

# About You

Please tell us about yourself and your partner.

	you	spouse / partner	notes
* ◯ Forename	<input type="text"/>	<input type="text"/>	Anything else we need to know?
* ◯ Surname	<input type="text"/>	<input type="text"/>	
* ◯ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
* ◯ Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	
* ◯ Marital Status	<input type="checkbox"/> Married / Civil Partnership <input type="checkbox"/> Non-Legal Partnership <input type="checkbox"/> Single		

	you	spouse / partner
* ◯ Are you retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* ◯ If no, at what age will you retire?	<input type="text"/>	<input type="text"/>

# Your Family

Please tell us about your children and any other family members or dependants that you would like to include in your financial plans.

dependant 1		dependant 2		notes
◇◇ Forename	<input type="text"/>	<input type="text"/>		Anything else we need to know?
◇◇ Surname	<input type="text"/>	<input type="text"/>		
◇◇ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female		
◇◇ Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>		
◇◇ Relationship	<input type="text"/>	<input type="text"/>		
dependant 3		dependant 4		
◇◇ Forename	<input type="text"/>	<input type="text"/>		
◇◇ Surname	<input type="text"/>	<input type="text"/>		
◇◇ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female		
◇◇ Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>		
◇◇ Relationship	<input type="text"/>	<input type="text"/>		
dependant 5		dependant 6		
◇◇ Forename	<input type="text"/>	<input type="text"/>		
◇◇ Surname	<input type="text"/>	<input type="text"/>		
◇◇ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female		
◇◇ Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>		
◇◇ Relationship	<input type="text"/>	<input type="text"/>		
dependant 7		dependant 8		
◇◇ Forename	<input type="text"/>	<input type="text"/>		
◇◇ Surname	<input type="text"/>	<input type="text"/>		
◇◇ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female		
◇◇ Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>		
◇◇ Relationship	<input type="text"/>	<input type="text"/>		

# Employment

Enter details of your employment earnings including salary, wages, commissions and bonuses. Other sources of income should be entered in the next section.

	employment (1)	employment (2)	notes
<b>◇◇ Earner</b>	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	Anything else we need to know?
<b>◇◇ Occupation/Employer</b>	<input type="text"/>	<input type="text"/>	
<b>○ Gross Annual Salary</b> <small>Enter Salary before Taxes</small>	€ <input type="text"/>	€ <input type="text"/>	
<b>○ Other Earnings</b> <small>Average annual bonuses and commissions</small>	€ <input type="text"/>	€ <input type="text"/>	
<b>○ Benefits in Kind</b> <small>Average annual value of benefits in kind</small>	€ <input type="text"/>	€ <input type="text"/>	
<b>◇◇ Employment Source</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Company Owner	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Company Owner	
<b>○ Company Dividends</b> <small>Any earnings from average company dividends</small>	€ <input type="text"/>	€ <input type="text"/>	
<b>Taxes due/rebates expected?</b> <small>From Previous Tax Year</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Taxes Due</b>	€ <input type="text"/>	€ <input type="text"/>	
<b>Expected Rebate</b>	€ <input type="text"/>	€ <input type="text"/>	

# Other Income

Tell us details of any other income sources apart from employment, pensions, and annuities. Other income sources might include rental income or royalties, for example.

	other income (1)	other income (2)	notes
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◇◇ Other Income Source	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◇◇ Annual Income	€ <input type="text"/>	€ <input type="text"/>	
◇◇ Is this income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇◇ Earner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	

	other income (3)	other income (4)
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◇◇ Other Income Source	<input type="text"/>	<input type="text"/>
◇◇ Annual Income	€ <input type="text"/>	€ <input type="text"/>
◇◇ Is this income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner

# Savings

Please provide information about your savings accounts.

	savings (1)	savings (2)	notes
◇◇ Type of Savings	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◇◇ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>	
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>	
◇ Regular Contributions <small>Per Year, if applicable</small>	€ <input type="text"/>	€ <input type="text"/>	

	savings (3)	savings (4)
◇◇ Type of Savings	<input type="text"/>	<input type="text"/>
◇◇ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>
◇ Regular Contributions <small>Per Year, if applicable</small>	€ <input type="text"/>	€ <input type="text"/>

	savings (5)	savings (6)
◇◇ Type of Savings	<input type="text"/>	<input type="text"/>
◇◇ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>
◇ Regular Contributions <small>Per Year, if applicable</small>	€ <input type="text"/>	€ <input type="text"/>

	savings (7)	savings (8)
◇◇ Type of Savings	<input type="text"/>	<input type="text"/>
◇◇ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>
◇ Regular Contributions <small>Per Year, if applicable</small>	€ <input type="text"/>	€ <input type="text"/>

# Investments

Please provide information about your investments. Entries may include stock market and other long-term investments, individual stocks and shares, unit trusts and Life Funds.

	investment (1)	investment (2)	notes
◇◇ Type of Investment	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◇◇ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>	
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>	
◇ Regular Contributions <small>Per Year, if applicable</small>	€ <input type="text"/>	€ <input type="text"/>	
investment (3)		investment (4)	
◇◇ Type of Investment	<input type="text"/>	<input type="text"/>	
◇◇ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>	
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>	
◇ Regular Contributions <small>Per Year, if applicable</small>	€ <input type="text"/>	€ <input type="text"/>	
investment (5)		investment (6)	
◇◇ Type of Investment	<input type="text"/>	<input type="text"/>	
◇◇ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>	
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>	
◇ Regular Contributions <small>Per Year, if applicable</small>	€ <input type="text"/>	€ <input type="text"/>	
investment (7)		investment (8)	
◇◇ Type of Investment	<input type="text"/>	<input type="text"/>	
◇◇ Name of Account, Bank or Institution	<input type="text"/>	<input type="text"/>	
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>	
◇ Regular Contributions <small>Per Year, if applicable</small>	€ <input type="text"/>	€ <input type="text"/>	

# Defined Contributions

Enter details of Defined Contribution schemes and personal pensions. Note: Any pensions from which you are already drawing an income should be entered in the ARF/AMRF and Annuities sections of this questionnaire.

	defined contribution (1)	defined contribution (2)	notes
◇◇ Type of Defined Contribution	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◇◇ Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	
◇◇ Name of Pension or Employer	<input type="text"/>	<input type="text"/>	
◇◇ Current Account Balance	€ <input type="text"/>	€ <input type="text"/>	
○ Your Contributions annual contribution amount or % of salary	€ <input type="text"/> OR <input type="text"/> %	€ <input type="text"/> OR <input type="text"/> %	
Employer Contributions annual contribution amount or % of salary	€ <input type="text"/> OR <input type="text"/> %	€ <input type="text"/> OR <input type="text"/> %	

	defined contribution (3)	defined contribution (4)
◇◇ Type of Defined Contribution	<input type="text"/>	<input type="text"/>
◇◇ Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner
◇◇ Name of Pension or Employer	<input type="text"/>	<input type="text"/>
◇◇ Current Account Balance	€ <input type="text"/>	€ <input type="text"/>
○ Your Contributions annual contribution amount or % of salary	€ <input type="text"/> OR <input type="text"/> %	€ <input type="text"/> OR <input type="text"/> %
Employer Contributions annual contribution amount or % of salary	€ <input type="text"/> OR <input type="text"/> %	€ <input type="text"/> OR <input type="text"/> %

	defined contribution (5)	defined contribution (6)
◇◇ Type of Defined Contribution	<input type="text"/>	<input type="text"/>
◇◇ Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner
◇◇ Name of Pension or Employer	<input type="text"/>	<input type="text"/>
◇◇ Current Account Balance	€ <input type="text"/>	€ <input type="text"/>
○ Your Contributions annual contribution amount or % of salary	€ <input type="text"/> OR <input type="text"/> %	€ <input type="text"/> OR <input type="text"/> %
Employer Contributions annual contribution amount or % of salary	€ <input type="text"/> OR <input type="text"/> %	€ <input type="text"/> OR <input type="text"/> %

# Defined Contributions

	defined contribution (7)	defined contribution (8)
◇◇ Type of Defined Contribution	<input type="text"/>	<input type="text"/>
◇◇ Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner
◇◇ Name of Pension or Employer	<input type="text"/>	<input type="text"/>
◇◇ Current Account Balance	€ <input type="text"/>	€ <input type="text"/>
○ Your Contributions annual contribution amount or % of salary	€ <input type="text"/> OR <input type="text"/> %	€ <input type="text"/> OR <input type="text"/> %
○ Employer Contributions annual contribution amount or % of salary	€ <input type="text"/> OR <input type="text"/> %	€ <input type="text"/> OR <input type="text"/> %

## ARF/AMRF

Please tell us about any ARF/AMRF accounts from which you currently receive income.

	account (1)	account (2)	notes
◇◇ Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	Anything else we need to know?
◇◇ Name of Account	<input type="text"/>	<input type="text"/>	
◇◇ Payment Amount Income before tax	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>	

	account (3)	account (4)
◇◇ Owner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner
◇◇ Name of Account	<input type="text"/>	<input type="text"/>
◇◇ Payment Amount Income before tax	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly
◇◇ Current Balance	€ <input type="text"/>	€ <input type="text"/>



# Real Property

Please tell us about any properties you own including real property, businesses and other assets such as vehicles, boats, jewellery, and collectibles.

	property (1)	property (2)	notes
◇◇ Name or Description <small>Names must be unique</small>	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◇◇ Type of Property	<input type="text"/>	<input type="text"/>	
◇◇ Current Value	€ <input type="text"/>	€ <input type="text"/>	
○ Original Purchase Value <small>If unknown, leave blank</small>	€ <input type="text"/>	€ <input type="text"/>	
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
Mortgage/Other Debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	

	property (3)	property (4)
◇◇ Name or Description <small>Names must be unique</small>	<input type="text"/>	<input type="text"/>
◇◇ Type of Property	<input type="text"/>	<input type="text"/>
◇◇ Current Value	€ <input type="text"/>	€ <input type="text"/>
○ Original Purchase Value <small>If unknown, leave blank</small>	€ <input type="text"/>	€ <input type="text"/>
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
Mortgage/Other Debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly

# Debts

Please tell us about your debts including mortgages, personal loans and outstanding credit card balances.

	debt (1)	debt (2)	notes
◇◇ Name or Description	<input type="text"/>	<input type="text"/>	Anything else we need to know?
◇◇ Outstanding Balance	€ <input type="text"/>	€ <input type="text"/>	
◇◇ Repayment Amount	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	
◇◇ Interest Rate	<input type="text"/> %	<input type="text"/> %	
◇◇ Interest Only Loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	
Associated Home/Property	<input type="text"/>	<input type="text"/>	

	debt (3)	debt (4)
◇◇ Name or Description	<input type="text"/>	<input type="text"/>
◇◇ Outstanding Balance	€ <input type="text"/>	€ <input type="text"/>
◇◇ Repayment Amount	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	€ <input type="text"/> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly
◇◇ Interest Rate	<input type="text"/> %	<input type="text"/> %
◇◇ Interest Only Loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
◇◇ Owner(s)	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint	<input type="checkbox"/> You <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Joint
Associated Home/Property	<input type="text"/>	<input type="text"/>