

Income Drawdown Plan

Illustration request form

For Adviser Use Only

This form may only be used for the Income Drawdown Plan. Please use **BLOCK CAPITALS** and black ink only and complete all relevant sections. Any amendments should be crossed out and initialled.

Please return this form to LFS, PO Box 1043, Cheltenham GL50 9JB. Or email the signed scanned document to PPPAdmin@capita.co.uk.

Please note that if this option is taken we are unable to guarantee complete security. If you have any queries, please contact us on 0345 055 0606 between 9am-5pm Monday to Friday.

1. CLIENT DETAILS

Mr/Mrs/Miss/Ms/other

Surname

First name(s)

Date of birth

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Address

Postcode

Contact telephone number

2. ADVISER DETAILS

Full name of firm

Principal FCA Firm Registration Number (FRN)

Full name of financial adviser

FCA Individual Registration Number (IRN)

Adviser address

Postcode

Adviser telephone number

Adviser email address

Adviser fax number

3. ILLUSTRATION

Pension value to be invested (before tax-free cash and any adviser charges) £

3.1. Tax-free cash

Please choose one:

No tax-free cash

25% (maximum available)

Specified % (if lower than 25%) %

3.2. Annual income required (gross)

Please choose one:

No income

Regular annual income £

One-off payment £

3.3. Adviser charges

Initial Plan set-up charge £ or % Fund value (after any tax-free cash)

Annual adviser charge £ or % Fund value

4. INVESTMENT CHOICE

Your client can invest in one of our portfolios. They cannot partially invest; they must invest the full value of their funds into this single portfolio. Further information on funds and portfolios can be found at pensions.linkfundsolutions.co.uk and in **Guide to LF Investment Funds**.

Portfolio	Risk attitude	Select one only (please tick)
Drawdown Portfolio 1	Low	<input type="checkbox"/>
Drawdown Portfolio 2	Low-Medium	<input type="checkbox"/>
Drawdown Portfolio 3	Medium	<input type="checkbox"/>
Drawdown Portfolio 4	Medium-High	<input type="checkbox"/>
Drawdown Portfolio 5	High	<input type="checkbox"/>

5. ADVISER SIGNATURE & CONFIRMATION

Print full name (in **BLOCK CAPITALS**)

Signature

Date

D	D	M	M	Y	Y	Y	Y
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