



Financial Planning Review (FactFind)

01 908 1818 myadviser@sennabrokers.com

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. However, if you wish to focus on certain financial products, please tick the relevant area:

- Life cover
- Serious illness / income protection
- Savings and Investments
- Pensions / Retirement planning
- Mortgage
- Mortgage protection only (you may complete 1 and 9 only)

1. About you

Information about	You	Partner
Name		
Marital status		
Address		
Mobile phone		
Email address		
Date of Birth		
Smoker status		
Health / Family health		

2. Your Family

Children	Date of Birth	Education Details & Plans
Other dependents		



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3. Income and Expenditure

Information about	You	Partner
Occupation		
Manual work / Driving / Heights		
Income p.a. / Tax rate	€	€
BIK (Benefit In Kind)	€	€
Pension Scheme (work)	€	€
Net Income per.	€	€
Employment status (Self-Employed, Employee, Owner-Director)		
Other income (Rental, Other)	€	€
Total Net income	€	€
Regular expenses (estimate)	€	€
Disposable income	€	€

4. Assets and Liabilities

Information about	You	Partner
Home	€	€
Other property	€	€
	€	€
Business assets	€	€
Deposits / Bank balances	€	€
Other Investments	€	€
Risk Level		
Savings	€	€
Mortgage	€	€
Other loans	€	€
Net Assets	€	€



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5. Existing Financial Provision

Information about	You	Partner
Life Assurance cover	€	€
	€	€
	€	€
Serious illness / Income Protection	€	€
	€	€
	€	€
Savings & Investments	€	€
	€	€
	€	€
Pensions	€	€
	€	€
	€	€
Mortgage & Loans	€	€
	€	€
	€	€
	€	€



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6. Investment Risk: Preference & Capacity

Experience:

Outline your experience of investment products on a scale 1 to 7:

← →

1 2 3 4 5 6 7

No Experience *Moderate* *Highly Experienced*

Please provide details [Click or tap here to enter text.](#)

Attitude to Risk*:

Outline your attitude to potential risk of loss of investment on a scale 1 to 7:

← →

1 2 3 4 5 6 7

Low Risk *Medium* *High Risk*

Importance of capital security*:

← →

1 2 3 4 5 6 7

Low importance *Moderate* *High importance*

* Risk profiling tool recommended where financial risk is a significant factor.

Notes:

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



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Outline your investment objectives – include term & consequences if not met:

What is the likelihood of you requiring access to the fund before the end of the term?

Have you an emergency fund in place (3-6 months income)? Please give details

Do you anticipate any changes to your income/expenses/asset/liabilities? E.g. Expected inheritance

How secure is your current income? In the event of a change to your financial circumstances, can you adjust your current lifestyle expenses?



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7. Financial Needs & Objectives

Financial Needs & Objectives		Current	Needs	Shortfall	Priority (High/Medium/Low)
Mortgage & Loan protection	You	€	€	€	
	Partner	€	€	€	
Life cover	You	€	€	€	
	Partner	€	€	€	
Serious illness cover	You	€	€	€	
	Partner	€	€	€	
Pension	You	€	€	€	
	Partner	€	€	€	
Regular Savings	You	€	€	€	
	Partner	€	€	€	
Investments	You	€	€	€	
	Partner	€	€	€	

8. Agreed Financial Priorities for immediate Action

1. _____

2. _____

3. _____

4. _____

5. _____



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12. 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?

13. Completed by

Clients' signatures:

You _____

Date: _____

Partner _____

Date: _____

Financial Broker's signature:

Adviser: _____

Date: _____