

Financial Planning Review

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

CLIENT EXECUTIVE:

DATE:

MEETING/OVERPHONE

Private and Confidential

You and Your Family

Self				Partner							
Name	<input type="text"/>			Name	<input type="text"/>						
Telephone	H <input type="text"/>	W <input type="text"/>		Telephone	H <input type="text"/>	W <input type="text"/>					
Email	<input type="text"/>			Email	<input type="text"/>						
DOB	<input type="text"/>	Age	<input type="text"/>	Smoker	<input type="text"/>	DOB	<input type="text"/>	Age	<input type="text"/>	Smoker	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Marital Status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Single	Married	Widowed	Other		Single	Married	Widowed	Other		
Address	<input type="text"/>										
Dependents	<input type="text"/>	DOB	<input type="text"/>	Relationship	<input type="text"/>	Working	<input type="text"/>				
Dependents	<input type="text"/>	DOB	<input type="text"/>	Relationship	<input type="text"/>	Working	<input type="text"/>				
Dependents	<input type="text"/>	DOB	<input type="text"/>	Relationship	<input type="text"/>	Working	<input type="text"/>				
Dependents	<input type="text"/>	DOB	<input type="text"/>	Relationship	<input type="text"/>	Working	<input type="text"/>				

Your Job

Self				Partner			
Occupation	<input type="text"/>			Occupation	<input type="text"/>		
Employer	<input type="text"/>			Employer	<input type="text"/>		
Pension Scheme	Yes <input type="text"/>	No <input type="text"/>		Pension Scheme	Yes <input type="text"/>	No <input type="text"/>	
Status	S/E <input type="text"/>	Emp <input type="text"/>	Dir <input type="text"/>	Status	S/E <input type="text"/>	Emp <input type="text"/>	Dir <input type="text"/>
Pension Contribution	€ <input type="text"/>	Years in Force	<input type="text"/>	Pension Contribution	€ <input type="text"/>	Years in Force	<input type="text"/>
Current Fund Value	€ <input type="text"/>	Life Cover	<input type="text"/>	Current Fund Value	€ <input type="text"/>	Life Cover	<input type="text"/>
Fund Manager	<input type="text"/>			Fund Manager	<input type="text"/>		
Gross Annual Income	€ <input type="text"/>			Gross Annual Income	€ <input type="text"/>		
Net Income	€ <input type="text"/> per mth/week			Net Income	€ <input type="text"/> per mth/week		
Required Income on Retirement	€ <input type="text"/> per mth/week			Required Income on Retirement	€ <input type="text"/> per mth/week		
Income from other Employment	<input type="text"/>						

Protection

	Self	Partner	Children	Monthly Payments	Company
Life Cover	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/>
exc. Mortgage Protection					
Serious Illness Cover	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/>
Hospital Cash Cover	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/>
VHI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Plan Type <input type="text"/>	Self Only <input type="checkbox"/>	Self & Part. <input type="checkbox"/> Family <input type="checkbox"/>
Health History	<input type="text"/>				
Net replacement income required	Self	€ <input type="text"/>	per mth/week	Partner	€ <input type="text"/>
					per mth/week

Mortgage and Loans

	Amount	Monthly Payments	Lender	Date of Maturity	Balance Outstanding	Endowment
Mortgage	€ <input type="text"/>	€ <input type="text"/> pm	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
Car Loan	€ <input type="text"/>	€ <input type="text"/> pm	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
Other Loans	€ <input type="text"/>	€ <input type="text"/> pm	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
Expenses	€ <input type="text"/>	€ <input type="text"/> pm	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
Main Residence Value	€ <input type="text"/>	Other Assets	€ <input type="text"/>	Mortgage Cover	€ <input type="text"/>	Self Only <input type="checkbox"/> Both Lives <input type="checkbox"/>
Are you currently interested in buying a new car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Are you currently interested in buying a new home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Would you like us to check to see if we could reduce your payments on your existing loans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

Savings and Investments

Investments: Deposits	€ <input type="text"/>	Other	€ <input type="text"/>	Other	€ <input type="text"/>
Regular Savings Life Company	Contribution	Start Date	Maturity Date	Reason	Company
	€ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other - Bank, An Post etc	€ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Would you like to discuss ways of building a further cash sum for you and your children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Establishing your Financial Needs

		You Have	You Need	Shortfall	Priority
Life Cover	Self	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
	Partner	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
Serious Illness	Self	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
	Partner	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
Pension	Self	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
	Partner	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
Regular Savings		€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>
Investments		€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="checkbox"/>

Future Plans

Investment Experience and Attitude to Risk

Agreed Action

Next Review

Review Date

Action at Next Review

Waiver Option -

Fact Find completed over the phone with client - YES/NO signed _____

I/We confirm that I/we do not wish to discuss my/our personal and financial details in connection with the attached application for a _____ plac. I/we accept that I/we have not received advise 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.

Signature

Signature

Date

Date

Declaration

Fact Find completed over the phone with client - YES/NO signed _____

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

Signature

Signature

Date

Date