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The *wealthspan* playbook: designing for 100-year balance sheets

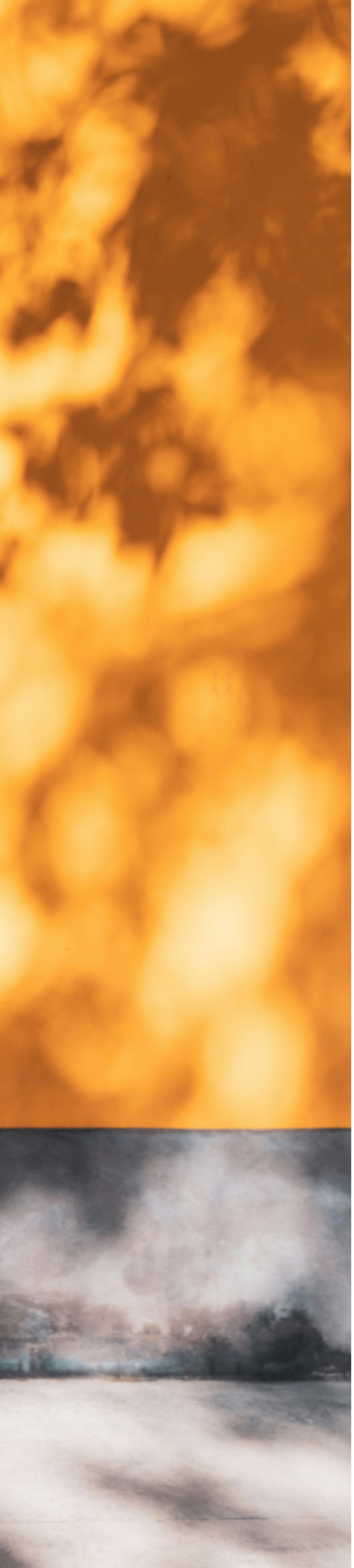
What banks can, cannot, and should not do when health enters the balance sheet

This is the third article in the longevity series by Implement Consulting Group and Wellthspan Advisory. Target readers: bank executives, product owners, and risk and compliance leaders in Switzerland and the Nordics.

Imagine a phone call to a bank: "I have just been diagnosed with multiple sclerosis. What should I be doing about my finances?"

In most banks, this call goes badly. The customer service agent has no training for it. The bank has no process for it. And under the revised Swiss Federal Act on Data Protection, the bank may not even be allowed to hold what it has just heard.

In this article – the third and final in our 2026 longevity series – we take a closer look at what banks would have to change for that call to go differently.



Where this series has brought us

The two earlier articles in this series have made an argument that is, by now, hard to dispute. Lifespan is no longer the scarce resource; healthspan and wealthspan are. A person born in Switzerland or Denmark today will spend a large part of a hundred-year life outside the study-work-retire sequence that our pension systems, mortgage models, and advisory processes were built for. And longevity natives, the first generation to assume a hundred-year life from the start, are beginning to plan on that basis, and will increasingly judge their institutions by whether they do too.

All of that is the "why". This article is about the "how", and it deliberately narrows the lens to one industry: banking. It asks what a bank would have to change, on any given Monday morning, for wealthspan planning to be something it does rather than something it writes about.

We frame the answer around three questions that bankers raise almost immediately, and rightly so, once the concept lands. First, is wealthspan planning mainly an education task, teaching clients to be proactive and to know when a financial review is needed, for example after a diagnosis? Second, is it a new profession altogether, a long-term trusted financial advisor who sits outside any bank? And third, the uncomfortable one: does wealthspan planning even fit the business model of a standard bank measured on assets under management, when the best advice for a given client may be to hold more liquid cash and buy an insurance policy?

Our answer is that these three are not alternatives to choose between, but three layers of the same design problem, and a bank that treats them as one either-or will end up doing none of them well.

What wealthspan planning actually asks of a bank

It helps to be concrete about what changes when a bank moves from wealth planning to wealthspan planning. Classic wealth planning takes a client's assets, income, risk appetite, and a retirement date and optimises a portfolio. Wealthspan planning adds four inputs that most banks currently do not collect, do not want to collect, or collect by accident in a phone call and then do not know what to do with.

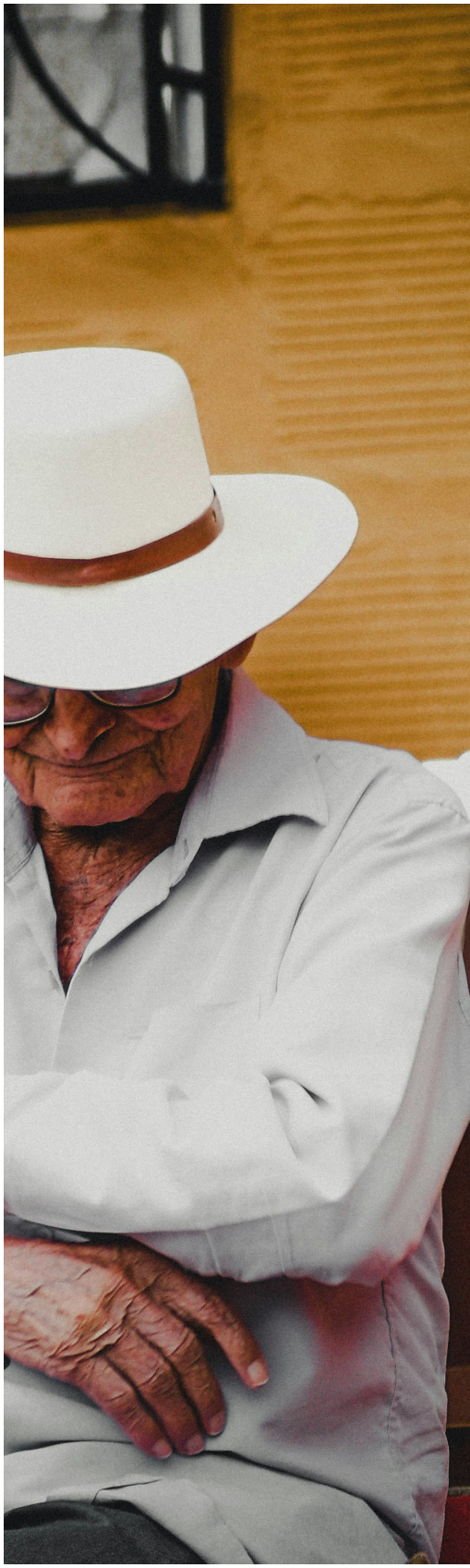
The first is health status and health trajectory. Not a medical record, but the answer to a planning question: is this person likely to spend the last five, ten, or fifteen years of life needing care, and when might that start? In Switzerland, healthy life expectancy at 65 is around 14.4 years for men and 14.9 years for women (2022), while total life expectancy at 65 is roughly twenty years for men and more than twenty-two for women. The difference, five to eight years on average, is the period that no accumulation model prices and that every household eventually pays for.

The second is career breaks, whether planned or imposed. Care of a parent, a child, a partner, an illness, a redundancy at 54, a sabbatical at 40. In Switzerland, these breaks fall predominantly on women and are the main driver of a gender pension gap that Swiss Life puts at 37 percent. A mortgage affordability test or a pillar-3a projection that assumes an unbroken income line is not conservative; it is wrong for a large share of the population.

The third is access to care, which is a supply problem as much as a financial one. In the canton of Zurich, total nursing home bills commonly run CHF 6,000–10,000 or more per month, with roughly CHF 3,500–5,500 for accommodation and CHF 1,500–2,500 or more for support services, plus a capped resident care contribution of around CHF 23 a day and whatever the canton and commune cover. But the price is only half the point. The earlier article called this 'care risk': the gap between having provisioned for care and actually being able to obtain it, in the place you want, from people who are available. Money does not fully hedge care risk. Liquidity, insurance, housing choices, and a social network partly do.

The fourth is cognitive capacity and decision support. A wealthspan is not only how long the money lasts, but how long the person can exercise agency over it. That is a question about powers of attorney, advance care directives, simplified product structures, and who is allowed to talk to the bank on the client's behalf, long before it is a question about returns.

None of these four inputs is exotic. The reason banks do not plan with them is not that the analytics are hard, but that each of them touches something a bank is, for good reasons, structurally cautious about: sensitive data, liability, and revenue.



The Monday-morning problem: why the hotline cannot hear it

Imagine the simplest possible test of longevity readiness. A retail client calls the bank's service line and says: "I have just been diagnosed with multiple sclerosis. What should I be doing about my finances?"

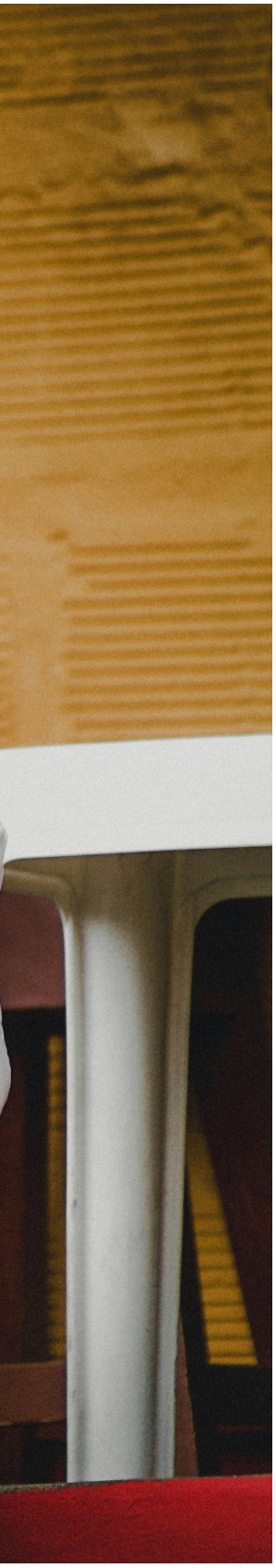
In most banks this call would go badly, and it is worth being precise about why, because the reasons define what a bank should build.

The agent has no training for it. A customer service representative, or for that matter a relationship manager in the mass-affluent segment, is trained on products, on know-your-customer rules and on complaint handling. Nothing in the curriculum prepares them for a health disclosure, and nothing in their scripts tells them what the right next step is.

The bank has no process for it. There is a process for a death, a divorce, a change of address and a lost card. There is usually no process for "my life just changed in a way that will reshape my financial needs for the next thirty years but my accounts look exactly as they did yesterday."

And, critically, the bank may not be allowed to hold what it has just heard. Under the revised Swiss Federal Act on Data Protection, in force since September 2023, health data is sensitive personal data, and it carries the heaviest obligations in the law: explicit consent where processing rests on consent, a high bar for disclosure to third parties, and heightened security and purpose limitation throughout. The EU's GDPR treats health as a special category with a default prohibition on processing. A bank whose agent types "client has MS" into a free-text CRM field has just created a compliance problem, and probably a reputational one, without helping the client at all.

This is not an argument against wealthspan planning. It is an argument for designing it correctly. The conclusion we draw is one that will feel natural to anyone who has worked in a second-line risk function: the first line of a bank should never be the place where health information is disclosed, and the bank should not need it to be.



The design pattern we propose is a health-agnostic trigger protocol. The bank tells its clients, repeatedly and in plain language, that certain life events warrant a financial review, and that they can request one at any time without saying why. The trigger is the client's statement "I have had a life event and I would like a wealthspan review", not the content of the event. The first line records nothing except that a review has been requested. The case is then routed to someone qualified to conduct it, under a consent and documentation regime designed for the purpose. The protocol treats sensitive information the way a well-run bank already treats a suspicious transaction report or a whistleblowing disclosure: through a narrow, deliberately designed channel, not through the general service floor.

Three things follow from this pattern. First, it separates the education task from the advisory task, which is exactly the separation the three opening questions were circling. Second, it makes the data protection question tractable, because the bank decides in advance what it collects, where, from whom and with what consent. Third, it turns wealthspan planning from a product into a governance and process capability, which is where it belongs. Most of what a bank has to do here is operating model, not innovation.

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Layer one: trigger literacy, or what the education argument gets right and where it stops

The first opening question asked whether the real opportunity is simply to educate clients to be proactive and to recognise when an update is needed. The education argument is strong and deserves to be taken at face value.

Most people do not experience a diagnosis, a parent's move into care, or a redundancy at 55 as a financial event. They experience it as a medical event, a family event, an employment event. The financial consequences arrive later, often twelve to twenty-four months later, by which time the options have narrowed: the pillar-3a top-up was not made, the mortgage was refinanced on the old income, the insurance that was affordable at 52 is not offered at 56.

Teaching people which events are financial events is cheap for a bank, carries almost no liability, and builds the kind of trust that longevity natives explicitly say they will reward. We call this trigger literacy: not general financial literacy, which has a poor track record of changing behaviour, but a short, specific list of moments at which a review is worth having. A diagnosis in the family. A caregiving role beginning. A career break, planned or not. A partner's retirement or death. An inheritance. A move. The onset of the client's own retirement, which in a hundred-year life is a phase rather than a date.

Banks are also well placed to do this at scale, because they already own the touchpoints. A pension statement, a mortgage renewal, a pillar-3a contribution reminder, and an annual portfolio review are all moments at which a single sentence, "Has anything changed in your life that we should plan around?", can be inserted at negligible cost.

Where the education argument stops is at the point of action. Knowing that a diagnosis is a financial event does not tell a person what to do about it, and it does not tell them who to trust. Financial education without an advisory offer behind it produces informed, anxious clients who then take their questions to whoever will answer them: a friend, an insurer, an internet forum, or increasingly a general-purpose AI assistant. Education alone also does nothing for the client who has already had the event and needs help this week.

So, trigger literacy is necessary. It is the cheapest of the three layers, and it is where most banks should start. It is, however, not sufficient, and a bank that stops there has essentially marketed a service it does not offer.

Layer two: the wealthspan planner, and where that person sits

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The second opening question is whether wealthspan planning implies a new profession: an independent, long-term trusted financial advisor who is not tied to any bank.

Parts of that profession already exist. Fee-only financial planners, independent asset managers under the Swiss Financial Institutions Act, family offices and, in the Nordics, pension providers with a strong advisory layer all offer long-horizon relationships that are not tied to a single product shelf. What none of them currently offers is the specific combination that wealthspan planning requires: financial planning that is fluent in care systems, health trajectories, insurance design and the legal instruments of agency, and that can hold a relationship across the decades in which those things change.

The honest answer to 'inside or outside the bank' is that the role can live in either place, and the segments will sort themselves.

In private banking and wealth management, the case for building it in-house is strong. Private banks already employ specialists whose value lies precisely in not being product salespeople: tax specialists, estate planners, philanthropy advisors. A wealthspan planner is the same species. The relationship manager remains the client's primary contact; the planner is brought in at trigger events and at scheduled reviews, works under a consent regime designed for sensitive information, and is measured on the quality and completeness of the plan rather than on flows. This is where the health-agnostic trigger protocol becomes an internal referral path.

In the mass-affluent and retail segments, the economics are different. A human wealthspan planner cannot be delivered to a client with CHF 200,000 in total assets at a cost the bank can recover, and it would be dishonest to pretend otherwise. Here the realistic options are a digital-first version of the planner, with human escalation for the events that need it; a partnership model in which the bank refers to accredited independent planners and insurers; or, over time, an embedded model in which pension providers and employers deliver the planning layer, as Danish pension companies already do with health.

There is a strong argument that an independent profession will emerge regardless of what banks do, because there is unmet demand for someone who has no interest in whether the client's money sits in a mandate, a savings account, or a long-term care policy. The Australian financial advice profession, with its own register and licensing, is one model of how such a profession can be structured, even though its history also shows how easily it can be captured by product incentives if the regulator does not hold the line. Switzerland has the regulatory building blocks for a comparable profession in the Financial Services Act and its client adviser register, but not yet a recognised competence profile for the health and care dimension.

For a bank executive the practical question is not whether this profession is a threat or an opportunity, but whether the bank wants to be the place where the referral originates, and therefore the institution that keeps the relationship when the wealthspan planner recommends holding more cash.

3

Layer three: the AuM question, taken seriously

The third opening question is the one that most bankers ask quietly and most consultants avoid. If the right advice for a client facing a decade of care risk is to hold a larger liquidity buffer and buy a long-term care or disability insurance policy, both of which reduce assets under management, can a bank whose advisors and business units are measured on AuM be trusted to give that advice? And even if it can, should it want to?

The conflict is real and should be stated without softening it. An advisor whose variable compensation depends on managed assets faces a structural incentive to keep money invested, and the client who most needs liquidity is often the one whose portfolio is most valuable to the bank. Wealthspan planning done properly will, for some clients, recommend a lower AuM outcome. Any bank that adopts the language of wealthspan without adjusting the incentives beneath it will produce a marketing layer over an unchanged model, and longevity natives, who have grown up assessing exactly this kind of gap, will notice.

But the picture is more balanced than the pure AuM framing suggests, for several reasons that a bank executive can test against their own numbers.

The first is that a bank's business model is not purely AuM even where its reporting is. A liquidity buffer is a deposit, and deposits carry an interest margin; in the Swiss retail and universal-banking sector the interest business is still the largest revenue line. Insurance recommended by the bank is distribution revenue. Lombard lending against a portfolio, which can be a cleaner way to fund a care need than liquidating assets, is credit income. Some of that revenue moves between lines rather than disappearing, though the substitution is rarely one-for-one: a one-percent mandate fee on CHF 2 million in invested assets is not fully replaced by deposit margin on the CHF 200,000 that displaces it. The more decisive argument is not about substitution at all. It is about retention.

The second is that Swiss regulation has already begun to decouple advice from assets. The Swiss Federal Supreme Court's retrocession rulings (BGE 138 III 755 and BGer 4A_508/2016) require inducements to be passed on to the client unless explicitly and validly waived. Combined with FinSA's disclosure and suitability regime and the growth of flat-fee advisory mandates, a meaningful share of Swiss advisory revenue is now fee-for-service rather than a percentage of assets. A wealthspan review is straightforwardly billable under that model, in the same way a tax or estate planning engagement is.

The third, and in our view the decisive one, is retention. The events that trigger a wealthspan review are exactly the events at which clients leave. Cerulli's research on the wealth transfer finds that only around 27 percent of investors expecting an inheritance plan to keep the benefactor's advisor, and that among those who have already inherited the retention rate falls to roughly 20 percent. The reasons heirs give are not fees or performance; they are the absence of a relationship. The same dynamic applies at a diagnosis, at widowhood, and at the point where an ageing client's children begin to make decisions. A bank that is useful at those moments keeps the relationship and, usually, the assets; a bank that is absent loses both.

Seen this way, a temporary reduction in AuM from a good liquidity recommendation is a small price against a permanent loss of the household.

What this suggests is not that AuM is the wrong metric, but that it is the wrong sole metric for this capability. A bank serious about wealthspan planning needs to add measures that capture what the planning is for: retention across life events, share of household relationships that survive an inheritance, the proportion of clients with a current plan and a valid power of attorney, and the revenue mix between assets, fees, deposits, and protection. These are not soft metrics but the metrics a well-run second line would ask for if it were assessing conduct risk in the advisory business, which is another way of saying that wealthspan planning and good conduct governance point in the same direction.

There is a residual truth in the sceptic's question that should not be brushed away. For some institutions, in some segments, wealthspan planning will not pay in the form the institution is used to. A pure discretionary asset manager with no deposit base, no insurance distribution, and no fee-based advisory line has fewer places for the revenue to go. Such a firm may reasonably conclude that its role is to be a good partner to a wealthspan planner rather than to become one. And that is a legitimate strategic answer. What is not legitimate is to adopt the language while leaving the model unchanged.

The channel question: self-assessment, AI, and the return of the home visit

The three layers above describe what a bank should do. They say less about through which channel, and here the picture is more interesting than the usual 'digital first' answer, because an ageing client base pulls in two directions at once.

The first direction is towards self-assessment. Every Swiss bank already runs a risk-profiling questionnaire, because FinSA requires one, and every client with e-banking already has a place to answer it. The obvious next step is to extend that questionnaire from investment risk to wealthspan exposure: a structured self-assessment, sitting inside e-banking, that lets a client explore on their own terms how a career break, a care need in the family, a change in health, or the loss of a partner would change their financial position, and that tells them whether a life event they have just experienced is one that should trigger an update to their plan. The client answers questions about scenarios, not about diagnoses. The bank receives a request for a review, or a changed set of planning assumptions, not a medical fact. This is the health-agnostic trigger protocol delivered as a product rather than as a process, and it is the most scalable form of trigger literacy a bank can build, because it puts the assessment where the client already is and makes it repeatable.

AI makes this considerably more powerful than a static form. An adaptive questionnaire can adjust its questions to the answers it receives, translate a client's situation into a set of planning adjustments, explain in plain language why a larger liquidity buffer or a protection review is being suggested, and do so in the client's own language and at the client's own pace. Personalisation of this kind, which a decade ago would have required a human planner for every client, can now be offered across the mass-affluent segment at a marginal cost close to zero. It also produces something a bank has never had before: a longitudinal, client-authored record of how the client's own view of their exposure changes over time, gathered with consent and for a stated purpose. The governance questions are real: the principal risk of AI in advice is the quiet transfer of judgement from client and advisor to model, and a bank has to be able to show where that line is drawn. But a well-designed self-assessment tool is one of the few AI applications in banking where the client is unambiguously the beneficiary.

The second direction runs the other way, and it is the one that most digital strategies underestimate. An ageing client base does not only mean more clients who are comfortable with e-banking; it means a growing proportion of clients for whom digital self-service stops working. Dementia and Alzheimer's disease affect a rising share of clients over 80, and the early stages are precisely the period in which financial decisions are still being taken and financial exploitation is most likely. Poor eyesight, reduced hearing, and declining dexterity make an app-only bank effectively inaccessible. And loneliness, now recognised as a health risk in its own right, means that for a growing number of older clients the relationship manager may be one of very few professionals who sees them regularly at all.

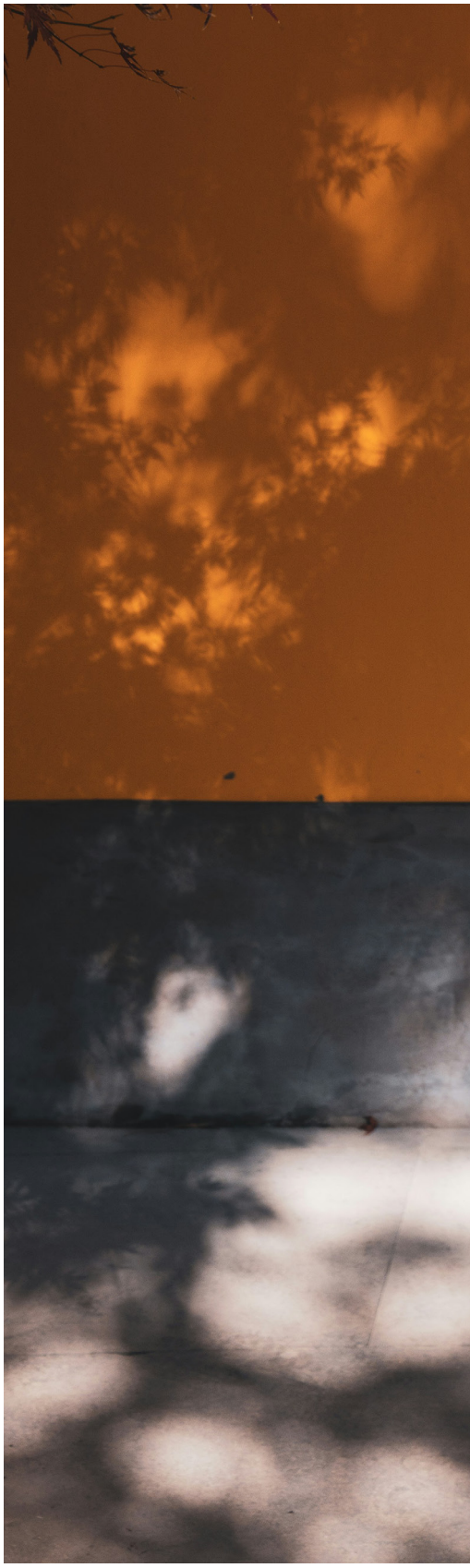
For these clients, the answer is not more digital. It is a blend of personal advice supported by digital tools, and in some cases the return of something banks had largely abandoned: the home visit. A relationship manager who visits a client at home twice a year, with a tablet that carries the plan and the self-assessment, delivers a service that no app can – one that clients of that generation value highly and that their children value even more. The economics can work in private banking and, for the right client segments, in retail banking with a strong local

franchise, which is why the Swiss cantonal and Raiffeisen banks are better placed for this than they may realise.

There is a consequence that the risk function will notice immediately. A relationship manager who visits a client at home gains, without asking a single question, a great deal of indirect insight into that client's health: whether they can manage the stairs, whether the post is opened, whether the fridge is stocked, whether the conversation follows. That insight is valuable, because it is exactly the information a wealthspan plan needs and exactly the information that protects the client against exploitation and against their own declining capacity. It is also, under Swiss and EU data protection law, sensitive personal data whether or not it is written down.

This does not make the home visit a bad idea. It makes it one that has to be designed with the same care as the trigger protocol. What the relationship manager may observe – what they may record, in what form, with whose consent, and for what purpose, and at what point an observation must trigger a formal capacity or safeguarding process – are governance questions the bank has to answer before the first visit, not after the first complaint. The bank's existing vulnerable-customer and elder-abuse frameworks are the natural starting point; most Swiss banks have them, and most have not connected them to their advisory model.

Put together, the two directions describe the same operating model from two ends. For the client who is 45 and digitally fluent, the wealthspan review is something they initiate from their e-banking, with a human planner available when the self-assessment says one is needed. For the client who is 85 and no longer digitally able, the review happens at the kitchen table, with the same plan and the same tools in the relationship manager's hands. The bank that designs for both, rather than choosing between them, is the one that will still hold the relationship through the years in which it is most at risk.



What the Nordics show and what Switzerland has

The two regions this series focuses on are a useful pair precisely because they have solved different halves of the problem.

In Denmark, the pension companies have spent two decades turning the pension relationship into a health relationship. PFA, the country's largest commercial pension provider, bundles health insurance, critical illness cover, occupational capacity insurance, and life cover with its pension products, and runs a preventive service, PFA EarlyCare, that assigns a health guide to members on extended sick leave to help them return to work or retain their job. By the mid-2010s and since, around two in five Danes have held some form of voluntary or complementary health cover, with nine in ten of those covered through their employer. The model is far from perfect and has been reshaped by changes in tax treatment, but it demonstrates something Swiss banks have not yet accepted: that health and wealth can be administered in one relationship, by one institution, under one consent regime, at population scale. The Danish pension company is, in effect, already a wealthspan planner for the working population. What it lacks is the wealth side: the mortgage, the inheritance, the investment portfolio, and the decumulation advice, which sit with the banks.

Switzerland has the opposite profile. It has one of the highest life expectancies in the world, the deepest private banking franchise in Europe, a property-heavy

household balance sheet, and a mature three-pillar pension system with a strong tax-advantaged third pillar. It has a care-financing system in which the resident's contribution to care is capped but accommodation and services are not, and in which supplementary benefits act as a means-tested backstop. What it does not have is any institution that looks at all these things together for a single household. The pension fund knows the second pillar; the bank knows the mortgage and the portfolio; the health insurer knows the premiums; the canton knows the care subsidy. Nobody holds the wealthspan.

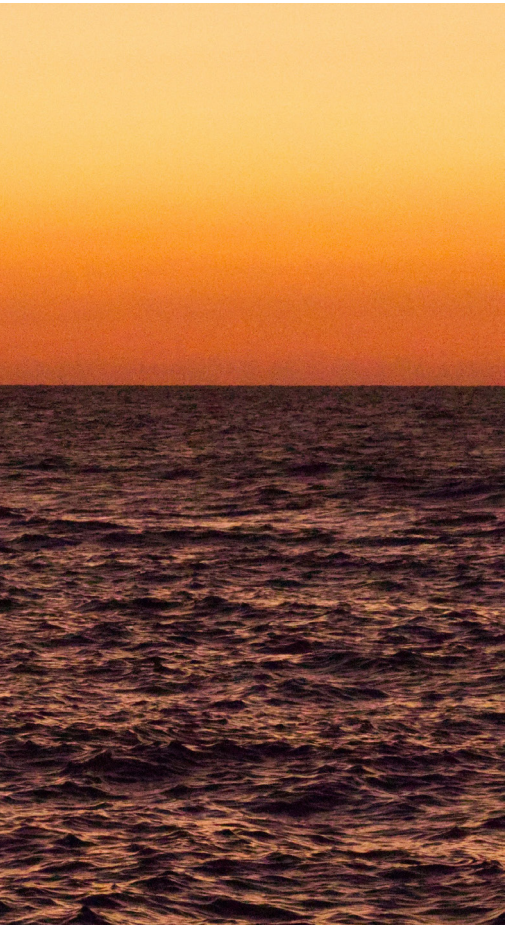
That gap is the opportunity, and it is specifically a Swiss opportunity, because Swiss banks are among the few institutions in the world that already have the long-horizon client relationships, the advisory infrastructure, and the balance sheet to close it. It is also why this series has argued that Switzerland has a longevity advantage. The advantage is not that the problem is smaller here; healthy life expectancy is rising but the years of dependency at the end of life are not shrinking. The advantage is that the components of a solution already exist and are regulated, trusted and well capitalised. What is missing is the operating model that connects them. The unstated conclusion of that geometry is straightforward: in Switzerland, the wealthspan planner is more likely to sit inside a universal or private bank than inside a health insurer or a pension fund, because the bank is the only party that already holds most of the household balance sheet the plan has to work with.

The playbook: twelve months of practical work

We close with what a bank could actually do, framed for the three functions this article is addressed to. None of it requires a new licence, a new core banking system, or a new brand.

For the executive committee, the first decision is to decide which segment the bank is designing for and to be honest about the economics of each. Wealthspan planning as a human, in-house capability is a private banking and wealth management proposition. In retail and mass-affluent banking, it is a trigger-literacy and referral proposition, possibly with a digital planning layer. Both are legitimate, but conflating them produces a strategy that satisfies nobody. The second decision is the metric. Add retention across life events and the revenue mix between assets, fees, deposits, and protection to the scorecard of any unit that adopts the wealthspan language. The third is partnership. The bank does not need to build the insurance, care navigation, or legal instruments itself; it needs to decide who it trusts to provide them and how the referral works in both directions.

For product and client-experience leaders, the work begins with the trigger list. Define the six to ten life events at which the bank will invite a review, write them into every client-facing touchpoint, and make it possible to request a review without stating the reason. Then build the review itself as a repeatable engagement with a defined output: a liquidity plan that explicitly covers a care scenario, a protection review, a check of agency instruments such as powers of attorney and advance directives, and a household view that includes the partner and, with consent, the next generation. Build the client-facing half of it as a wealthspan self-assessment inside e-banking, so the review can be initiated by the client and repeated after each life event. Price it as a fee-based service where the segment allows; deliver it digitally with human escalation where it does not, and define which clients are offered the in-person or home-visit version.



For risk and compliance, the health-agnostic trigger protocol is the central deliverable, and it is largely a governance task. Decide where in the organisation sensitive information may be received, by whom, under what consent, with what retention period, and in which system – and make sure the answer is “nowhere in the first line”. Train the service floor not to handle health disclosures but to recognise them and route them, in the same way they are trained to recognise and route a suspicious transaction. Extend the same rules to what a relationship manager may observe and record on a home visit, and connect them to the bank’s vulnerable-customer and capacity frameworks. Then extend conduct-risk monitoring to the new capability: are advisors recommending liquidity and protection when a plan calls for it, or is the AuM incentive winning? The data from that monitoring is also the evidence the bank will want when a regulator or a client’s heir asks, ten years from now, whether the bank acted in the client’s interest when it mattered.

For all three, the timing is right. FinSA has normalised fee-based advice and documented suitability. The revised data protection law has clarified what a bank may and may not hold. The wealth transfer is already under way. And the first cohort of longevity natives is entering its peak earning years with a stated expectation that its financial institutions will plan for a hundred-year life. The institutions that build the operating model now will be the ones that own the relationships in 2050.

A closing note on the three questions

Is wealthspan planning about educating clients to be proactive? Yes, as the first layer, and it is the cheapest thing a bank can do.

Is it a new profession, independent of banks? Partly, and that profession will emerge whether or not banks participate. The question for a bank is whether it wants to be where the referral starts.

Does it fit a business model measured on AuM? Not on AuM alone. It fits a business model measured on whether the bank is still in the room when a client's life changes, which is a metric most banks do not yet report and every bank already understands.

Living longer is now the default. Whether the financial system around us is designed to make those extra years worth having is the question this series has been building towards. Bank executives reading this will answer it over the next twelve months, whether or not they see it that way.

Sources and figures used

Healthy life expectancy at 65 in Switzerland (14.4 years men, 14.9 years women, 2022): Swiss Health Observatory (Obsan), MonAM indicator. Gender pension gap in Switzerland (37 percent): Swiss Life, "Fighting the gender pension gap". Residential care costs in the canton of Zurich (total bills commonly CHF 6,000–10,000+ per month; CHF 3,500–5,500 accommodation, CHF 1,500–2,500+ support services, resident care contribution capped at around CHF 23 per day): Pflegenetz24 and comparable Swiss care-cost guides, drawing on cantonal tariffs. Heir retention (27 percent of expected heirs, ~20 percent of actual heirs retain the benefactor's advisor): Cerulli Associates, as reported by Ironclad Family. Danish voluntary health insurance (around two in five Danes with some form of voluntary or complementary cover from the mid-2010s onward; nine in ten of those covered through an employer): European Observatory on Health Systems and Policies, "Voluntary health insurance in Europe: Denmark". PFA product bundling and PFA EarlyCare: PFA Pension, insurance overview. Swiss data protection: revised Federal Act on Data Protection (FADP), in force 1 September 2023. FinSA suitability and retrocession rules: Pestalozzi Attorneys at Law, "Financial Services Act (FinSA)".

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