

Full Financial Planning Review

Services Requested

The purpose of this questionnaire is to clarify your financial needs and to assist us to advise you in relation to certain financial products; including life assurance, serious illness cover, savings, investments and pensions. However, if you wish to focus on certain financial products, please tick the relevant area:

- Life cover
- Serious illness / income insurance
- Savings and investments
- Pensions / retirement planning
- Mortgage protection only – you may wish to complete sections 1 and 11 only

1. About you

Self

Partner

Name _____

Marital status _____

Address _____

Tel _____ (H) _____ (W) _____ (H) _____ (W)

Mobile/email _____

Date of birth _____

Smoker Y / N _____ Smoker Y / N _____

Health/family health _____

2. Your family

Children's Names	Date of Birth	Education Details & Plans
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Other Dependents _____

3. Your Job and Income/Expenditure

Self

Partner

Occupation _____

Manual work/
driving/heights _____

Income p.a./tax rate _____

BIK _____

Pension scheme in work _____

Net income per wk/mth _____

Employment status

S/E, E/E, Owner-Director

S/E, E/E, Owner-Director

Other income (rent, etc.) _____

Total income (net) _____

Regular outgoings (est.) _____

Disposable income _____

4. Assets & Liabilities

Self

Partner

Home _____

Other property _____

Business assets _____

Deposits/bank balances _____

Other investments _____

Mortgage _____

Other loans _____

Net assets _____

5. Existing Financial Provision

Life Assurance cover

Self

Partner

--	--

Serious Illness/Income Insurance

Self

Partner

--	--

Savings & Investments

Self

Partner

--	--

Pensions Provisions

Self

Partner

--	--

Mortgage & Loan Details

Self

Partner

--	--

6. Financial Needs & Objectives

	You have	You need	Short-fall	Priority
Mortgage & Loan protection				
Self	€	€	€	High/Medium/Low
Partner	€	€	€	High/Medium/Low
Life cover				
Self	€	€	€	High/Medium/Low
Partner	€	€	€	High/Medium/Low
Serious Illness Cover				
Self	€	€	€	High/Medium/Low
Partner	€	€	€	High/Medium/Low
Pension				
Self	€	€	€	High/Medium/Low
Partner	€	€	€	High/Medium/Low
Regular Savings				
Self	€	€	€	High/Medium/Low
Partner	€	€	€	High/Medium/Low
Investments				
Self	€			High/Medium/Low
Partner	€			High/Medium/Low

7. Agreed Financial Priorities for Immediate Action

1. _____

2. _____

3. _____

4. _____

8. Advice on Mortgage Protection only

Loan amount € _____ Term _____ Interest rate _____

Include SI € _____

9. Other areas (note if relevant)

Business protection insurance _____

Have wills been made? _____

Estate planning _____

10. Other Notes

11. Next Review Date

It is recommended that an annual review take place to ensure that all of your needs are monitored for changing circumstances.

When would suit you for a future review?

12. Completed by:

Clients' signatures

Self: _____ Date: _____

Partner _____ Date: _____

Advisors' signature

Advisor: _____ Date: _____