

Financial Health Check

Please fill out the questionnaire as completely as you can and forward it to Meritas Financial Advisors Ltd.
21 The Hyde Building, The Park, Carrickmines, Dublin 18 Tel. 01 2945600 Fax 01 2945599

Personal Details

	Self	Partner
Name		
Address		
Home Telephone		
Mobile		
E-mail address		
Date of Birth		
Smoker		
Marital Status		

Your Dependants

Name	Date of Birth	Relationship
Family notes		

Occupation and Income

	Self	Partner
Occupation		
Employment Status		
Company Name		
Employment Notes		
Annual salary, before tax		
Annual bonuses, before tax		
Monthly salary, after tax		
Monthly average bonus, after tax		
Other earned income, monthly after tax (not rent or interest)		

Monthly Household Expenses

Mortgage or rent		Savings	
Food, clothing, household		Insurances	
Motor, Travel		Credit Card	
Holidays		Loan Repayments	
School fees		Club Membership	
Other (total estimate)			
Income & Expenses notes			

Your Home and Mortgage, Property Investments

	Family Home	Additional Property	Additional Property
Ownership (self / partner / both)			
Description/Address			
Value			
Annual rental income (net)			
Outstanding mortgage			
Monthly repayments			
Lender			
Interest type			
Remaining term			
Have mortgage life cover?			
Mortgage serious illness?			
Repayment Protection?			

Deposits and Regular Savings

Company held with	Current Value	Regular Contribution	Frequency (Monthly, Yearly...)	Ownership (self/ partner/ joint)
Monthly (net) income from these savings:				

Key Savings Targets	Target Amount	In how many years time

Investments

1. Investment Products - unit linked bonds / tracker bonds / with profit bond / guaranteed bond / other

Product type	Current Value	Company with	Owner (self/partner/both)
Monthly (net) income from these investments:			

2. Direct Investments – shares / share portfolio / unit trust / investment trust / bonds or fixed interest / other

Product type	Current Value	Company with	Owner (self/partner/both)
Monthly (net) income from these investments:			

3. Key Investment Targets	Target Amount	In how many years time
Current value of assets, if any, earmarked to meet these objectives:		

4. Do you have any general key investment objectives?

5. Which of the following statements best describes your attitude towards investment risk and return?

	I/we prefer investment with consistent return and I/we are willing to accept lower return associated with these investments
	I/we are willing to accept a reasonable amount of fluctuation for better expected long term returns
	I/we understand risk associated with investing and are comfortable with market fluctuations to achieve above market returns

Other Assets

Asset name	Description	Current Value	Owner (self/partner/both)

Other Loans

	1	2	3
Description			
Owner (self/ part./both)			
Outstanding loan			
Monthly repayments			
Lender			
Interest type			
Remaining term			
Have life cover for loan?			
Serious Illness cover?			
Repayment Protection?			

Retirement Planning

		Self	Partner
1. Member of an employer sponsored scheme?		Y / N	Y / N
Is the scheme defined benefit or defined contribution?		DB / DC	DB / DC
If defined benefit:	a) pension formula	60ths / 80ths	60ths / 80ths
	b) pensionable salary		
	c) length of service		
If defined contribution:	a) company contribution %		
	b) value of fund built up		
What, if any, is your contribution rate (as % salary)			
How much life cover is provided by scheme?			
What monthly AVC's do you also make?			
Amount of once off AVC payments in last 12 months?			
Value of your AVC fund, IF in addition to value above			

		Self	Partner
2. Do you have a personal pension or PRSA?		Y / N	Y / N
Monthly contribution			
Amount of one off contributions in last 12 months			
Value of fund built up			
Amount of life cover is attached to your plan			

3. Pension plans from previous employment

Owner (self/partner)	Name of Scheme	Trustees Details	Date you left	If defined benefit: Frozen Pension	All schemes: Transfer Value

4. Retirement Goals	Self	Partner
Target Pension at retirement (today's money)		
Target pension age		
Allow for basic state pension in funding	Y / N	Y / N
Interested in converting to an ARF		
Pension notes		

Life and Serious Illness protection

Policy type	Life Company	Cover amount	Lives covered (self/part/both)	Monthly premium	Start date	Original term.

Policy type - include details such as: level or decreasing, term or unit-linked, life and/or serious illness, accelerated or standalone.

Income protection

Company	Annual benefit	Deferred Period	Life covered	Monthly premium	Start Date

Health Insurance

Company	Level of cover	Lives covered	Monthly premium	Start date

Level of cover = semi private or private accommodation in public or private or high tech hospital.
Lives covered = self or partner or both, with or without family.

Health Insurance needs – Preferred level of cover to meet medical expenses:

	Self	Partner	Family
Hospital Accommodation			
Access to hi-tech or private hospitals			
G.P. and other practitioner visits part paid			
Health Insurance Notes			

Additional Information

Please enter here any additional information you feel may be relevant to your financial situation

Declaration

Date of review meeting	
Present at meeting	

I confirm that this completed questionnaire is a true and fair account of my personal and financial circumstances at this date / I am satisfied that the information given by me in my Financial Review meeting is accurately reflected in this questionnaire I understand that any recommendations made to me will be based on my answers as set out in this questionnaire.

Name (in blocks)		Signed		Date	
Name (in blocks)		Signed		Date	

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