



I would like to provide Smart Financial with any information they require on my policies with your company.

Name: \_\_\_\_\_ Smoker: Yes/No Date of Birth: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Mobile: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Smoker: Yes/No Date of Birth: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Mobile: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Previous Address:  
\_\_\_\_\_  
\_\_\_\_\_

**To the insurer,**

- |  |                                     |
|--|-------------------------------------|
| Life Insured                             | Policy Owner                        |
| Policy Number                            | Product Type                        |
| Premium                                  | Benefits                            |
| Total Premiums Paid                      | Start Date                          |
| Term                                     | Retirement Age                      |
| Indexation                               | Conversion                          |
| Assigned To Lender                       | Annual Management Charge            |
| Allocation                               | Bid/Offer Spread                    |
| Monthly Policy Fee                       | Fund                                |
| Fund Description                         | Risk Profile                        |
| Current Value                            | Value if surrendered or transferred |
| Penalty deductible on surrender/transfer | Performance                         |
| Guarantees Applying                      | Potential Bonuses                   |



Mark Gallagher T/A Smart Financial  
Registered in Ireland No. 534555  
Registered Address: Unit 1 & 2 Greenhills Centre,  
Greenhills Road, Walkinstown, Dublin 12.  
Mark Gallagher T/A Smart Financial is regulated by the Central Bank of Ireland

Mark Gallagher QFA  
Qualified Financial Adviser  
is a member of



The professional association for those who give and support financial advice