

**Prepared For**

Wednesday, October 22, 2014

**Prepared By**

Oates Breheny Financial Services (trading as Oates Breheny Group) is regulated by The Central Bank of Ireland

## Reviews & Recommendations

Topic	Review	Priority	Time Frame	Comments and Recommendations
<b>Protection</b>				
- Life Cover				
- Mortgage Protection				
- Income Protection				
- Specified Illness				
- Inheritance Planning				
- Other Covers (Permanent Total Disability, Hospital Cash, Childrens Protection, Monthly Income Benefit on Death, Whole of Life Continuation and Personal Accident)				

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# Personal Details

## Client

First Name	<input type="text"/>
Surname	<input type="text"/>
Gender	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Town/City	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Date Of Birth	<input type="text"/>
Smoker	<input type="text"/>
Civil Status	<input type="text"/>
Tax Status(PAYE or Self Employed)	<input type="text"/>

## Linked Client

First Name	<input type="text"/>
Surname	<input type="text"/>
Gender	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Town/City	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Date Of Birth	<input type="text"/>
Smoker	<input type="text"/>
Civil Status	<input type="text"/>
Tax Status(PAYE or Self Employed)	<input type="text"/>

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### Dependants

Name	Date Of Birth	Age

Name	Date Of Birth	Age

### Income Per Month

Gross Income €

Rental Income €

Social welfare Income

Other Income  
(Commission, Overtime  
etc)

Gross Income €

Rental Income €

Social welfare Income

Other Income  
(Commission, Overtime etc)

## Existing Borrowings

In Whose Name	Type*	Lender	Amount	End Date	Monthly Repayment	Property Value

\* Home Loan, Investment Property, Personal, Credit Card(s)

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## Saving And Other Assets

In Whose Name	What	Where	Amount

## Other Plans (Life Insurance etc)

In Whose Name	Plan Type	Provider	End Date	Premium	Premium Frequency	Sum Assured	Benefit Type*	Value

\* Life Cover, Mortgage Protection

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## Employment Benefits

In Whose Name	Benefit Type *	Notes : Particulars	Amount	Employee Contribution (p.m.)	Employer Contribution (p.m.)

\* Death in Service, Pension, Health Insurance

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## Monthly Household Expenditure

Monthly Household Expenditure					
<b>Utilities</b>		<b>Education</b>		<b>Other Insurances &amp; Savings</b>	
Electricity		School/College Fees		Life Assurance	
Gas/Oil		Clothing (Uniforms)		Pensions (if not deducted at source)	
Telephone/Internet/Mobile Phone		Expenses (School Outlays etc.)		Monthly Saving Plans	
Television/Cable/TV Licence		Travel		Other	
Refuse Charges		Books		<b>Transport</b>	
Property Tax + Levies		Other		Car	
<b>Household</b>		<b>Medical</b>		Commuting/Parking/Tolls (including school transport)	
Home Repairs		Medical Expenses		Petrol/Diesel	
Food / Housekeeping / Personal Care		Health Insurance		Motor Insurance / Tax / Vehicle Testing	
Childcare / Creche					
Elderly Care		<b>Social / Entertainment</b>		<b>Primary Residence</b>	
Clothing & Footwear		Lifestyle (family events etc)		Mortgage Protection / Endowment Policy	
Household Repairs and Maintenance		Holidays and Gifts		Payment Protection Insurance	
Rent Payable		Club memberships		Home Insurance	
<b>Maintenance (spouse/civil partner/other)</b>		Other			
Other					
Other					
				<b>Total</b>	

**Notes**

Household Expenditure Guide: Single: €1300 Couple: €2050 Per Child: €250  
 Details of any planned expenditure or savings

## Individual Needs & Advice

Power of Attorney	
If Yes, provide details	
Is there a Will?	
If yes, provide summary details and particulars of any tax implications for beneficiaries	
Are there any health issues with applicant or other relevant party?	
If Yes, provide details	
Are circumstances expected to change?	
If Yes, provide details	
Have your circumstances changed since last review or since taking out other products? Have you sold assets recently?	
If Yes, provide details	
Is your income expected to fall or rise?	
If Yes, provide details	
Does employer pay during illness?	
If Yes, for how long	
Has the customer a particular need to save?	
If Yes, provide details	
Have product options been considered? (Waiver of Premium, Convertible, Guaranteed Insurability)	
If Yes, provide details	
Vulnerable Customer	
If Yes, provide details	
Politically Exposed Person (PEP)	
If Yes, provide details	
Money Laundering Addressed? Source of Wealth Accumulation ,Source of Funds for Investment	
If No, explain why	
Beneficial Owner	
Are you satisfied who the beneficial owner of all products is	
Have consequences of Non Disclosure been explained?	
If No, provide details	
Do you plan to make gifts?	
If Yes, provide details	

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# Declarations

## Client Disclosure Requirements:

I/we are aware that when completing proposals customers are required to disclose; medical details or history and previous insurance claims made for the type of insurance sought.

### Failure to do so may result in;

- i) a policy may be cancelled.
- ii) claims may not be paid.
- iii) difficulties may be encountered in trying to purchase insurance elsewhere.
- iv) in the case of property insurance, failure to have property insurance in place could lead to a breach of the terms and conditions attaching to any loan secured on that property.

I/We acknowledge receipt of Terms of Business advices. I/We declare that to the best of my/our knowledge and belief, all the information contained in this review is true and complete. The Advisor's Comments and Recommendations have been fully explained to me/us and I/we confirm that I/we wish to proceed as outlined in this document.

### Consents.

I/We agree that we may be contacted for other services and for marketing purposes by telephone, email and SMS messaging. Yes/No

I/We confirm that where I/We are represented by an introducer (accountant, solicitor, estate agent or other party) that I/We agree that information such as amount of finance approved and the amount drawn-down can be shared with the introducer for the purpose of paying introductory fees to the introducer. Yes/No

### Self

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Partner

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Advisor

Signature \_\_\_\_\_

Date \_\_\_\_\_

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