McCarney Financial Services

Financial Planning Review



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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:	Smo	oker: Y/N		
Single / Married/ Wido	wed/ Other:		Single / Married/ Wio	lowed/ Other:			
Address:			Address:				
Are you – Home owner		h family?	Are you – Home owner / Renting / Living with family?				
No of Dependants:	No of Dependants: Ages: / / /			Do you pay maintenance, if yes amount per month?			
		Your	Occupation:				
Occupation:	SELF:		Occupation:	PARTNER:			
Employer:			Employer:				
Address:			Address:				
radioss.			ridaress.				
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: €	Guaran	teed: Y/N	Bonus / Commission: € Guaranteed: Y / N				
Total Annual Income: €			Total Annual Income: €				
		Cred	lit History:				
Do vou onticinate s	any igang aniging in			Vog / No. if was pla	aga avulain halavv		
Do you anticipate a	any issues arising in	reiauon to y	our credit history?	res / No - II yes pie	ease explain below		
			rotection Policies:				
	Provider/policy no	Self	Partner	Children	Premium		
Mortgage Protection:							
1 Totection.							
Serious Illness							
Cover							
Personal Life Cover							
Income protection							
Death in service							
benefit	1114	66 4 41 -	•4•	1 11 27 27 27 27 27 27 27 27 27 27 27 27 27	C(N)O 10		
Do you have any medi	cal history that may	erwriting of any new p	orotection policy? YE	S/NO – if yes please			
provide details:							

Pension / Retirement planning:										
Pension provider & policy reference:	Retirement	age:	Cui	rrent paymen	t:	Curre value:	nt/Transfer	Investn	nent fund:	
Retirement planning: Do you have any persona	l pension plan	s or PRSA	.'s? Y	YES / NO						
Do you have any preserv	ed benefit fror	n a previou	is occ	cupation? YES	5 / NO	C				
Are you currently in a co	mpany pensio	n scheme?	YES	S / NO, if yes v	vhat t	type of s	cheme, Defined	benefit/co	ontribution?	
At what age would you li	ike to have the	option of	acces	sing your pens	ion b	enefits?	1) 50-60	or 2) 60	+	
If you retired tomorrow v	what percentag	ge of earnin	ıg wo	uld you like to	enjo	y?	%			
Are you interested in exp benefits? YES / NO	loring the opti	ons availa	ble to	you with rega	rds to	your cu	arrent pension a	rrangemen	ts or preserv	ed
				Mortgag	PS &	Loans	,			
				0 0			1			
	Lender	Amoun borrowe		Loan O/S	V	alue	Term Remainin g	Interes t rate	Property Type	Rental
MORTGAGE		€		€	€					
MORTGAGE		l € €		€	€					
MORIGAGE										
MORTGAGE										
Other		€		€	€					
loans		0								
Credit Union		€		ϵ	€					
Visa / Credit Cards		€		€	€					
			Cov	ings P. Invoc	tmo	n.t.				
			Sav	rings & Inves	une	ш:				
Regular / lump sum Savings	Contribution		Frequency			Current Balance		Average over last 6 months		
Current account	ϵ		€		€	Ē		€		
Savings Account	€				€			€		
Credit union / other	€				€			€		

	Investment experience/attitude to r	isk:
	ou would like to invest? YES/NO	
In your opinion, what is your att	itude to risk? osits, cash funds, funds with guaranteed rate of re	41.170
	ostis, cash junas, junas with guaranteed rate of res s, managed funds, structured products or	iurn,
Risk seeking eg, Equity based fi	unds, Tracker bonds,?	
(completing the attached risk ass	sessment questionnaire would be useful in assessin Establishing Your Financial Needs	
Paged on the information provi	rided the following areas have been identified fo	
_	idea the following areas have been identified to	<u> </u>
Life/Serious Illness		High / Med / Low
Mortgage:		High / Med / Low
Pension:		High / Med / Low
Income Protection:		High / Med / Low
neone rroccion.		Ingli/ Ned/ Bow
Savings/Investments		High / Med / Low
Agreed Action – in order of	priority	
1)		
2)		
3)		
-,		
4)		
1)		
5)		
5)		
Next Review Date:		
I/we understand that the above re	ecommendation is based on information disclosed	and that the actions agreed are to
my/our satisfaction.	econnicidation is based on information discressed	and that the actions agreed are to
Signature (s) X	X	Date:
	Data protection – client contact cial Services may contact me/us in the future to cathat may be of interest to me/us. I/we understand	
	ervices in writing. Upon receipt of such request I/	
	DECLARATION:	
I/we confirm that we have receive	ved McCarney Financial Services' Terms of Busir	ness document and understand the
content therein.	₩.	D :
Signature (s) X	X	Date: