

PROTECTION 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?

Children's 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. _____

Partner

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 _____

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	

AGREED MONTHLY AMOUNT AFFORDABLE BY THE CLIENT AVAILABLE TO 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 protection product recommended

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

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PROTECTION NEEDS/REQUIREMENT 2017:

Level of Cover Required? _____

What term do you require the product for _____

Indexation Required? _____

Conversion Option Required? _____

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

Do you need to product in place immediately? _____

Any Specific Requirements of the client?

CUSTOMER DECLARATION AND SIGNATURE 2017

I/We confirm that I/We have received a copy of **MyLifeCover.ie** 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 only wished to discuss our Protection needs/requirement at this time and did not wish to discuss any other financial products.

I/We confirm that if I /We do not disclose all relevant information requested on the Financial Review that **MyLifeCover.ie** 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 **MyLifeCover.ie** 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 **MyLifeCover.ie** feel may be of interest to me/us.

Signature – Self

Signature – Partner

Date

Signature for and on behalf of **MyLifeCover.ie**

Date