

Agent Name: _____
 Phone: _____
 Email: _____

Name: _____ Birth Date: ___/___/_____
 Desired Retirement Age: _____
 Spouse Name: _____ Birth Date: ___/___/_____
 Desired Retirement Age: _____
 Number of Children: _____ Ages _____, _____, _____, _____, _____

Income & Expenses

MONTHLY INCOME	Husband	Wife
Wages/Salary	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
Desired Retirement Income	\$ _____	\$ _____

Do you expect a significant change in cash flow in the near future? Yes No
 If yes, please explain: _____

Investment Accounts: Non-Qualified Accounts, Qualified Accounts, Savings Accounts

List account type IRA, Roth, 401K, 403b, 457, Savings, etc.

Financial Institution	Account Type	Account Value	Monthly Contribution	Int. %	Available YFB
_____	_____	\$ _____	\$ _____	_____%	Y N
_____	_____	\$ _____	\$ _____	_____%	Y N
_____	_____	\$ _____	\$ _____	_____%	Y N
_____	_____	\$ _____	\$ _____	_____%	Y N
_____	_____	\$ _____	\$ _____	_____%	Y N
_____	_____	\$ _____	\$ _____	_____%	Y N
_____	_____	\$ _____	\$ _____	_____%	Y N
_____	_____	\$ _____	\$ _____	_____%	Y N

Real Estate

Personal Residence Information:

Mortgage Payment (P&I only) \$ _____
Outstanding Mortgage \$ _____ Term Remaining _____ years Interest Rate: _____%
Type of Mortgage (check one & circle applicable term)
___ Fixed Term (30 year, 15 year, etc.) ___ ARM (5 yr, 7 yr, 10 yr, etc.) ___ Interest Only

Other Property Owned:

Outstanding Mortgage \$ _____ Term Remaining _____ years Interest Rate: _____%
Type of Mortgage (check one & circle applicable term)
___ Fixed Term (30 year, 15 year, etc.) ___ ARM (5 yr, 7 yr, 10 yr, etc.) ___ Interest Only

Insurance

Husband Life Insurance

General Health: _____
Smoker: _____

Permanent or Term
Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term
Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Spouse Life Insurance

General Health: _____
Smoker: _____

Permanent or Term
Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term
Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Any Asset not listed: _____

Debt Related

Please list any outstanding debts other than mortgages

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

Current Concerns

- | | |
|--|---|
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Controlling Spending |
| <input type="checkbox"/> Wills/Trust | <input type="checkbox"/> Eliminating Debt |
| <input type="checkbox"/> Asset Protection | <input type="checkbox"/> Reducing Taxes |
| <input type="checkbox"/> Providing for children's or grandchildren's education | <input type="checkbox"/> Maximizing Savings |
| <input type="checkbox"/> Creating your own Family Bank | |

Future Expenditures: _____
