

Initial Client Pre-Meeting Questionnaire

The purpose of this document is to make your meeting with us both more productive and to enable us to advise you better. To this end we will need to draw up an agenda which is specifically tailored to you, your family and, where relevant, your business interests. By completing this document you will not be committed to using our service and we will not be committed to working with you. All information is confidential and will not be shared with any third party organisation without your consent. Eamon Porter trading as Aspire Wealth Management is regulated as an Authorised Adviser and Mortgage Intermediary by the Central Bank of Ireland.

We would be grateful if you could return the questionnaire 5 working days prior to your meeting. If it is more convenient, you can fax it to us at 01-8455831.

SECTION A - PERSONAL DETAILS		
	Self	Spouse/Partner
Title & Name		
Marital Status		
Smoker	Yes No	Yes No
Male/Female		
Date of Birth		
Medical Issues		
Home Address		
Telephone Home		
Work		
Mobile		
Fax		
Email		

SECTION B - FINANCIAL DEPENDENTS including Children			
Name	Relationship (Please note to indicate whether to self, spouse/partner or both in brackets)	Date of Birth	Dependent Y/N

SECTION C - INCOME								
	Self				Spouse/Partner			
	Self Employed	Employee	Retired	Disability Claims	Self Employed	Employee	Retired	Disability Claims
Type of Employment	Current Year		Last Year		Current Year		Last Year	
Salary								
Profit Share								
Bonus								
Rents								
Share Dividends								
Pensions								
Social Welfare/State								

SECTION D – BORROWINGS (Property)					
	Home	Business Premises	Investment Property No 1	Investment Property No 2	Investment Property No 3
Address					
Name of Borrower					
Lender					
Loan Start Date					
Annuity/ Interest Only					
Original Amount					
Current Outstanding					
Monthly Repayment					
Current Interest Rate					
Rent Receivable					

SECTION D – BORROWINGS (other)			
Current Balance	Self		Spouse/Partner
Term Loan			
Name of Borrower			
Reason for Loan			
Lender			
Loan Start Date			
Term			
Original Amount			
Amount Outstanding			
Monthly Repayment			
Current Interest Rate			
Asset Secured Against			
Credit Cards Total Balance			

SECTION E - ASSETS					
	Home	Business Premises	Investment Property No 1	Investment Property No 2	Investment Property No 3
Property					
Owner					
Address					
Current Value					
	Self		Spouse/Partner		Joint
Shares					
Unit Funds					
SSIA					
Bank Deposit					
Current Account					
Government Gilts					
P.O. Bonds					
Tracker Funds					
With Profit Bonds					
Guaranteed Bonds					

SECTION F - RETIREMENT FUNDING		
	Self	Spouse/Partner
Current Employment Arrangements		
- Contribution - Employer		
- Employee		
- AVC		
Previous Employment Arrangements		
Fund Value - Er No 1		
- Er No 2		
- Er No 3		
Defined Benefit Guarantee		
State Entitlements - Ireland		
- UK		
- Elsewhere		

SECTION G - INHERITANCE & GIFTS			
	Self "	Spouse/Partner "	Joint "
What Gifts Have You Received To Date & From Whom ?			
- Parents			
- Siblings			
- Children			
- Other Relations			
- Non-Related Parties			
What Gifts Have You Made To Date & To Whom?			
What Inheritances Have You Received To Date & From Whom?			
- Parents			
- Siblings			
- Children			
- Other Relations			
- Non-Related Parties			
What Inheritances Have You Designated & To Whom?			

SECTION H - PERSONAL INSURANCE COVERS			
	Self	Spouse/Partner	Joint
Life Assurance Cover	Monthly "		
Serious Illness Cover	Monthly "		
Death In Service . Company Pension	Monthly "		
Income Protection	Monthly "		
Personal Accident Insurance	Monthly "		

SECTION I - ESTIMATED OTHER EXPENSES	
Homekeeping	
Utilities	
- Home Phone	
- Mobile	
- Gas	
- Electricity	
- Water	
- Bin Charges	
Motor Expenses	
- Insurance	
- Fuel	
- Road Tax	
- Servicing	
Family Maintenance of Past Relationships	
Entertainment	
- Meals	
- Cinema/Theatre	
-Sports Events	
- Exercise	
Savings	
Other Savings	
Other Insurance	
Other Expenses	

DECLARATION

The information contained in this document is correct to the best of my/our knowledge. I/We understand that the quality of any advice given will be dependent upon the accuracy of any information provided to Aspire Wealth Management.

Signed _____

Signed _____

Name (Capitals) _____

Name (Capitals) _____

Date _____

Date _____

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