

Prepared For

Prepared By

Personal Review

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"/>

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"/>
Employment Sector	<input style="width: 100%;" type="text"/>
Specified Professional	<input style="width: 100%;" type="text"/>

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"/>
Employment Sector	<input style="width: 100%;" type="text"/>
Specified Professional	<input style="width: 100%;" type="text"/>

Specified Public Servant	<input type="text"/>
Tax Status	<input type="text"/>
Permanent Employment	<input type="text"/>
Employment Type	<input type="text"/>

Specified Public Servant	<input type="text"/>
Tax Status	<input type="text"/>
Permanent Employment	<input type="text"/>
Employment Type	<input type="text"/>

Income

Gross Income	<input type="text"/>
Self Employed Taxable Income	<input type="text"/>
Pensions Income	<input type="text"/>
Dividends Income	<input type="text"/>
Investments Income	<input type="text"/>
Other Income	<input type="text"/>
Deposit Interest	<input type="text"/>
Non Taxable	<input type="text"/>
Rental Income	<input type="text"/>
Net Income	<input type="text"/>

Gross Income	<input type="text"/>
Self Employed Taxable Income	<input type="text"/>
Pensions Income	<input type="text"/>
Dividends Income	<input type="text"/>
Investments Income	<input type="text"/>
Other Income	<input type="text"/>
Deposit Interest	<input type="text"/>
Non Taxable	<input type="text"/>
Rental Income	<input type="text"/>
Net Income	<input type="text"/>

Employment Benefits

Death in Service	<input type="text"/>
Employer's Income Protection Amount (p.a)	<input type="text"/>
Deferred Period	<input type="text"/>
Payable to age	<input type="text"/>
Health Insurance	<input type="text"/>
Pension Type	<input type="text"/>
Notes	<input type="text"/>

Death In Service	<input type="text"/>
Employer's Income Protection Amount (p.a)	<input type="text"/>
Deferred Period	<input type="text"/>
Payable to age	<input type="text"/>
Health Insurance	<input type="text"/>
Pension Type	<input type="text"/>
Notes	<input type="text"/>

Monthly State Benefits

Social Welfare Benefits	<input type="text"/>
Child Benefit	<input type="text"/>
Mortgage Interest Supplement	<input type="text"/>
Family Income Support	<input type="text"/>

Social Welfare Benefits	<input type="text"/>
Child Benefit	<input type="text"/>
Mortgage Interest Supplement	<input type="text"/>
Family Income Support	<input type="text"/>

Dependants

Name	Date Of Birth	Age

Name	Date Of Birth	Age

Notes:

Notes:

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 (Conservative)

Risk Averse (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

Savings

Term	Level
<input type="text"/>	<input type="text"/>

Savings

Term	Level
<input type="text"/>	<input type="text"/>

Investment

Term	Level
<input type="text"/>	<input type="text"/>

Investment

Term	Level
<input type="text"/>	<input type="text"/>

Pension

Term	Level
<input type="text"/>	<input type="text"/>

Pension

Term	Level
<input type="text"/>	<input type="text"/>

Notes

Notes

Savings

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

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

Long Term Savings Goals

Long Term Savings Goals

Objectives

Objectives

Time Line

Time Line

Preferred term for Investment (yrs)

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) €	
----------	--	---------------------	--	------------------------	--

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"/>	

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				

Advices & Decision

Type : Life Cover

Review : **Priority :** **Time Frame :** **Monthly Premium :**

Advice :

Decision :

Type : Specified Illness

Review : **Priority :** **Time Frame :** **Monthly Premium :**

Advice :

Decision :

Type : Life & Illness

Review : **Priority :** **Time Frame :** **Monthly Premium :**

Advice :

Decision :

Type : Mortgage Protection

Review : **Priority :** **Time Frame :** **Monthly Premium :**

Advice :

Decision :

Type : Income Protection

Review : **Priority :** **Time Frame :** **Monthly Premium :**

Advice :

Decision :

Type : Business Protection

Review : **Priority :** **Time Frame :** **Monthly Premium :**

Advice :

Decision :

Type : Inheritance Tax Planning

Review : **Priority :** **Time Frame :** **Monthly Premium :**

Advice :

Decision :

Type : Savings Plan

Review : **Priority :** **Time Frame :** **Monthly Premium :**

Advice :

Decision :

Type : Investments Plan

Review : **Priority :** **Time Frame :** **Monthly Premium :**
Advice :
Decision :

Type : Education Plan

Review : **Priority :** **Time Frame :** **Monthly Premium :**
Advice :
Decision :

Type : Pension

Review : **Priority :** **Time Frame :** **Monthly Premium :**
Advice :
Decision :

Type : Mortgage

Review : **Priority :** **Time Frame :** **Monthly Premium :**
Advice :
Decision :

Type : Borrowing Review

Review : **Priority :** **Time Frame :** **Monthly Premium :**
Advice :
Decision :

Type : Home Insurance

Review : **Priority :** **Time Frame :** **Monthly Premium :**
Advice :
Decision :

Type : Health Insurance

Review : **Priority :** **Time Frame :** **Monthly Premium :**
Advice :
Decision :

Type : Motor Insurance

Review : **Priority :** **Time Frame :** **Monthly Premium :**
Advice :
Decision :

Type : Other Insurance

Review :

Priority :

Time Frame :

Monthly Premium :

Advice :

Decision :

Type : Mortgage Payment Protection Insurance

Review :

Priority :

Time Frame :

Monthly Premium :

Advice :

Decision :

Type : Existing Product Replacement/Adjustment

Review :

Priority :

Time Frame :

Monthly Premium :

Advice :

Decision :

Client Individual Profile

Technical

Power of Attorney	
If Yes, provide details	
Is there a Will?	
If yes, provide summary details and particulars of any tax implications for beneficiaries	
Vulnerable Customer	
If Yes, provide details	
Politically Exposed Person (PEP)	
If Yes, provide details	
Money Laundering Addressed? Source of Wealth Accumulation Source of Funds for Investment	
If No, explain why	
Beneficial Owner	
Are you satisfied who the beneficial owner of all products is	

Health

Are there any health issues with applicant or other relevant party?	
If Yes, provide details	
Does employer pay during illness?	
If Yes, for how long	

Financial & Personal

Are circumstances expected to change?	
If Yes, provide details	
Have your circumstances changed since last review or since taking out other products? Have you sold assets recently?	
If Yes, provide details	
Is your income expected to fall or rise?	
If Yes, provide details	
Has the customer a particular need to save?	
If Yes, provide details	
Does customer have a preference for a particular product term?	
If Yes, provide details	
Have product options been considered? (Waiver of Premium, Convertible, Guaranteed Insurability)	
If Yes, provide details	
Does customer need access to funds?	
If Yes, provide details	
Is the client's risk profile and product profile aligned?	
If No, provide details of the proposal	
Have you inherited assets recently?	
If Yes, provide details	
Do you plan to make gifts?	

If Yes, provide details	
Have you made losses on investments in the past?	
If Yes, provide details	

Notes

--

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 as below.

Mobile	<input type="checkbox"/>
Home Phone	<input type="checkbox"/>
Work Phone	<input type="checkbox"/>
Letter (Including marketing)	<input type="checkbox"/>
Email	<input type="checkbox"/>
Text (SMS, WhatsApp, Messenger etc.)	<input type="checkbox"/>
Social Media (Facebook, LinkedIn etc.)	<input type="checkbox"/>
Preferred time of contact	<input type="text"/>
Contact permission notes	<input type="text"/>

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	_____		