

Prepared For

Prepared By

Advices & Decisions

Protection

Topic	Review	Priority	Time Frame	Advice and Decision
- Life Cover				
- Mortgage Protection				
- Income Protection				
- Specified Illness				
- Inheritance Planning				
- Other Covers (Permanent Total Disability, Hospital Cash, Childrens Protection, Monthly Income Benefit on Death, Whole of Life Continuation and Personal Accident)				

Savings

Topic	Review	Priority	Time Frame	Advice and Decision
- Savings				
- Education Planning				

Investment

Topic	Review	Priority	Time Frame	Advice and Decision
- Investment				

Pension

Topic	Review	Priority	Time Frame	Advice and Decision
- Pension				

Insurance

Topic	Review	Priority	Time Frame	Advice and Decision
- Health Insurance				
- House Insurance				
- Motor Insurance				
- Payment Protection Insurance				
- Estate Planning				
- Other				

Mortgage

Topic	Review	Priority	Time Frame	Advice and Decision
- Mortgage				
- Borrowing Review				

Section 1 - Personal Review

Client	Linked Client
First Name	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>
Gender	<input style="width: 100%;" type="text"/>
Date Of Birth	<input style="width: 100%;" type="text"/>
Civil Status	<input style="width: 100%;" type="text"/>
Smoker	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Post Code	<input style="width: 100%;" type="text"/>
Mobile	<input style="width: 100%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>
Home Phone	<input style="width: 100%;" type="text"/>
Work Phone	<input style="width: 100%;" type="text"/>
Fax	<input style="width: 100%;" type="text"/>

Employment

Occupation	<input style="width: 100%;" type="text"/>
Type	<input style="width: 100%;" type="text"/>
Employer	<input style="width: 100%;" type="text"/>
Director	<input style="width: 100%;" type="text"/>
Shareholder	<input style="width: 100%;" type="text"/>
% Shareholding	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Commenced	<input style="width: 100%;" type="text"/>
2nd Occupation	<input style="width: 100%;" type="text"/>
2nd Employer	<input style="width: 100%;" type="text"/>

Income

Gross Income €	<input style="width: 90%;" type="text"/>	Gross Income €	<input style="width: 90%;" type="text"/>
Self Employed Taxable Income €	<input style="width: 90%;" type="text"/>	Self Employed Taxable Income €	<input style="width: 90%;" type="text"/>
Other Income €	<input style="width: 90%;" type="text"/>	Other Income €	<input style="width: 90%;" type="text"/>
Non Taxable €	<input style="width: 90%;" type="text"/>	Non Taxable €	<input style="width: 90%;" type="text"/>
Rental Income €	<input style="width: 90%;" type="text"/>	Rental Income €	<input style="width: 90%;" type="text"/>
Net Income €	<input style="width: 90%;" type="text"/>	Net Income €	<input style="width: 90%;" type="text"/>

Employment Benefits

Death in Service	<input style="width: 90%;" type="text"/>	Death In Service	<input style="width: 90%;" type="text"/>
Employer's Income Protection Amount (p.a)	<input style="width: 90%;" type="text"/>	Employer's Income Protection Amount (p.a)	<input style="width: 90%;" type="text"/>
Health Insurance	<input style="width: 90%;" type="text"/>	Health Insurance	<input style="width: 90%;" type="text"/>
Pension	<input style="width: 90%;" type="text"/>	Pension	<input style="width: 90%;" type="text"/>

Dependants

Name	Date Of Birth	Age

Name	Date Of Birth	Age

Notes:

Notes:

Section 2 - Financial Review

Client

Linked Client

Pension

Anticipated Retirement Age

Anticipated Retirement Age

Target Pension as % of Salary

Target Pension as % of Salary

Investment Knowledge

None

None

Limited

Limited

Good

Good

Extensive

Extensive

Preferred Investment Type

Preferred Investment Type

Product Type

Product Type

Knowledge and Experience of Preferred Investment Product Type

Knowledge and Experience of Preferred Investment Product Type

Attitude To Risk

Risk Averse (Ultra Conservative)

Risk Averse (Ultra Conservative)

Low Risk (Cautious)

Low Risk (Cautious)

Medium Risk (Balanced)

Medium Risk (Balanced)

High Risk (Growth)

High Risk (Growth)

Level 1 2 3 4 5
 6 7

Level 1 2 3 4 5
 6 7

Profile Adjustments

	Term	Level
Savings	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
Investment	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
Pension	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>

	Term	Level
Savings	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
Investment	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
Pension	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>

Notes

Notes

Savings

Do you want to save additional money on a regular basis?

Long Term Savings Goals

Objectives

Time Line

Preferred term for Investment (yrs)

Do you want to save additional money on a regular basis?

Long Term Savings Goals

Objectives

Time Line

Preferred term for Investment (yrs)

Assets

Client	Asset Type	Ref/Address	Value	Net Monthly Income	Notes

Liabilities

Client	Liability Type	Provider	Purpose	Monthly Repayment (Due)	Monthly Repayment (Being Paid)	Total Balance Outstanding	End Date

Net Worth Statement

Assets €		Total Liabilities €		Net Worth (-Deficit) €	
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Monthly Expenditure

Please note Household/Living Expenses also include the cost of Protection Insurance, Household Insurance, Health Insurance, Investments and Pensions.

	Self		Partner
Mortgage(s)	<input type="text"/>	Mortgage(s)	<input type="text"/>
Car Loans	<input type="text"/>	Car Loans	<input type="text"/>
Personal Loans	<input type="text"/>	Personal Loans	<input type="text"/>
Other Loans	<input type="text"/>	Other Loans	<input type="text"/>
Credit Card	<input type="text"/>	Credit Card	<input type="text"/>
Other	<input type="text"/>	Other	<input type="text"/>
Household / Living Expenses	<input type="text"/>	Household / Living Expenses	<input type="text"/>
Total Monthly Expenditure	<input type="text"/>	Total Monthly Expenditure	<input type="text"/>
Monthly After Tax Income	<input type="text"/>	Monthly After Tax Income	<input type="text"/>
Monthly Surplus/Shortfall	<input type="text"/>	Monthly Surplus/Shortfall	<input type="text"/>
Notes		Notes	
<input type="text"/>		<input type="text"/>	

Section 3 - Existing Policies

Protection Policies

Company	Policy Number	Policy Type	Premium €	Frequency	Status	Benefits	Start Date	End Date
			.00					

Savings and Investment Policies

Company	Policy Number	Product	Premium €	Frequency	Status	Value €	Start Date	Maturity Date
			.00					

Pension Policies

Company	Policy Number	Policy Type	Premium €	Frequency	Status	Value €	Start Date	End Date
			.00					

Income Protection Policies

Company	Policy Number	Premium €	Frequency	Status	Benefits	Start Date	End Date
		.00					

Mortgages and Loans

Company	Ref / Address	Type	Repayment €		Total Balance Due €	Arrears €	Est Property Value €	End Date	Notes / Description
			Due	Being Paid					

Health Insurance Policies

Company	Policy Number	Premium €	Frequency	Status	Start Date
		.00			

House Insurance Policies

Company	Policy Number	Premium €	Frequency	Status	Start Date	End Date
		.00				

Payment Protection Insurance Policies

Company	Policy Number	Premium €	Frequency	Status	Start Date	End Date
		.00				

Declarations

Client Disclosure Requirements:

I/we are aware that when completing proposals customers are required to disclose; medical details or history and previous insurance claims made for the type of insurance sought.

Failure to do so may result in;

i) a policy may be cancelled.

ii) claims may not be paid.

iii) difficulties may be encountered in trying to purchase insurance elsewhere.

iv) in the case of property insurance, failure to have property insurance in place could lead to a breach of the terms and conditions attaching to any loan secured on that property.

I/We acknowledge receipt of Terms of Business advices. I/We declare that to the best of my/our knowledge and belief, all the information contained in this review is true and complete. The Advisor's Comments and Recommendations have been fully explained to me/us and I/we confirm that I/we wish to proceed as outlined in this document.

Consents.

I/We agree that we may be contacted for other services and for marketing purposes by telephone, email and SMS messaging. Yes No

I/We confirm that where I/We are represented by an introducer (accountant, solicitor, estate agent or other party) that I/We agree that information such as amount of finance approved and the amount drawn-down can be shared with the introducer for the purpose of paying introductory fees to the introducer. Yes No

Self	Partner
Signature _____	Signature _____
Date _____	Date _____
Advisor	
Signature _____	
Date _____	