PROTECTION & PROSPERITY FINANCIAL SERVICES

Your Personal Financial Review

	Client 1	*Client 2*
First Name		
Surname		
Factfind Type	☐ Initial Information Gathering ☐ Protection Review ☐ Pension Review ☐ Savings & Investment Review ☐ Estate Planning Review ☐ Full Financial Review	
Advisor		
Source of Client	☐ Existing Client – Existing Business ☐ Existing Client – New Business ☐ Existing Client – Referral From: _____ ☐ New Client Referral – Existing Client ☐ New Client Referral – Marketing: _____ ☐ New Client Referral – Source: _____ ☐ Known Personally by Advisor	
Time & Date of Meeting		
Location of Meeting		
Reason for Next Contact		

Vulnerable Adults or Special Care Circumstances

Are there any special circumstances which should be taken into consideration when completing this financial review?

For example, recent illness, bereavement, any difficulties in following the review due to language, hearing or sight problems, redundancy, retirement or maybe you find financial discussions confusing?

Client 1	*Client 2*
☐ Yes ☐ No	☐ Yes ☐ No

	Categories of Vulnerable Consumers	**Examples of Vulnerabilities**
1	Capable of making decisions but their particular life stage or circumstances should be taken into account when assessing	Age, poor credit history, low income, serious illness, bereaved etc.
2	Capable of making decisions but require reasonable accommodation in doing so	Hearing-impaired, vision-impaired, English not first language, poor literacy.
3	Limited capacity to make decisions (temporary / Permanent	Mental Illness/Intellectual disability

Financial Goals

The purpose of this Factfind is to determine the best way we can help and advise you on your financial needs and help you plan for the future. In order to do this, we need to establish your current circumstances and any relevant information so we can recommend the best products and financial solutions that are right for you.

State Benefits	Do you want us to include potentially available state benefits to your needs analysis and our recommendations? ☐ Yes ☐ No

Client(s)			
Goal Description			
Timeframe	☐ Immediately ☐ Within 12 months ☐ 1 – 3 years	☐ 3 – 5 years ☐ 5 – 10 years ☐ 10 years +	
Priority	☐ Low	☐ Medium	☐ High

Commented [PO1]: Entire table on left containing "Goal Description" can be repeated depending on the no. of goals clients have. The goal can also be individual to 1 client or a common goal of the 2 clients (for selection)

Personal Details

Client 1			
Title	☐ Mr	☐ Mrs	☐ Ms
First Name			
Surname			
Date of Birth			
Marital Status			
Nationality			
Tax Residency			
NI/PPS Number			
Tax Basis	☐ Single	☐ Joint	
Mobile Number			
Email Address			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
County/Region			
Country			
Eircode			
Smoker Status			
Health Status			

Client 2			
Title	☐ Mr	☐ Mrs	☐ Ms
First Name			
Surname			
Date of Birth			
Marital Status			
Nationality			
Tax Residency			
NI/PPS Number			
Tax Basis	☐ Single	☐ Joint	
Mobile Number			
Email Address			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
County/Region			
Country			
Eircode			
Smoker Status			
Health Status			

Commented [PO2]: First & Surnames feed from Page 1

PROTECTION & PROSPERITY FINANCIAL SERVICES

Dependents

Name	Date of Birth	Financial Dependent	Provision for Education Costs in Life Cover & Serious Illness Cover Calculations	Provide an Inheritance Lump Sum on Death through Life Cover
1	/ /	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2	/ /	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	/ /	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	/ /	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5	/ /	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6	/ /	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7	/ /	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Total Dependents				

Change in Circumstance

Change in Circumstance

We understand that life doesn't stay still, and circumstances can change since initial meetings or may be imminent in the future. It is important you let us know about these changes or potential changes so we can best serve you and your needs going forward.

Are you aware of any known future changes to your circumstances or material changes to your circumstances since we last met (if applicable)? (If so please state)
☐ Yes ☐ No
(If "Yes" please provide details) Type here …

Employment Details – Client 1

Employment	Employer	Address
☐ Full-Time Employee ☐ Part-Time Employee ☐ Self-Employed ☐ Company Director with Shareholding ☐ Company Director / No Shareholding ☐ Not Employed		

Pension	Death In Service	Income Protection	Length of Service
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Income	Bonus Payments	Dividends
€	€	€
☐ Per week ☐ Per Month ☐ Per Annum ☐ Gross ☐ Net	☐ Per week ☐ Per Month ☐ Per Annum ☐ Gross ☐ Net	☐ Per week ☐ Per Month ☐ Per Annum ☐ Gross ☐ Net

Commented [PO3]: Employment table can repeat for max of 4 separate employments per individual

Employment Details – Client 2

Employment	Employer	Address
☐ Full-Time Employee ☐ Part-Time Employee ☐ Self-Employed ☐ Company Director with Shareholding ☐ Company Director / No Shareholding ☐ Not Employed		

Pension	Death In Service	Income Protection	Length of Service
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Income	Bonus Payments	Dividends
€	€	€
☐ Per week ☐ Per Month ☐ Per Annum ☐ Gross ☐ Net	☐ Per week ☐ Per Month ☐ Per Annum ☐ Gross ☐ Net	☐ Per week ☐ Per Month ☐ Per Annum ☐ Gross ☐ Net

Commented [PO4]: Employment table can repeat for max of 4 separate employments per individual

PROTECTION & PROSPERITY FINANCIAL SERVICES

Income – Client 1

Income Type	Annual Income	Would Income Cease on Death / Illness?
Employed Income (x4)	€	☒ Yes ☐ No
Business Income (x4)	€	☐ Yes ☐ No
Rental Income (x10)	€	☐ Yes ☐ No
ARF / Annuity Income (x4)	€	☐ Yes ☐ No
Dividend Income (x4)	€	☐ Yes ☐ No
Investment Income (x4)	€	☐ Yes ☐ No
Other Income (x4)	€	☐ Yes ☐ No

Commented [PO5]: Annual Income for Employment Income on left carries from Employment Details above. Max of 4 separate employments.

Commented [PO6]: Up to 4 of each form of "Income Type" allowed except for "Rental Income" which is max of 10

Income – Client 2

Income Type	Annual Income	Would Income Cease on Death / Illness?
Employed Income (x4)	€	☒ Yes ☐ No
Business Income (x4)	€	☐ Yes ☐ No
Rental Income (x10)	€	☐ Yes ☐ No
ARF / Annuity Income (x4)	€	☐ Yes ☐ No
Dividend Income (x4)	€	☐ Yes ☐ No
Investment Income (x4)	€	☐ Yes ☐ No
Other Income (x4)	€	☐ Yes ☐ No

Commented [PO7]: Annual Income for Employment Income on left carries from Employment Details above. Max of 4 separate employments.

Commented [PO8]: Up to 4 of each form of "Income Type" allowed except for "Rental Income" which is max of 10

PROTECTION & PROSPERITY FINANCIAL SERVICES

Expenses

Expense	Amount (€)	Frequency	Annual Total (€)		Expense	Amount (€)	Frequency	Annual Total (€)
Home Mortgage / Rent		Monthly			Life Insurance		Monthly	
Investment Property Loans		Monthly			Serious Illness Cover		Monthly	
Car Loan		Monthly			Income Protection		Monthly	
Personal Loan (Bank)		Monthly			Health Insurance		Yearly	
Credit Union Loan		Monthly			Other Insurance		Monthly	
Credit Card		Monthly						
					Weekly Shop/Groceries		Weekly	
Electricity		Bi-Monthly			Child Care / Education provision		Monthly	
Heat		Yearly			Clothing/Shoes		Monthly	
Phone		Monthly			Personal care – gym, subs, hair		Monthly	
Broadband		Monthly			Pets (food, vet, insurance etc.			
Bins / Recycling Costs		Yearly						
TV Subscriptions		Monthly			Gifts		Yearly	
					Entertainment		Monthly	
Petrol/Diesel		Weekly			Holidays		Yearly	
Car Insurance		Yearly						
Car Tax		Yearly			Pension		Monthly	
Additional Transport Costs		Monthly			Savings		Monthly	
					Other		Monthly	
					Total Annual Expenses			**€**

If you do not wish to itemise your annual expenses above, as an alternative, please confirm your total monthly expenses below:

Total Monthly Expenses	**€**

Cash / Deposits / RP Savings / Bonds

Asset Type	Owner	Institution	Premium Type	Premium Amount (€)	Premium Frequency (RP only)	Current Value (€)	Primary Purpose	Expected Annual Return	Remaining Timeframe	Sell on Death Illness
☐ Cash/ Deposits ☐ SP Inv.	☐ Client 1 ☐ Client 2 ☐ Joint		☐ RP ☐ SP		☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly		☐ College Fund ☐ Compound Interest ☐ Emergency Fund ☐ Financial Independence ☐ Future Investment ☐ Inheritance ☐ Investment ☐ Long Term Security ☐ SGAS ☐ Tax ☐ Other	☐ 0 - 2% ☐ 2 - 5% ☐ 6% +	☐ Bank Deposit ☐ 1–3 years ☐ 3–5 years ☐ 5 years +	☐ Yes ☐ No
					Total:	**€**				

Commented [PO9]: Max 7 of each Asset Type per Client

PROTECTION & PROSPERITY FINANCIAL SERVICES

Investments & Assets

Asset Type	Owner	Location / Provider	Realisable Value	Sell on Death / Illness
Family Home (x1)	☒ Joint			☐ Yes ☐ No
Investment Property (x10)	☐ Client 1 ☐ Client 2 ☐ Joint			☐ Yes ☐ No
Business Interests (x7)	☐ Client 1 ☐ Client 2 ☐ Joint			☐ Yes ☐ No
Land (x7)	☐ Client 1 ☐ Client 2 ☐ Joint			☐ Yes ☐ No
Motor Vehicles (x7)	☐ Client 1 ☐ Client 2 ☐ Joint			☐ Yes ☐ No
Equities (x7)	☐ Client 1 ☐ Client 2 ☐ Joint			☐ Yes ☐ No
Loan Notes (x7)	☐ Client 1 ☐ Client 2 ☐ Joint			☐ Yes ☐ No
Other (x7)	☐ Client 1 ☐ Client 2 ☐ Joint			☐ Yes ☐ No
		Total Assets:	**€**	

Commented [PO10]: Calculator allows for 1 Family Home asset per couple & up to 10 Investment Properties and 7 of each other asset type per Client

Commented [PO11]: Where Asset is jointly held and "Sell on Death/Illness" applies, sale of full asset value applies to each client's calc

PROTECTION & PROSPERITY FINANCIAL SERVICES

Loans & Liabilities

Debt		Location / Provider	Balance	Loan Repayment (Monthly?)	Remaining Term (in years)	Existing Protection Against Debt
Family Home Mortgage	(x1)					☐ Yes ☐ No
Investment Property Mortgage	(x10)					☐ Yes ☐ No
Land Loan	(x7)					☐ Yes ☐ No
Pension Loan	(x7)					☐ Yes ☐ No
Investment Gearing	(x7)					☐ Yes ☐ No
Personal Loan	(x7)					☐ Yes ☐ No
Credit Cards	(x7)					☐ Yes ☐ No
Car Finance	(x7)					☐ Yes ☐ No
Other	(x7)					☐ Yes ☐ No
		Total Debt:	**€**			

Existing Protection

Life & Serious Illness Cover

Life Insured	Provider	Policy Type	Remaining Term (in years)	Life Cover Sum Insured	Illness Cover Sum Insured	Cover Purpose	Monthly Premium	Assigned to Lender? Tick if 'Yes'	Asset Protected by Cover
☐ Client 1 ☐ Client 2 ☐ Joint				€	€	☐ Family ☐ Debt	€	☐	
			Total:	**€**	**€**				

Commented [PO12]: Input (asset name) comes from 'Loans & Liabilities' Section where 'Existing Protection Against Debt' is ticked 'yes'

Pension Term Cover

Life Insured	Employer	Salary Multiple (1-10)	Death In Service Lump Sum	Cover Purpose
☐ Client 1 ☐ Client 2				☒ Family
		Total:	**€**	

Commented [PO13]: Salary Multiple must be input for calculator to work. The LS is then calculated based on multiple of salary. Calculator allows 4 Death In Service inputs per client

Existing Protection

Income Protection

Life Insured	Occupation	Provider	Deferred Weeks	Income Protection Cover p.a.	Cessation Age	Monthly Premium
☐ Client 1 ☐ Client 2						
			Total:	**€**		

Health Cover Protection

Owner	Provider	Plan Name	Policy Number	Monthly Premium
			#1	
			#2	
			#3	
			#4	

Commented [PO14]: Up to 4 Income Protection Covers per client

Life, Serious Illness & Income Protection Factors – Client 1

Life Cover	
Beneficiary Name	**Inheritance Lump Sum**
#1	€
#2	€
#3	€
#4	€
#5	€
#6	€
#7	€
Total:	**€**
Term for Provision of Benefits	☒ To Life Expectancy of Partner ☐ To Youngest Child to Age 25

Serious Illness	
Modifications to Family Home	€50,000.00

Commented [PO15]: "Modifications to Family Home" Amount editable by client. Default amount of €50k

Life, Serious Illness & Income Protection Factors – Client 2

Life Cover	
Beneficiary Name	**Inheritance Lump Sum**
#1	€
#2	€
#3	€
#4	€
#5	€
#6	€
#7	€
Total:	**€**
Term for Provision of Benefits	☒ To Life Expectancy of Partner ☐ To Youngest Child to Age 25

Serious Illness	
Modifications to Family Home	€50,000.00

Commented [PO16]: "Modifications to Family Home" Amount editable by client. Default amount of €50k

Retirement Planning – Client 1

Previously Funded Pension Schemes				
Provider	**Reference / Policy No**	**Pension Type** - *Personal* - *PRSA* - *Occupational (DB/DC)* - *Buy Out Bond* - *Self-Administered Pension*	**Normal Retirement Age**	**Policy Value**
	#1			€
	#2			€
	#3			€
			Total:	**€**

Current Schemes					
Employment	#1	#2	#3	#4	
Provider					
Reference / Policy No					
Pension Type					
Normal Retirement Age					
Income					**Total**
Current Monthly Employer Contribution	€	€	€	€	**€**
Current Monthly Personal Contribution	€	€	€	€	**€**
Current Fund Value	€	€	€	€	**€**

Commented [PO17]: Rows on "Previously Funded Pension Schemes" should repeat depending on no. of schemes input

Commented [PO18]: "Current Schemes" should be a repeating table for each current employment.

Commented [PO19]: 'Income' field is not a client input here. The salary from 'Employment Details' feeds into this row

PROTECTION & PROSPERITY FINANCIAL SERVICES

Retirement Planning – Client 1

Retirement Calculator Quotes		
Preferred Retirement Age		
Target Income % in Retirement *(Default 50% of Salary, if blank)*		%
Target Fund at Preferred Retirement Age		€
Target Contributions	***Total Monthly Premium (Personal)***	€
	Total Monthly Premium (Employer)	€
	Single Premium Top-Up (Personal)	€
	Single Premium Top-Up (Employer)	€
Show Personal Funding to Revenue Maximum Limits?		☒ Yes ☐ No

Retirement Planning – Client 2

Previously Funded Pension Schemes				
Provider	**Reference / Policy No**	**Pension Type** - *Personal* - *PRSA* - *Occupational (DB/DC)* - *Buy Out Bond* - *Self-Administered Pension*	**Normal Retirement Age**	**Policy Value**
	#1			€
	#2			€
	#3			€
			Total:	**€**

Commented [PO20]: Rows on "Previously Funded Pension Schemes" should repeat depending on no. of schemes input

Current Schemes					
Employment	#1	#2	#3	#4	
Provider					
Reference / Policy No					
Pension Type					
Normal Retirement Age					
Income					**Total**
Current Monthly Employer Contribution	€	€	€	€	**€**
Current Monthly Personal Contribution	€	€	€	€	**€**
Current Fund Value	€	€	€	€	**€**

Commented [PO21]: "Current Schemes" should be a repeating table for each current employment.

Commented [PO22]: 'Income' field is not a client input here. The salary from 'Employment Details' feeds into this row

PROTECTION & PROSPERITY FINANCIAL SERVICES

Retirement Planning – Client 2

Retirement Calculator Quotes		
Preferred Retirement Age		
Target Income % in Retirement *(Default 50% of Salary, if blank)*		%
Target Fund at Preferred Retirement Age		€
Target Contributions	***Total Monthly Premium (Personal)***	€
	Total Monthly Premium (Employer)	€
	Single Premium Top-Up (Personal)	€
	Single Premium Top-Up (Employer)	€
Show Personal Funding to Revenue Maximum Limits?		☒ Yes ☐ No

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Planning for Future Events

Client Name	Event Date	Event Description	Existing Provision
☐ Client 1 ☐ Client 2 ☐ Joint			
☐ Client 1 ☐ Client 2 ☐ Joint			
☐ Client 1 ☐ Client 2 ☐ Joint			
☐ Client 1 ☐ Client 2 ☐ Joint			

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Estate Planning / Wills

Client Name	Will Made?	Name of Executor(s)	Guardians Chosen?	Date Will Last Updated	Enduring Power of Attorney Made?
☐ Client 1	☐ Yes ☐ No				☐ Yes ☐ No
☐ Client 2	☐ Yes ☐ No				☐ Yes ☐ No

PROTECTION & PROSPERITY FINANCIAL SERVICES

Existing Advisors

	Client 1		Client 2	
Type	**Company Name**	**Contact Person**	**Company Name**	**Contact Person**
Accountant				
Solicitor				
Tax Advisor				
Financial Advisor				
Wealth Manager				
Estate Agent				
Bank				
Family Member				

Commented [PO23]: A set of advisors for each or they share the same advisors. Older Factfind appears to cater for 2 separate sets & also includes 'Location' field

Additional Notes & Comments

Please include any information you feel is important for the purpose of reviewing your financial needs

Client Declarations

I/We declare that the information provided for this Factfind is accurate and I/we acknowledge that the advice offered by Protection & Prosperity Financial Services {PPFS) is, and will be, based upon same.

I/We acknowledge that as our personal and or financial circumstances change, so will my/our financial needs. I/We accept that there is a responsibility on myself/ourselves to advise PPFS when any material personal or financial circumstances occur.

I/We have been advised, and I/we acknowledge and agree, that failure to continue to engage with PPFS in relation to personal/financial changes in my/our circumstances, may result in me/us having insufficient insurance cover and/or inappropriate investments in the future.

I/We acknowledge that additional financial, personal or policy details may be required on an ongoing basis to ensure suitability of any recommendations made by PPFS. I/We acknowledge that a signed Letter of Authority may be required in order to fully assess any existing polices or products that I/we may currently hold.

I/We accept that PPFS may request suitable Anti-Money Laundering documentation as part of our interactions and I/we agree that we will provide such documentation to PPFS in a timely fashion.

I/We accept that PPFS may be paid ongoing trail commissions and/or renewal fees for policies/products even if I/we disengage and do not avail of future meetings or advice.

I/We acknowledge that PPFS are not responsible for the prior advice provided or any complaints you may have in relation to any existing policies or products established through another financial institution or financial broker even if this policy/product subsequently transfers into the agency of PPFS.

I/We have discussed my/our Investment Risk Profile & Sustainability Preferences with my/our Adviser, where appropriate.

I/We acknowledge receipt of a copy of the Terms of Business for PPFS, and that I/we have been provided adequate time to read, understand and agree to same. I/We understand the company's Privacy Statement and Data Protection Procedures which are outlined in our Terms of Business.
I/We have not been put under any undue influence or pressure during this process.

Client 1 Name: _____ Client 1 Signature: _____ Date: _____

Client 2 Name: _____ Client 2 Signature: _____ Date: _____

Advisor Declarations

I have discussed with the client(s) the importance of obtaining personal and financial details in order to provide recommendations that are appropriate to their needs and circumstances.

Where the client(s) have not provided all the required details, I have warned them of the consequences that the recommendations that I provide may not be appropriate for their needs and circumstances.

I have explained to the client(s) the relevance of the risk tolerance questions in this Factfind with regard to determining an appropriate risk profile.

I have discussed with them their attitude to risk, and their suggested risk profile for the purposes of investing. I have verified the client(s) identity and collected the relevant documentation.

Advisor Name: _____ Advisor Signature: _____ Date: _____