



Omega Financial Management  
www.omegafinancial.ie

## Financial Health Check for Dentists

The purpose of this review is to ensure that the plans in place will meet the needs of you and your dependants into the future. If you have a particular area of concern on which you wish to focus we can limit our review to that particular area.

Protection  Mortgages and Loans  Savings and Investments  Pension Planning

### 1. Personal Details

Name Dr.: _____	Partner Dr, Mr, Mrs, Ms.: _____
Home Address: _____ _____ _____	Surgery Address: _____ _____ _____
Date of Birth: _____	Date of Birth: _____
Telephone: _____	Telephone: Home _____
Surgery: _____	Work _____
Mobile: _____	Mobile _____
E-mail address: _____	E-mail address: _____

### 2. Income Details

I am a Principal  I am an Associate

Gross Annual Income Self \_\_\_\_\_ Partner \_\_\_\_\_ Year \_\_\_\_\_

Most recent Self Employed Tax Payment € \_\_\_\_\_

### 3. Income Protection

**Income protection with no deferred period;**

Provider: Dentist Provident  Dentist & General  Other \_\_\_\_\_

Current weekly cover \_\_\_\_\_

Monthly premium \_\_\_\_\_

Cover to age 60  or 65

**Income Protection with deferred period**

Deferred Period 13 weeks  26 weeks  52 weeks

Provider: Friends First  Irish Life  Other \_\_\_\_\_

Current Weekly cover \_\_\_\_\_

Monthly Premium \_\_\_\_\_

Cover to age 60  or 65

### 4. Retirement Planning

**NHS Pension**

Number of Years of service \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Date of most recent correspondence received \_\_\_\_\_

Social Security Number \_\_\_\_\_

Did you take a rebate of contributions on leaving service?

## 5. Retirement Planning

### Key Questions:

What age would you like to retire at? 60  65

How much monthly income will you need in retirement? \_\_\_\_\_

How much of a pension fund will you need to give you that income? \_\_\_\_\_

Are you aware of the current value of your pension? \_\_\_\_\_

How many years remaining have you to save for retirement? \_\_\_\_\_

Will you have an income from another source e.g Rental Income? \_\_\_\_\_

On a scale of 1 – 10 how much risk would you like to take with your Pension savings? \_\_\_\_\_

Are your existing pension funds invested in a balanced manner? Yes  No  Don't Know

Are you happy with your pension funds performance Yes  No  Don't Know

## 6. Existing Pension Arrangements

Monthly Premium \_\_\_\_\_ Annual Premium \_\_\_\_\_

Receiving Pension Company \_\_\_\_\_

*If required please complete on separate page*

These funds are invested in;

Managed Funds \_\_\_\_\_ Shares \_\_\_\_\_ Property \_\_\_\_\_ Govt Bonds \_\_\_\_\_ Cash \_\_\_\_\_ Don't Know

Would you like us to analyse their performance and investment strategy? Yes  No  Don't Know

## 7. Surgery Finances

Purchased		Renting;	
Mortgage Balance	_____	Lease Repayments	_____
Repayment or interest only	_____	Term of Lease remaining	_____
Term remaining	_____		
Bank and Interest rate	_____		

Life or Serious Illness cover in place? Amount \_\_\_\_\_

If appropriate is there partnership insurance in place? \_\_\_\_\_

**Surgical Equipment**

Is current equipment being Leased  Purchased

Has the surgery a requirement for any new equipment in next 12 months. Yes  No

## 8. Mortgages

### Home

Mortgage Balance € \_\_\_\_\_ Remaining Term \_\_\_\_\_

Monthly Repayments € \_\_\_\_\_ Interest Rate \_\_\_\_\_

### Mortgages - Investment Properties

Mortgage Balance € \_\_\_\_\_ Remaining Term \_\_\_\_\_  
Monthly Repayments € \_\_\_\_\_ Interest Rate \_\_\_\_\_  
Repayment Mortgage or Interest only Rent \_\_\_\_\_

## 9. Life Insurance & Serious Illness

Mortgage Protection	Yes	No
Amount of Cover	Self	Partner
Life Insurance	_____	_____
Serious Illness	_____	_____
Number of dependants	_____	
Years until youngest is 21	_____	

## 10. Savings and Investments

Financial Institution	Value	Start Date	Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: \_\_\_\_\_

## 11. Other Loans or commitments

Financial Institution	Value	Start Date	Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: \_\_\_\_\_

## 12. Investment Experience and Attitude to Risk

Please mark which of the following statements best describes your attitude to risk;

- a) I am totally adverse to risk and want only to invest my funds as securely as possible
- b) I am willing to take some element of risk with a portion of my funds but no more than 33%
- c) I believe that over the long run a majority of my funds will do better by being invested in a risk oriented manner so I am willing to take a moderate risk with 2/3rds of my funds.
- d) I believe that when investing for the long term all of my funds are better invested in risk oriented assets spread across the different asset classes.

### My Investment Experience;

Very little experience  Moderate Experience  Considerable experience  Very substantial experience



Official Mortgage Providers for IDA Members

### 13. Additional Relevant Information

*Please use an additional page if required*

### 14. Action

Agreed action this date

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Next review date:

Action at next review:

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### 15. Client Declaration

I/we understand that the above recommendation is based on the information disclosed and that the actions agreed are to my/our satisfaction

Signature (1) \_\_\_\_\_ Date \_\_\_\_\_

Signature (2) \_\_\_\_\_ Date \_\_\_\_\_

### 16. Financial Advisor signature

Signature \_\_\_\_\_ Date \_\_\_\_\_

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