



Financial Planning Review

The purpose of this review is to ensure that the plans you have in place will meet your needs, and the needs of your dependants, now and into the future.

As part of a complete financial review the process is as follows:

1. You tell us a little about yourself
2. You tell us what you currently have in place and your future plans, and
3. We determine what needs to be done to help you reach your goals

If however you have a particular area of concern on which you wish to focus at this stage, we can limit our review to that particular issue.

Family Protection Mortgage and Loans Savings and Investments Pension Planning

Private and Confidential

You and your family

Self		Partner	
Name	Mr/Ms	Name	Mr/Ms
Telephone	H W	Telephone	H W
Email Address		Email Address	
Date of Birth	/ / Age:	Date of Birth	/ / Age:
Smoker?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Smoker	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Marital Status	single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> other <input type="checkbox"/>	Marital Status	single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> other <input type="checkbox"/>
Correspondence Address			
Dependants	Date of Birth	Relationship	Working?
1.	/ /		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.	/ /		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3.	/ /		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
4.	/ /		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Your job

Self		Partner	
Occupation		Occupation	
Employer		Employer	
Pension Scheme	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Pension Scheme	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Status	Self Emp <input type="checkbox"/> Emp <input type="checkbox"/> Dir <input type="checkbox"/>	Status	Self Emp <input type="checkbox"/> Emp <input type="checkbox"/> Dir <input type="checkbox"/>
Pension Contrib	€ pm Yrs in force	Pension Contrib	€ pm Yrs in force
Current fund value (if available)	€ Life Cover (on pension) €	Current fund value (if available)	€ Life Cover (on pension) €
Fund manager		Fund manager	
Gross Income	€ (approx)	Gross Income	€ (approx)
Net Income	€ per month/week	Net Income	€ per month/week
Required Income on Retirement	€ per month/week	Required Income on Retirement	€ per month/week

Protection

	Self	Partner	Children	Monthly Payments	Company
Life Cover*	€	€	€	€	
Serious Illness	€	€	€	€	
Hospital Cash	€	€	€	€	

* excluding mortgage protection

VHI/BUPA/Vivas Yes: No: If yes Plan type Self only Self & Partner Family

Health History

Net replacement income required Self € per month/week partner € per month/week

Mortgage and Loans

	Amount	Monthly Payments	Lender	Date of Maturity	Balance Outstanding	Endowment
Mortgage	€	€		/ /	€	Yes <input type="checkbox"/> No <input type="checkbox"/>
Car Loan	€	€		/ /	€	
Other Loans	€	€		/ /	€	Yes <input type="checkbox"/> No <input type="checkbox"/>

Main residence value € Other property value €

Mortgage cover € Self only Both Lives

Are you currently interested in changing your car? Yes No Would you like to check to see if we could reduce your payments

Are you currently interested in buying a new home? Yes No On your existing loans? Yes No

Savings and investments

Investments Deposits € Other Investments €

Regular Savings	Contribution	Start Date	Maturity Date	Reason	Company
Life Company	€ pm	/ /	/ /		
Other (An Post, Bank, Bld Socty etc)	€ pm	/ /	/ /		

Would you like to discuss ways of building a further cash sum for you and your children? Yes: No:

Establishing your financial needs

		You have	You need	Shortfall	Priority
Life cover	-Self	€	€	€	High/Medium/Low
	-Partner	€	€	€	High/Medium/Low
Serious Illness	-Self	€	€	€	High/Medium/Low
	-Partner	€	€	€	High/Medium/Low
Pension	-Self	€	€	€	High/Medium/Low
	-Partner	€	€	€	High/Medium/Low
Regular Savings		€	€	€	High/Medium/Low
Investments		€			High/Medium/Low

Investment experience and attitude to risk

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Agreed action

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Next review date	/ /	
Action at next review		

Waiver Option

I/we confirm that I/we do not to discuss my/our personal financial details in connection with the attached application for a plan. I/we accept that I/we have not received any investment advice in relation to this transaction, and that I/we have been made aware of the investment risks associated with the transaction. I/we confirm that I/we wish to proceed with this transaction on an execution only basis.

	Date	Date
Signature(s)	/ /	/ /

Declaration

I/we understand that the above recommendation is based on the information disclosed and that the actions agreed are to my/our satisfaction

	Date	Date
Signature(s)	/ /	/ /