



What concerns you the most?

There are different areas to consider when preparing for your financial future. Start now by identifying your financial goals.

Which of the following areas are most important to you?	Rank below by least important to most important (1 being the least, 6 being the most)
---	---

- Needs in the Event of Death Examine the financial impact of death, including immediate cash needs and continuing income needs.
- College Funding Find out the cost of education and alternative funding methods.
- Retirement Assess how your current retirement strategy will meet your objective.
- Asset Allocation Examine your current asset allocation strategy in relation to your in relation to your risk tolerance.
- Disability Income Assess the financial effect of a disability on your income.
- Long Term Care Evaluate the impact that long-term care costs can have on your financial future.

Client A Name

Client B Name

Date



Section 1 – Personal Information

Marital Status _____

Client A

Client B

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____

Address _____

City _____ **State** ____ **Zip** _____

Phone _____ **Email** _____

Employment Information

Client A

Client B

Employer _____

Occupation _____

Phone _____

For Discussion

- Describe your current job.
- How long have you been working there?
- What are your career plans?



Dependent Information

Child's Name

Date of Birth

Child's Name

Date of Birth

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Discussion

- Do any of your dependents have special needs?
- Do you plan on having additional children?
- Are there others that financially depend on you (e.g., parents, grandchildren, etc.)?
- Do any of your family members live in this area?



Section 2 – Survivor Needs

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of a death.

Survivor Income Needs

With children at home

Without children at home

In the event of death, what income (percent or dollar/mo.) should be provided for your family's continuing needs?

_____ % or \$ _____

_____ % or \$ _____

In the event of death, should your children's education be funded? (If yes, also complete Section 3) Yes No

Current Life Insurance

Name of Insured	Insurance Benefit	Insurance Company	Annual Premium	Type*
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

*Insurance types include: Group, Term, Whole Life, Universal Life and Other

For Discussion

- What do you want your life insurance to do for you?
- When did you buy your last policy? From whom?
- Does your family have any special interests or health conditions that could affect your insurance planning?



Section 3 – Earnings and Assets

Enter your annual employment income in this section. Include income received from employers as well as self-employment income. All other sources of income should be entered in the Other Income/Expenses section.

Earnings	Client A	Client B
Annual Employment Income	\$ _____	\$ _____
Do you contribute to Social Security?	\$ _____	\$ _____

Assets and Liabilities

In this selection include your residence, personal property, real estate, and business assets. Do not include any retirement or investment assets, those will be included in Section 6.

Personal Residence

- o Rent – Monthly Rent \$ _____
- o Own – Mortgage Balance \$ _____

Details for Mortgage

Name	Market Value	Mortgage Balance	Monthly Payment	Interest Rate
_____	\$ _____	\$ _____	\$ _____	_____ %

Credit Cards and Personal Loan \$ _____ total or use details below

Details for Credit Cards and Personal Loans

Name	Amount	Monthly Payment	Final Payment Date	Interest Rate
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %

Additional Asset and Liabilities Details

Type*	Name	Market Value	Current Liability
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

*Type Include: Personal Property, Real Estate, Business, etc.



Section 4 – Savings and Investments

Retirement Funds

For this section either enter total amounts or details

Total Amount	Total Savings	Average Return
\$ _____	\$ _____	_____ %

Details for Retirement Funds (attach statement or complete section below)

Owner	Account	Asset Name	Amount	Rate of Return	Monthly Savings	Company Match	Savings Increase
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %

Bank Accounts and Investments

For this section either enter total amounts or details

Total Amount	Total Savings	Average Return
\$ _____	\$ _____	_____ %

Details for Retirement Funds (attach statement or complete section below)

Owner	Account	Asset Name	Amount	Rate of Return	Monthly Savings	Company Match	Savings Increase
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %

For Discussion

- What is the best investment you have made?
- What is the worst investment you have made?
- How do you feel about your investments?
- What percentage of your income should be saved?



Section 5 – Disability Income & Long-Term Care

Disability Income Needs

	Client A	Client B
Annual Employment Income	\$ _____	\$ _____
Income Replacement Objective	_____ % of above	_____ % of above

Current Long-Term Disability Insurance

	Client A	Client B
Monthly Benefit	\$ _____	\$ _____

Disability Insurance Details

Name of Insured	Insurance Company	Monthly Benefit	Group or Personal	Annual Premium	Waiting Period *	Benefit Period **
_____	_____	\$ _____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	\$ _____	_____	_____

Long Term Care Needs

Long-term care expenses can have a tremendous impact on a family's financial security. Having sufficient insurance coverage can help assure there is enough money for adequate care.

Estimated monthly long-term care costs (in today's dollars): \$ _____

Existing Long-Term Care Coverage

Name of Insured	Insurance Company	Daily Benefit	Annual Premium	Elimination Period (Days)	Benefit Period (Years)
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____



Section 6 – College Funding

Many people want to help fund education costs for their children. The sooner you begin to develop a strategy for education savings, the more time your money will have to accumulate.

Average College Cost 2018 -2019
Out of State Public College \$27,120
Private College \$41,426

Child's Name	School	College Cost Search*	Amount Needed/year	Years to Attend	Percent to provide
_____	_____	<input type="radio"/> Yes	\$ _____	_____ yrs	_____ %
_____	_____	<input type="radio"/> Yes	\$ _____	_____ yrs	_____ %
_____	_____	<input type="radio"/> Yes	\$ _____	_____ yrs	_____ %
_____	_____	<input type="radio"/> Yes	\$ _____	_____ yrs	_____ %
_____	_____	<input type="radio"/> Yes	\$ _____	_____ yrs	_____ %

*Include in college costs: Tuition (in-state); Tuition (out-of-state); Room & Board; Books & Supplies

Current Savings

Enter any savings already accumulated for your children's education.

Total saved to date	Monthly Savings	Average Rate of Return
\$ _____	\$ _____	_____ %

<p>For Discussion</p> <ul style="list-style-type: none"> • Would you like them to go to college of their choice? • How do you feel about your current college funding program? 	
---	--



Section 7 – Cash Flow

To achieve your goals, you need to decide how much you're willing to spend vs. save each month.

\$ _____	\$ _____	\$ _____
MONTHLY TAKE HOME PAY	MONTHLY FIXED EXPENSES	MONTHLY CASH FLOW

**This is an estimate of the money you have to spend or save towards your goals each month, including your current contributions.*

My goal is to recommend some solutions that will help you accomplish the goals most important to you and that make sense within your budget.

What amount of money would you be willing to commit to your goals on a monthly basis? \$ _____

Based on the discussions we've had today, have any of your goals changed in importance?

Next Appointment

Phone _____ Preferred Email _____

Date _____ Time _____ Place _____

What are your expectations of me? _____ Here are my expectations of you _____

Favorable Introductions

How did you feel when I first called you to set this appointment?

Now that you have seen the process to this point, how do you feel about it? Why?

Who do you know that might benefit from going through this process?

REFERRALS	CONTACT INFO (CELLPHONE & EMAIL)	RELATIONSHIP	OCCUPATION

Who do you know that is looking for a new career opportunity? _____