



& Ace Mortgage Solutions

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. If, however, 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 10 only

1. About You

Self	Partner
Name _____	_____
Marital Status _____	_____
Address _____ _____	_____
Tel (H) _____ (W) _____	(H) _____ (W) _____
Mobile _____	_____
E-mail _____	_____
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 p/w - p/m _____

Employment status:

Self Employed

Self Employed

Employee

Employee

Owner-Director

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 Provisions

Life Assurance Cover
Self

Partner

--	--

Serious Illness/Income Protection
Self

Partner

--	--

Savings & Investments
Self

Partner

--	--

Pension Provisions
Self

Partner

--	--

Mortgage & Loan Details
Self

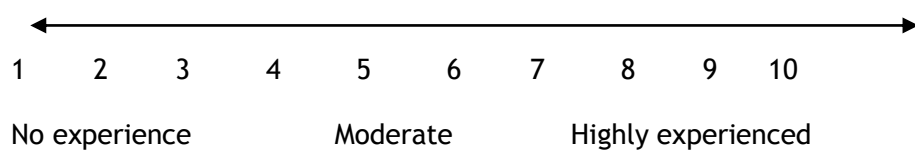
Partner

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6. Investments

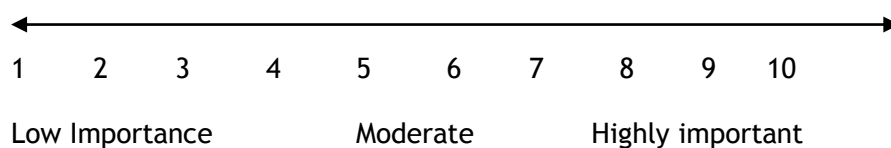
Experience

Outline your experience of investment products on a scale of 1 to 10:



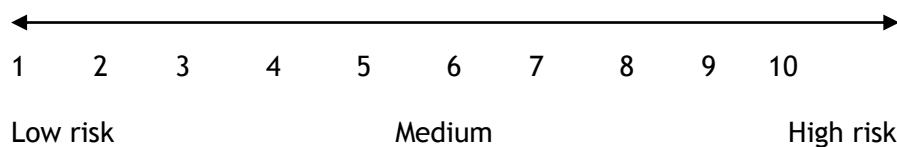
Give details _____

7. Importance of capital security



Give details _____

8. Attitude to risk



Give details _____

What length of time is the product required for? _____

Give details of your need for access to funds _____

Have you emergency funds in place, please give details _____

Important Notes:

- **No Risk** indicates a guarantee of capital with the likelihood of a small gain.
- **Low Risk** indicates a guarantee of capital with a 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

9. Financial Needs & Objectives

	You Have	You Need	Shortfall	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
Pensions				
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

10. Agreed Financial Priorities for Immediate Action

- _____

- _____

- _____

- _____

- _____

11. Advice on Mortgage Protection only

Loan amount € _____ Term _____ Interest rate ____
Include serious illness € _____

12. Other areas (note if relevant)

Business Protection insurance _____
Have wills been made? _____
Estate Planning _____

13. 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?

14. Completed by:

Clients' signatures:

Self: _____ Date: _____
Partner: _____ Date: _____

Advisor's Signature:

Advisor: _____ Date: _____

