation Number:

Individual Authorisation Number:

**5. ADVISER CHARGES**

To ensure the illustration includes the impact of adviser charges, please detail these below (exclusive of VAT).

Initial Adviser Fee: £ % of transfer: %

Annual Adviser Fee: £ % of fund: %

Is VAT to be charged on adviser fees?  Yes  No

## 6. INVESTMENT(S) DETAILS

### Property investment

If you hold/plan to hold property in your scheme, please provide details below as this will impact the level of fees we charge.

	Existing Property value(s)	New Property value(s)
Property 1	£	£
Property 2	£	£
Property 3	£	£
Property 4	£	£

Should rental income be required, please confirm the amount and frequency in Section 10 Notes section at the end of this form. Please note that this will be shown for illustrative purposes only and cannot be guaranteed.

### Non-property investments

	Example	Investment 1	Investment 2	Investment 3	Investment 4
Asset Type:	<i>e.g. DFM</i>				
Asset Provider:	<i>Aviva</i>				
Asset Name (if applicable):					
In-Specie Transfer (Y/N)	<i>No</i>				
Asset Current Value (existing client):	<i>N/A</i>				
Value to be invested (New client):	<i>£25,000</i>				
Percentage of individual's total fund(s) this represents:	<i>20%</i>				
Initial Provider Charge:	<i>£ or %</i>				
Annual Provider Charge (AMC):	<i>£ or %</i>				

## 7. TRANSFERS

Are there any transfers from an existing Rowanmoor scheme?  Yes  No

If 'Yes', please provide the SIPP or scheme reference number (if known):

Name of transferring scheme	Transfer value
	£
	£
	£
	£

All in-specie transfers of existing investments should be noted in Section 6 Investment(s), details above.

If any transfers are partial, please check with the ceding scheme provider that these can be made by them.

If any transfer is from a Defined Benefit (DB)/Final Salary scheme, we require agency registration confirming that this permission is held by the adviser firm recommending the transfer. We will also require an accompanying letter on the adviser firm's company headed paper confirming that both the adviser company and individual are suitably qualified to provide this advice and have made the positive recommendation to transfer.



## 10. NOTES

## INTERNAL ADMINISTRATION DETAILS – FOR OFFICE USE ONLY

Quote Reference:

Member Reference: **RTL**

Consultant Reference:


Completed by:


Entered on IMAGO by:

Checked by:

If you require this document in audio, large print or Braille format, please telephone **01722 443742** or email **enquiries@rowanmoor.co.uk**


 01722 443 742

 [enquiries@rowanmoor.co.uk](mailto:enquiries@rowanmoor.co.uk)
 Rowanmoor House, 46-50 Castle Street,  
Salisbury SP1 3TS

 [rowanmoor.co.uk](http://rowanmoor.co.uk)

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