

## FULL FINANCIAL REVIEW 2017

The purpose of this Financial Review/Knowing Our Client Document is to clarify your financial needs and to help us to advise you in relation to your financial needs, objectives and requirements

### Financial Needs/Objectives – please rank in order of priority (1-7)

- |  |       |
|--|-------|
| 1. Insurance/Protection (Life cover/Serious Illness) | _____ |
| 2. Retirement Planning (Pensions/PRSAs)              | _____ |
| 3. Income Protection                                 | _____ |
| 4. Savings   | _____ |
| 5. Investment Strategy                               | _____ |
| 6. Property Purchase (Mortgage Planning)             | _____ |
| 7. Other (please state)                              | _____ |

Terms of Business Issued on / /

PPS Number \_\_\_\_\_ PPS Number \_\_\_\_\_

Photo ID for each life                      Yes/No                      Yes/No

Address Verification for each life    Yes/No                      Yes/ No

Source of Contact \_\_\_\_\_

## PERSONAL DETAILS

### Self

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

### Partner

\_\_\_\_\_

Contact Number (h)	Contact Number (h)
Contact Number (m)	Contact Number (m)
Date of Birth / /	Date of Birth / /
Occupation	Occupation
Martial Status	Martial Status
Smoker YES/NO	Smoker YES/NO
Email address	Email address
Current Health	Current Health
Known Future Changes to your Circumstances?	Known Future Changes to your Circumstances?

### Childrens Names & Ages (& other dependants if applicable)


## YOUR JOB

### Self

Are you self-employed YES/NO \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Nature of Business \_\_\_\_\_  
 Gross Income p.a. \_\_\_\_\_  
 Name & Address of Business (if applicable)  
 \_\_\_\_\_  
 No of Employees \_\_\_\_\_ Company Turnover \_\_\_\_\_ Accounting Year End \_\_\_\_\_  
 No of Directors \_\_\_\_\_ Shareholders Agreement in place YES/NO \_\_\_\_\_  
 Other Key Persons \_\_\_\_\_

### Partner

Are you self-employed YES/NO \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Nature of Business \_\_\_\_\_  
 Gross Income p.a. \_\_\_\_\_

## REGULAR INCOME AND OUTGOINGS

### Self

Regular Monthly Income

Salary / Wages: \_\_\_\_\_

Other Income: \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

Savings? \_\_\_\_\_

### Partner

Regular Monthly Income

Salary/Wages: \_\_\_\_\_

Other Income \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

Savings? \_\_\_\_\_

### Debts and Other Financial Commitments?

Name of Institution		Name of Institution	
Total Amount Owed		Total Amount Owed	
Term Remaining		Term Remaining	
Monthly Repayment		Monthly Repayment	
Reason for Debt		Reason for Debt	
Name of Institution		Name of Institution	
Total Amount Owed		Total Amount Owed	
Term Remaining		Term Remaining	
Monthly Repayment		Monthly Repayment	
Reason for Debt		Reason for Debt	

## Current Investments, Assets & Liabilities

### Main Residence

Value	
Outstanding Mortgage	
Loan Type	
Lender	
Rate	
Remaining Term	

### Other Properties if applicable

Details	Value	Amount Owed	Lender	Type Of Loan	Rate	Monthly Repayment	O/s Term	Rental Income	Date of Purchase	Purchase Price

t: +353 21 4277037

m: +353 86 8060601

e: [welcome@mywealthmanagement.ie](mailto:welcome@mywealthmanagement.ie)

w: [www.mywealthmanagement.ie](http://www.mywealthmanagement.ie)

## MORTGAGE NEEDS.REQUIREMENT

Property Details	
Type Of Loan Required	
Loan Amount	
Term	
Rate	
Lender	

Do you have a preference of provider? \_\_\_\_\_

## AGREED MONTHLY AMOUNT AFFORDABLE BY THE CLIENT AVAILABLE OT SATISFY ANY CURRENT NEEDS/REQUIREMENT

Total Income Minus Total Monthly Expenses

€ \_\_\_\_\_

The above amount has been agreed with the client as a comfortable monthly amount to be used on any financial product recommended

## SAVINGS NEEDS/REQUIREMENT

### Existing Savings– other than with ourselves

Life Assured	Life Assured
Company	Company
Amount invested	Amount invested
Term	Term
Contract Type	Contract Type
Fund Choice	Fund Choice

### Savings Objective/ Requirement:

---

---

---

---

---

---

---

---

---

---

Length of time you require the product? \_\_\_\_\_

Is there any particular insurance company you would have preference for  
\_\_\_\_\_

Do you have an emergency fund built up? Y/N If yes how much? €\_\_\_\_\_

With which institution \_\_\_\_\_

## INVESTMENT NEEDS/REQUIREMENT

### Existing Investments– other than with ourselves

Life Assured	Life Assured
Company	Company
Amount invested	Amount invested
Term	Term
Contract Type	Contract Type
Fund Choice	Fund Choice

### Investment Experience:

---

---

---

---

---

### Investment Needs/Requirement:

---

---

---

---

---

Length of time you require the product \_\_\_\_\_

Is there any particular product Provider you would have preference for  
\_\_\_\_\_

Do you have an emergency fund built up? Y/N If yes how much? € \_\_\_\_\_

With which institution \_\_\_\_\_

Do you have a need for access to your funds? \_\_\_\_\_

Do you have a need for accumulation of funds? \_\_\_\_\_

## INVESTMENT RISK PROFILE

What is your Attitude to Risk?  
(one being low risk, 5 being average and 10 being higher risk)?

1	2	3	4	5	6	7
Low			Medium			High

Does the above risk profile match the result of our Risk Questionnaire?

---

How important is Capital Security to you on a scale of 1-7?

1	2	3	4	5	6	7
Low			Medium			High

### Important Notes

NO RISK indicates a guarantee of Capital with the likelihood of a small gain

LOW RISK indicates a guarantee of Capital with potential for modest growth

MEDIUM RISK indicates a possible loss of some Capital in return for good potential growth in the medium term

HIGH RISK indicates potential significant loss of Capital in return for potential high growth

## EXISTING PROECTIONS PRODUCTS CURRENT IN PLACE

(Mortgage Protection, Life Cover, Serious Illness Cover

Policy 1

Life Assured	Life Assured
Company	Company
Total Cover	Total Cover
Term	Term
Contract Type	Contract Type
Purpose of Cover	Purpose of Cover
Current Monthly Repayment	Current Monthly Repayment:

Policy 2

Life Assured	Life Assured
Company	Company
Total Cover	Total Cover
Term	Term
Contract Type	Contract Type
Purpose of Cover	Purpose of Cover
Current Monthly Repayment	Current Monthly Repayment

Policy 3

Life Assured	Life Assured
Company	Company
Total Cover	Total Cover
Term	Term
Contract Type	Contract Type
Purpose of Cover	Purpose of Cover
Current Monthly Repayment	Current Monthly Repayment

t: +353 21 4277037

m: +353 86 8060601

e: [welcome@mywealthmanagement.ie](mailto:welcome@mywealthmanagement.ie)

w: [www.mywealthmanagement.ie](http://www.mywealthmanagement.ie)

Director: Mr. Jonathan Sheahan

Registered in Ireland 457186

MyWealthManagement Limited trading as Sheahan Financial Planning is regulated by the Central Bank of Ireland.





## EXISTING INCOME PROTECTION COVER

Life Assured	Life Assured
Company	Company
Monthly Benefit	Monthly Benefit
To Age	To Age
Deferred Period	Deferred Period
Gtd or reviewable	Gtd or reviewable

How long will your employer pay you if you were out of work due to illness or disability? \_\_\_\_\_

Are you entitled to state benefits? \_\_\_\_\_

### Income Protection Needs/Requirement:

---

---

---

---

---

---

Monthly Benefit Required? \_\_\_\_\_

To what Age do you require the Product? \_\_\_\_\_

Deferred Period Required? \_\_\_\_\_

Guaranteed/Reviewable? \_\_\_\_\_

Is there any particular insurance company you would have preference for ?

Any Specific Requirements of the client?

---

---

---

## RETIREMENT PLANNING

Does your employer have a Pension Scheme? :      Yes / No

### Existing Pension Plan

Life Assured	Life Assured
Company	Company
Type of Pension	Type of Pension
To Age	To Age
Commencement Date	Commencement Date
Contribution Amount	Contribution Amount
Value if known	Value if known
Fund Choice if known	Fund choice if known

At what age do you plan to retire? \_\_\_\_\_

What is your desired Income in Retirement? \_\_\_\_\_

### Pensions Needs/Requirement:

---

---

---

---

---

---

---

---

---

---

Is there any particular insurance company you would have preference for ?

\_\_\_\_\_

Have you made a Will    YES/NO? \_\_\_\_\_



## CUSTOMER DECLARATION AND SIGNATURE 2017

I/We confirm that I/We have received a copy of **(name of broker here)** Terms of Business letter and that I/We have read through and understand these terms.

I/We confirm that all the information contained in this Fact-find and supplied by me/us is accurate to the best of my/our knowledge at this time.

I/We confirm that if I /We do not disclose all relevant information requested on the Financial Review that **(name of broker here)** will be unable to give a full recommendation

I/We confirm that I/We have been advised to make a will (if not already made)

I/We also hereby give **(name of broker here)** permission to contact me/us by telephone, letter, email, text and or Appointment Card over the next 12 months to discuss/arrange my/our annual financial review and/or to discuss new products which **(name of broker here)** feel may be of interest to me/us.

\_\_\_\_\_  
Signature – Self

\_\_\_\_\_  
Signature – Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature for and on behalf of **(name of broker here)**

\_\_\_\_\_  
Date