

MCCARNEY FINANCIAL SERVICES

Financial Planning Review

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29 Whitworth Road,
Drumcondra,
Dublin 9
01 8305432
www.mccarney.ie
info@mccarney.ie

The purpose of completing this Financial Planning Review is to ensure that the recommendations suggested are tailored to your personal requirements. We request that you help us to provide the most appropriate advice by providing us with details about you and your family. This document will be the basis for our recommendations.

Financial Planning Review:

You & Your Family:					
SELF:			PARTNER:		
Name: Mr/Mrs/Ms.			Name: Mr/Mrs/Ms.		
Telephone:			Telephone:		
Email Address:			Email Address:		
Date of Birth:		Smoker: Y / N	Date of Birth:		Smoker: Y / N
Single / Married/ Widowed/ Other:			Single / Married/ Widowed/ Other:		
Address:			Address:		
No of Dependants:	Ages:	/ / / /	Working: Y / N	Maintenance per month:	
Your Occupation:					
SELF:			PARTNER:		
Occupation:			Occupation:		
Employer:			Employer:		
Address:			Address:		
Permanent: Y / N		Full time: Y / N	Permanent: Y / N		Full time: Y / N
Pensionable: Y / N		Subject to contract: Y / N	Pensionable: Y / N		Subject to contract: Y / N
Basic Annual Income: €			Basic Annual Income: €		
Regular Overtime: €			Regular Overtime: €		
Bonus / Commission: €		Guaranteed: Y / N	Bonus / Commission: €		Guaranteed: Y / N
Total Annual Income: €			Total Annual Income: €		
Existing Protection Policies:					
	Provider/policy no	Self	Partner	Children	Premium
Mortgage Protection:					
Life Cover:					
Serious illness:					
Income protection:					
Hospital Cash:					
V.H.I./ LAYA etc	Yes / No	If Yes, Plan Type:		Self/Self & Partner:	Family:
Pension / Retirement planning:					
Pension provider & policy reference:	Retirement age:	Current payment:	Current/Transfer value:	Investment fund:	

Retirement planning:

Do you have any personal pension plans or PRSA's? **YES / NO**

Do you have any preserved benefit from a previous occupation? **YES / NO**

Are you currently in a company pension scheme? **YES / NO**, if yes what type of scheme, Defined benefit/contribution?

At what age do you plan to retire?

If you retired tomorrow what percentage of earning would you like to enjoy? _____%

Are you interested in exploring the options available to you with regards to your current pension arrangements or preserved benefits? **YES / NO**

Mortgages & Loans:								
	Lender	Amount borrowed	Loan O/S	Property Value	Term Remaining	Interest rate	Property Type	Payment method
MORTGAGE		€	€	€				
MORTGAGE		€	€	€				
MORTGAGE		€	€	€				
Other loans		€	€	€				
Credit Union		€	€	€				
Savings & Investment:								
Regular Savings:	Contribution per w/f/m	Current Balance	Continued...	Contribution per w/f/m	Current Balance			
Savings/current a/c	€	€	An post	€	€			
Credit union	€	€	Other savings / policies	€	€			
Investment experience/attitude to risk: Do you have a lump sum that you would like to invest? YES/NO What is your attitude towards risk? Risk adverse eg, fixed rate deposits, cash funds, funds with guaranteed rate of return, Risk neutral eg, balanced funds, managed funds, structured products or Risk seeking eg, Equity based funds, Tracker bonds,? (completing the attached risk assessment questionnaire would be useful in assessing your risk profile)								
Establishing Your Financial Needs:								
Based on the information provided the following areas have been identified for further review							Priority:	
Life Cover:							High / Med / Low	
Serious Illness:							High / Med / Low	
Pension:							High / Med / Low	
Income Protection:							High / Med / Low	
Savings/Investments							High / Med / Low	
Agreed Action:								
Next Review Date:								
I/we understand that the above recommendation is based on information disclosed and that the actions agreed are to my/our satisfaction.								
Signature (s) X			X			Date:		

Data protection – client contact

I/we agree that McCarney Financial Services may contact me/us in the future to carry out reviews and to advise me/us of any new or alternative products that may be of interest to me/us. I/we understand that I/we can opt out at any time by advising McCarney Financial Services in writing. Upon receipt of such request I/we will not be contacted again.

Signature (s) **X**

X

Date:

DECLARATION:

I/we confirm that we have received McCarney Financial Services' Terms of Business document and understand the content therein.

Signature (s) **X**

X

Date: