

Financial Health Check



Trinity Holdings International



Not sure of where to start or what to ask? Please take advantage of our FREE FINANCIAL HEALTH CHECK to get started on the road to a personal financial plan.

- ✓ All information is kept totally confidential.
- ✓ This service is 100% Free.
- ✗ We will not use any information to contact you if you indicate you are not interested in future services.
- ✓ The questions are designed to help us get a picture of your goals and your profile as an investor.
- ✓ Please add as much extra information as you wish – the more we know the better we can help you.

ABOUT YOU 1

| | | | | | |
|---------------|----------------|----|----|------|--|
| Family Name | | | | | |
| First Name(s) | | | | | |
| Nationality | Date of Birth: | dd | mm | yyyy | Do You Smoke? Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Email 1 | Email 2 | | | | |
| Work Tel | Mobile | | | | |
| Your Employer | | | | | |

ABOUT YOU 2

| | | | | | |
|------------------|----------------|----|----|------|--|
| Family Name | | | | | |
| First Name(s) | | | | | |
| Nationality | Date of Birth: | dd | mm | yyyy | Do You Smoke? Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Email | Tel | | | | |
| Your Employer | | | | | |
| 👤 Children's Age | | | | | |

YOUR GOALS

Please tick all the boxes that apply to you. ***I want to invest and save because:***

| | | | |
|--|--------------------------|--|--------------------------|
| I need a pension to retire on | <input type="checkbox"/> | I want to invest a lump sum | <input type="checkbox"/> |
| I need to pay for my children's' education | <input type="checkbox"/> | I want life assurance to protect my dependents | <input type="checkbox"/> |
| I want to buy property | <input type="checkbox"/> | I want critical illness cover for myself and my dependents | <input type="checkbox"/> |
| I want to supplement my regular income | <input type="checkbox"/> | | |

| | | | | |
|--|---------------------------------------|-------------------------------------|----------------------------------|--------|
| Which currency would you <u>mostly</u> be investing? | \$US Dollars <input type="checkbox"/> | £GB Pounds <input type="checkbox"/> | € Euros <input type="checkbox"/> | Other: |
|--|---------------------------------------|-------------------------------------|----------------------------------|--------|

WHAT IS YOUR INVESTMENT TIME FRAME?

Please tick all the boxes that apply to you.

| | | |
|---|---------------------|--------------------------|
| I need <u>long</u> term investments: | = 15+ years | <input type="checkbox"/> |
| I need <u>medium to long</u> term investments: | = 10 ~ 15 years | <input type="checkbox"/> |
| I need <u>short to medium</u> term investments: | = 5 ~ 10 years | <input type="checkbox"/> |
| I need <u>short</u> term investments: | = up to 5 years | <input type="checkbox"/> |
| I need <u>short to very short</u> term investments: | = less than 5 years | <input type="checkbox"/> |

WHEN DO YOU WANT TO START INVESTING?

| | |
|---|--------------------------|
| I'm ready NOW = I would like solutions from our meeting <u>today</u> | <input type="checkbox"/> |
| Within the next 1 to 2 months = I want you to <u>contact me</u> and arrange action and/or a meeting | <input type="checkbox"/> |
| I would like <u>advice</u> now. Please follow up with me in: | |

YOUR CURRENT SITUATION

Please provide a summary of your current financial situation. Please specify the currency for each section.

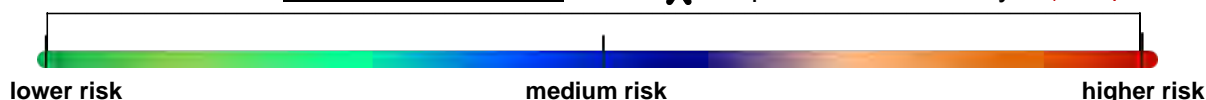
| | | |
|---|-------------------|----------------------|
| <u>Your current monthly salary</u> | ① | ② |
| <u>Property</u> Total Value: | | Mortgage Owed: |
| <u>Cash at Hand</u> (cash, bank and other savings, investments maturing etc.) | | |
| <u>Other Assets</u> | | |
| <u>Other Liabilities</u> | | |
| <u>Investments</u> | <u>Start Date</u> | <u>Finish Date</u> |
| | <u>Premium</u> | <u>Current Value</u> |
| | | |
| | | |
| | | |
| | | |

HOW DO YOU FEEL ABOUT RISK?

Understanding how comfortable you are with risk is a key part of designing a financial plan

*Investment basics: For **higher returns** on your investment you must often accept a **greater degree of risk***

Think about this statement & mark the RISK SCALE with an **X** at a point that describes you (*use Spacebar to move*)



WHAT PRODUCTS & SERVICES CAN WE HELP WITH?

Please tick all the boxes that apply to you.

| | | | |
|---|--------------------------|--|--------------------------|
| portable pension schemes: national & international | <input type="checkbox"/> | alternative investments: property funds | <input type="checkbox"/> |
| life assurance solutions | <input type="checkbox"/> | guaranteed income funds | <input type="checkbox"/> |
| critical illness cover | <input type="checkbox"/> | portfolio & asset management: discretionary | <input type="checkbox"/> |
| mortgage advice | <input type="checkbox"/> | wills & probate, UK citizens | <input type="checkbox"/> |
| education funding schemes | <input type="checkbox"/> | inheritance tax planning, UK | <input type="checkbox"/> |
| saving & mutual schemes: short, medium & long term | <input type="checkbox"/> | investing in fine art | <input type="checkbox"/> |

Please Read This Section and Sign Here: The information listed here is accurate to the best of my (our) knowledge and is provided to Trinity Holdings International for the purposes of my (our) Free Financial Advice.

① Signed

② Signed:

Date:

dd mm yyyy

: jbjg\ YX3 H U b _ M c i *

Now p`YUgY : 1. Save a copy of the Financial Health Check in your name

2. Email this copy of the Financial Health Check to: nigel@trinityhi.com