

# Your Personal Financial Review Report



## Why is your Personal Financial Review Report important?

This Personal Financial Review requires you to provide information in relation to your needs and objectives, personal circumstances, financial situation and, where relevant, your investment objectives, knowledge and experience. You will also be required, where relevant, to complete an investment risk questionnaire for the purposes of determining your risk profile and understanding your attitude to risk. The purpose of providing this information is to enable us to make a recommendation that is suitable and consistent with your demands and needs.

## Personal details

	CLIENT		SPOUSE/PARTNER	
Name				
Gender				
Date of Birth				
Nationality				
Smoker	<input type="radio"/> Yes	<input type="radio"/> No I have not smoked or used nicotine replacement products (includes E-Cigarettes/vaping) in the last 12 months	<input type="radio"/> Yes	<input type="radio"/> No I have not smoked or used nicotine replacement products (includes E-Cigarettes/vaping) in the last 12 months
Civil Status				
Address				
Phone Number				
Email Address				
PPS Number				
Has there been any changes to your personal circumstances that we should be aware of?				
If yes, please specify.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**Address**  
103 Francis Street  
Dublin 8  
D08 Y70F

**Office Telephone Number**  
01 296 6120  
**Email address**  
[info@rockwellfinancial.ie](mailto:info@rockwellfinancial.ie)

**Website**  
[www.rockwellfinancial.ie](http://www.rockwellfinancial.ie)  
**Director**  
Robert Whelan

Robert Whelan Managing Director. Registered in Ireland, Reg No. 519211. Rockwell Financial Management Ltd trading as Rockwell Financial Management, Rockwell Mortgages is regulated by the Central Bank of Ireland (C117291).



### Vulnerable Client

Are there any special circumstances that should be taken into account when completing this financial review? (For example recent bereavement, recent illness, hearing or vision difficulties, English isn't your first language, poor literacy, redundancy, retirement or maybe you find financial discussions confusing)

If yes, please complete Vulnerable Client Questionnaire

	CLIENT	SPOUSE/PARTNER
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### Dependents

No. of Dependents	Age of Dependents

### Needs and Objectives

Do you have any short-term needs or objectives? For example; saving for travel or family holiday, applying for a mortgage, important family event, buying a car, other.

	<input type="radio"/> Yes <input type="radio"/> No
If yes, please specify.	



### Employments & Income

	CLIENT	SPOUSE/PARTNER	
Tax status			
Employment Status			
Occupation			
Employer			
Employers address			
Start date of current employment			
Death in Service benefit	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, please specify.			
Gross salary			
Bonus	<input checked="" type="radio"/> Annual <input type="radio"/> Monthly	<input checked="" type="radio"/> Annual <input type="radio"/> Monthly	
Taxable			

### Monthly State Benefits (E.g. Social welfare payment, State pension/pension income/rental)

	CLIENT	SPOUSE/PARTNER
Type		
Amount		



### Cash Savings

Do you have any investments or savings?

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
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CASH SAVING 1				
Provider				
Owner				
Type				
Objectives				
Current balance				

CASH SAVING 2				
Provider				
Owner				
Type				
Objectives				
Current balance				

CASH SAVING 3				
Provider				
Owner				
Type				
Objectives				
Current balance				



**Household Expenditure** (Amount in euros per month)

	CLIENT	SPOUSE/PARTNER
Rent		
Estimated Living Expenses (including utilities)		
Other "€" please specify		

**Investments**

	CLIENT		SPOUSE/PARTNER	
Do you have any investments or savings?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Where are they invested?				
Owner				
Type				
What are your investment objectives?				
Date the account was opened				
Invested Amount				
Current Fund Value				

**Mortgages**

	CLIENT			SPOUSE/PARTNER		
Do you own any properties? (with a mortgage)	<input type="radio"/> Yes	<input type="radio"/> No		<input type="radio"/> Yes	<input type="radio"/> No	
Mortgage Type	<input type="radio"/> Fixed	<input type="radio"/> Variable	<input type="radio"/> Tracker	<input type="radio"/> Fixed	<input type="radio"/> Variable	<input type="radio"/> Tracker
Lender						
Outstanding Term						
Current Balance						
Current Market value						
Monthly repayment						
Additional notes						



**Mortgages continued**

	CLIENT		SPOUSE/PARTNER	
Is there mortgage protection in place?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Would you like a call from our Mortgage Advisor?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**Loans**

Do you have any loans? (e.g. personal, car, credit union, bank, other)

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
<b>LOAN 1</b>				
Type				
Provider				
Amount Outstanding				
Monthly Payments				
Outstanding Term (Months)				
<b>LOAN 2</b>				
Type				
Provider				
Amount Outstanding				
Monthly Payments				
Outstanding Term (Months)				
<b>LOAN 3</b>				
Type				
Provider				
Amount Outstanding				
Monthly Payments				
Outstanding Term (Months)				



### Debts

Do you have any debts (credit card, overdraft, other) or other financial commitments?

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
<b>DEBT 1</b>				
Type				
Provider				
Limit				
Balance Outstanding				
<b>DEBT 2</b>				
Type				
Provider				
Limit				
Balance Outstanding				
<b>DEBT 3</b>				
Type				
Provider				
Limit				
Balance Outstanding				



### Financial Commitments

Payor	
Type	
Amount	
Term in years	

### Other Assets

Do you have any other assets/ property?

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
<b>ASSET 1</b>				
Type				
Description				
Address				
Date of Investment				
Income				
Purchase price				
Current Value				





**Other Assets** continued

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
<b>ASSET 2</b>				
Type				
Description				
Address				
Date of Investment				
Income				
Purchase price				
Current Value				
<b>ASSET 3</b>				
Type				
Description				
Address				
Date of Investment				
Income				
Purchase price				
Current Value				



### Protection Plans

Do you have any protection policies in place?

	<b>CLIENT</b>	
	<input type="radio"/> Yes	<input type="radio"/> No

If yes, please specify.	<input type="checkbox"/> Income Protection
	<input type="checkbox"/> Life Cover
	<input type="checkbox"/> Mortgage Protection
	<input type="checkbox"/> Serious Illness
	<input type="checkbox"/> Disability
	<input type="checkbox"/> Death in Service
	<input type="checkbox"/> Other

Deferred Period (weeks)	
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Indexation Of Benefit in claim	<input type="radio"/> Yes	<input type="radio"/> No
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Indexation Of Sum Assured	<input type="radio"/> Yes	<input type="radio"/> No
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Protection Plans continued

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
<b>PLAN 1</b>				
Provider				
Product Type				
Premium Per month				
Single or Joint/Dual				
Amount of Cover				
End Date				
Policy Number				
Indexation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
<b>PLAN 2</b>				
Provider				
Product Type				
Premium Per month				
Single or Joint/Dual				
Amount of Cover				
End Date				
Policy Number				
Indexation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
<b>PLAN 3</b>				
Provider				
Product Type				
Premium Per month				
Single or Joint/Dual				
Amount of Cover				
End Date				
Policy Number				
Indexation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No



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Do you have any medical problems that we need to be aware of?

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**CLIENT**

Yes

No

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If yes, please specify.

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**Defined Benefit Pension**

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
Provider				
NRA				
Projected Income at NRA				
Guaranteed Period				
Escalation Rate in Retirement				
Spouse Benefit				
Date Deferred Pension Given				
Escalation Rate until Retirement				
Transfer Value available				
Valuation date				

**ARF**

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
Provider				
Current Fund Value				
Date of Investment				
Income in payment				
Type				
Amount				



### Annuity

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
Type				
Indexation Rate				
Guaranteed Period (years)				
Spouse Annuity %				



### Pension Plans

Do you have any pension plans?

	CLIENT	<input type="radio"/> Yes <input type="radio"/> No	SPOUSE/PARTNER	<input type="radio"/> Yes <input type="radio"/> No
<b>PLAN 1</b>				
Provider				
Product Type				
NRA				
Premium				
Current value				
Policy Number				
Employer sponsored?				
Scheme name				
<b>PLAN 2</b>				
Provider				
Product Type				
NRA				
Premium				
Current value				
Policy Number				
Employer sponsored?				
Scheme name				
<b>PLAN 3</b>				
Provider				
Product Type				
NRA				
Premium				
Current value				
Policy Number				
Employer sponsored?				
Scheme name				



**Pension Plans continued**

	CLIENT	SPOUSE/PARTNER
<b>PLAN 4</b>		
Provider		
Product Type		
NRA		
Premium		
Current value		
Policy Number		
Employer sponsored?		
Scheme name		

**Future planning**

	CLIENT		SPOUSE/PARTNER	
Do you have a will?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
If yes, when did you make your will?				

**Knowledge, Understanding and Investment Experience**

	CLIENT		SPOUSE/PARTNER	
<b>1. Have you ever used a financial Advisor before?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
<b>2. Are your circumstances likely to change in the foreseeable future?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
<b>3. Have you made alternative provision for any need to access funds (Emergency Fund)?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No





**Knowledge, Understanding and Investment Experience** continued

All the funds on our recommended list have robust Environmental, Social and Governance oversight. If you have any particular restrictions or preferences with regard to where your funds are invested, please let your advisor know.

Is it important for you to incorporate Environmental, Social & Governance oversight compliant investments into your portfolio?

- Yes  No

Do you have sustainability preferences for your investment?

- Yes  Don't know, need more information  No, I do not have any preferences

**4a. Please indicate your knowledge and understanding of the following financial instruments**

	CLIENT
Shares/Equities	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Corporate Bonds	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Government Bonds	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Investment Funds	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Unquoted Investments	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Derivatives	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive

**4b. Please indicate your investment experience of the following financial instruments**

Shares/Equities	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Corporate Bonds	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Government Bonds	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Investment Funds	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Unquoted Investments	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive
Derivatives	<input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Good <input type="radio"/> Extensive

**5. Where you have dealt previously with the above financial instruments, please answer the following**

5a. Did you receive advise or merely ask the provider to execute the transaction?

- Advice  Execute Only

5b. How long have you been dealing in the financial instrument?

5c. How large are these transactions/ average transactions size?

5d. How often do you deal in the financial instrument/ average number of trades?

- Weekly  Monthly  Quarterly  Bi-Annually  Annually  Ad-Hoc



**Knowledge, Understanding and Investment Experience** continued

6. Do you have any other experience relevant to making investment decisions?

CLIENT	
<input type="radio"/> Yes	<input type="radio"/> No
If yes, give details.	//

7. Do you hold any qualifications that are relevant to making investment decisions or are you a member of a relevant professional body?

CLIENT	
<input type="radio"/> Yes	<input type="radio"/> No
If yes, give details.	//

8. Do you have any more information that you think relevant for the financial advisor in assessing your knowledge & experience in the investment field?

CLIENT	
<input type="radio"/> Yes	<input type="radio"/> No
If yes, give details.	//

9. Do you understand that, generally, the longer your money remains invested, the greater the potential for growth as market trends and fluctuations tend to smooth out over time?

CLIENT	
<input type="radio"/> Yes	<input type="radio"/> No

10. How long in years, are you planning to invest your money?

CLIENT				
<input type="radio"/> 1	<input type="radio"/> 1-3	<input type="radio"/> 3-5	<input type="radio"/> 5-10	<input type="radio"/> 10+



**Knowledge, Understanding and Investment Experience** continued

11. Have you ever made losses on financial investments (regulated or unregulated) in the past?

CLIENT	
	<input type="radio"/> Yes <input type="radio"/> No
If yes, please give details.	//

**Additional information**

12. Have you additional information you may wish to include on health, occupation activities?

CLIENT	
	<input type="radio"/> Yes <input type="radio"/> No
If yes, please give details.	//

**Direct Marketing**

I confirm having read the paragraphs in relation to Data Protection and Direct Marketing and consent to **Rockwell** contacting me by the following methods in relation to the range of services provided by **Rockwell**:

CLIENT 1	CLIENT 2 (if applicable)
Letter <input type="radio"/> Yes <input type="radio"/> No	Letter <input type="radio"/> Yes <input type="radio"/> No
Phone <input type="radio"/> Yes <input type="radio"/> No	Phone <input type="radio"/> Yes <input type="radio"/> No
Email <input type="radio"/> Yes <input type="radio"/> No	Email <input type="radio"/> Yes <input type="radio"/> No



### Declarations

#### CLIENT DECLARATIONS

I/We declare that, to the best of my/our knowledge and belief, the information contained in this Personal Financial Review Report is true, accurate and complete.

I/We have discussed, where relevant, my/our risk profile and my/our preferences regarding risk-taking for the purposes of investing with my/our Adviser.

I/We will complete, where relevant, the investment risk questionnaire and carefully review the contents of my/our investment report for the purposes of determining my/our risk profile and understanding my/our attitude to risk.

I/We have read and agree to Rockwell's Terms of Business, Privacy Statement and Data Protection procedures

	CLIENT SIGNATURE	PARTNER SIGNATURE
	*signature_client*	*signature_client_partner*
Date	*signature_client-date*	*signature_client_partner-date*

### Declarations continued

#### ADVISER DECLARATIONS

I have discussed with you the importance of obtaining information in relation to your needs and objectives, personal circumstances, financial situation and, where relevant, your investment objectives, knowledge and experience. I have explained to you that the purpose of obtaining this information is to provide a recommendation that is suitable and consistent with your demands and needs.

I have explained to you, where relevant, the importance of completing the questions in the investment risk questionnaire and of carefully reviewing the contents of your investment report for the purpose of determining your risk profile and understanding your attitude to risk.

You have discussed, where relevant, your risk profile with me and your preferences regarding risk-taking for the purposes of investing.

I have verified your identity and collected the relevant information and documentation in accordance with Rockwell's Anti-Money Laundering (AML) and Countering the Financing of Terrorism (CFT) policy and procedures.

	ADVISER SIGNATURE
	*signature_rockwell*
Date	*signature_rockwell-date*

**Address**  
103 Francis Street  
Dublin 8  
D08 Y70F

**Office Telephone Number**  
01 296 6120

**Email address**  
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**Director**  
Robert Whelan

Robert Whelan Managing Director. Registered in Ireland, Reg No. 519211. Rockwell Financial Management Ltd trading as Rockwell Financial Management, Rockwell Mortgages is regulated by the Central Bank of Ireland (C117291).