

## 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: \_\_\_\_\_