

CLIENT DISCOVERY DOCUMENT

Terms of business issued- Y/N	Source of referral _____
Conducted by: _____	_____
Date: _____	_____

1. Personal Details

Self	Partner
Name: _____	_____
Address: _____ _____	_____
Phone: _____ Date of Birth _____	Phone: _____ Date of Birth _____
Occupation: _____	Occupation: _____
Marital Status: _____ Smoker? _____	Marital Status: _____ Smoker? _____
Email : _____	Email: _____
Children / Dependants Names & Ages _____ _____	Children / Dependants Names & Ages: _____ _____
PPS No. : _____	PPS No. : _____
Are you self employed? _____ Employed? _____	Are you self employed? _____ Employed? _____
Name of Employer _____	Name of Employer _____
Nature of Business _____	Nature of Business _____
Gross Income p.a. _____ Tax Rate: _____	Gross Income p.a. _____ Tax Rate: _____
Name & Address of Business (if applicable) _____	_____
No of Employees _____ Company Turnover _____ Accounting Year End _____	_____
No of Directors _____ Shareholders Agreement _____	_____
Other Key Persons _____	_____
Are you a Member of a Business Association? _____	_____

2. Regular Income and Outgoings

Regular Monthly Income (after tax) (each month)	Regular Monthly Outgoings
Salary / Wages: _____	Mortgage _____
Other Income: _____	Other Loans _____
Total Monthly Income _____	Life Policies & Savings _____
Surplus Income _____	Regular Expenses i.e. _____
	Food, Rent etc _____
	Total Monthly Outgoings _____

3. Investments, Assets & Liabilities

Main Residence

Value _____
 Outstanding Mortgage _____
 Loan Type _____
 Lender _____
 Rate _____
 Term Outstanding on Mortgage _____

Other Properties

Details	Value	Amount Owed	Lender	Type Of Loan	Rate	Monthly Repayment	O/s Term	Rental Income	Date of Purchase	Purchase Price

Saving and Investment

Life Assured: _____ **Company:** _____ **Amount Invested** _____ **Value:** _____ **Assigned:** _____

Mortgage Required

Property Details	
Type Of Loan Required	
Loan Amount	
Term	
Rate	
Lender	

4. Financial Security – Existing Policies & Objectives

Have you made a Will ? Yes / No
Are you likely to receive any Inheritances ? Yes / No
Do you have Health Insurance ? Yes / No

Life Cover

Life Assured:	Company:	Total Cover:	Purpose:	Type of Policy:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Serious Illness Cover

Life Assured:	Company:	Total Cover:	Purpose:	Type of Policy:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income Protection

Life Assured:	Company:	Total Cover:	Purpose:	Type of Policy:
_____	_____	_____	_____	_____

5. Retirement Planning

Do you contribute to a Pension Plan? : Yes / No
Does your employer have a Pension Scheme? : Yes / No

Pensions

Contributor:	Company:	Type of Pension:	Commenced:	Contributions:	Value:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

At what age do you plan to retire? _____

What is your desired Income in Retirement? _____

6. Investment Risk Profile / Attitude To Risk

What is your Attitude to Risk in the following categories (one being low risk, 5 being average and 10 being higher risk)?

Investment

1	2	3	4	5	6	7	8	9	10
Low				Medium					High

Pension

1	2	3	4	5	6	7	8	9	10
Low				Medium					High

7. Personal Objectives

Rank in Order of Priority:

- Insurance/Protection _____
- Retirement Planning _____
- Business Expansion _____
- Financing Dependents _____
- Property Purchase _____
- Investment Opportunities _____
- Long Term Saving _____
- Short Term Lending _____
- Investment Strategy _____
- Debt Restructuring _____
- Savings for Education _____
- Business Startup _____

