



# Financial Health Check

## Confidential

## Confidential Financial Health Check

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Client Name

Date

**Please read the following information about Data Privacy Notice.**

In order to fully understand your current financial situation and help you plan to meet your goals and objectives for your future we are going to ask you for personal and financial information.

We may be asking questions that you have not yet thought about and may not know the answer to, but these questions need to be addressed as part of your financial planning process.

Please understand that unless you provide us with full and accurate answers to our questions, we will not be able to serve you to the best of our ability. We will collect no more information than is needed for the purpose of your financial planning. We will keep this data for as long as necessary to meet the obligations of the terms of Business or for legal and regulatory requirements.

**The legal basis we use for processing (administration, obtaining, recording, holding and carrying out any operations) your personal data is your unambiguous consent. Data may also be passed to third parties for administration, to help detect and prevent fraudulent activity and financial crime and to comply with relevant laws and regulations.**

Nexus Wealth Management Ltd. ("NWM") may also process data about other people you wish to include in your financial planning process such as family members. You should ask that they read this privacy notice. When required, we will collect data from third parties such as, but not limited to, your doctor (for health insurance and protection applications).

Having said that, if you definitely do not want to provide certain information, make that clear to your adviser and any advice given will take this into account. However, you should be aware that this may limit the advice that is given.

We also ask that you keep us updated with any changes to the information you provide us so we can provide accurate advice in the future.

**Full details of our Data Protection Policy are available upon request.**

I give my consent to the processing of my/ our personal data by NWM for the purpose detailed above.

I give my consent for personal data to be transferred outside of the UAE for processing and storage.

**Please sign below to confirm you have understood the points above. Thank you.**

Client Name

Signature

Date



**If Self-Employed, what is the business structure:**

**Notes:**

## Income

Source of Income	Annual Value (USD)	Details
Salary and Wages (including bonuses):		
Business Dividends:		
Rental Income:		
Bankable Assets Income:		
<b>Total Value:</b>		

## Assets and Liabilities

Assets	Value (USD)	Details
Residential Property:		
Other Properties:		
Business Interests:		
Net Bankable Assets:		
<b>Total Value:</b>		

### Liabilities

Mortgages:		
Loans (Excluding Bankable Assets Loans):		
<b>Total Value:</b>		

## Existing Life Insurance(s) and Investments

Protection Plans and Investments	Sum insured (Value)	Details (Provider)

Notes:

## Your Plans, Goals and Objectives

Please provide details of any plans, goals, or objectives that require financial planning.

### Your Priorities:

- Family Protection       Estate Equalisation between all family members       Capital Protection
- Retirement       Wealth Creation through Life Insurance       Investing your Lumpsum
- Education       Leveraging Your Asset for a higher return on investment       Others
- Liability Cover       Protection of your Business valuation
- Regular Savings       Earning a Regular Income

**Your Budget:** (include Regular Premium & Lump Sum if applicable)

**Recommendation Section** - As part of the process we discussed your needs, objective and financial solution and agreed on the following:

**Execution only (If necessary)**

I confirm that I do not require advice, nor have I received any advice. I require NWM (where feasible and practicable) to execute my request as follows:

**Client Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**How was the client met?**

**Client Section**

I confirm that I/we are acting on my own account.

I confirm that the information we have provided is accurate to the best of my/our knowledge and that information that is inaccurate or not disclosed may invalidate any advice given.

I confirm that I would like to share my information with third-party providers as well as

\_\_\_\_\_ whose email address is: \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NWM Agent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_