

Personal Information



Name: _____ Date: ____/____/____

Age: _____ Birthdate: ____/____/____ Home Phone: _____ Cell Phone: _____

Personal E-Mail: _____

Home Address: _____

Own Rent

(City, State and Zip)

Employer: _____

Position: _____

Business Address: _____

Business Phone: _____ Business E-Mail: _____

If Married: Spouse's Name: _____ Age: _____ Birthdate: ____/____/____

Employer: _____

Position: _____

Business Address: _____

Business Phone: _____ Business E-Mail: _____

Children:	Name	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Planning Profile

Please check the boxes that reflect your current planning.

	Yes	No	?
I know the income my family will receive from my estate assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a current will consistent with my estate distribution wishes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My executor is familiar with my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A guardian has been appointed for my minor children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have reviewed my life insurance program in the last two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in a tax-favored retirement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the impact of inflation on my retirement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I maximize my annual tax-favored plan contributions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current investment returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I save on a weekly or monthly basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My income is protected in the event I am sick or hurt and cannot work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am fully covered for health care costs, including the costs of long-term care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fully understand and have checked my Social Security benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Statement



Please check the boxes that best reflect your current situation.

Income

Your Annual Income

Less than \$50,000
 \$50,000 to \$100,000
 \$100,000 to \$250,000
 More than \$250,000

Spouse's Annual Income

Assets (excluding home)

 Less than \$50,000 \$250,000-\$500,000
 \$50,000-\$150,000 \$500,000-\$1,000,000
 \$150,000-\$250,000 More than \$1,000,000

Liabilities (excluding home mortgage)

 Less than \$25,000 \$150,000-\$250,000
 \$25,000-\$75,000 \$250,000-\$500,000
 \$75,000-\$150,000 More than \$500,000

Value of Home: _____

Home Mortgage: _____

Current Savings And Investments

<input type="checkbox"/> Savings and CDs	<input type="checkbox"/> Bonds	<input type="checkbox"/> 401(k) Salary Deferral
<input type="checkbox"/> Money Market Fund	<input type="checkbox"/> Life Insurance Cash Value	<input type="checkbox"/> Pension/Profit Sharing Plan
<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Tax-Deferred Annuity	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Stocks	<input type="checkbox"/> IRA or SEPP	<input type="checkbox"/> Other: _____

Current Life Insurance

Your Total

Less than \$50,000
 \$50,000 to \$150,000
 \$150,000 to \$500,000
 More than \$500,000

Spouse's Total

Financial Planning Priorities

Please check the boxes that most closely reflect your financial priorities.

H = High Priority M = Medium Priority L = Low Priority N/A = Not Applicable

	H	M	L	N/A
Planning for my retirement is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting my family's lifestyle in the event of my death is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving and investing on a regular basis are a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing educational funds for my children is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting my income in the event of sickness or accident is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing funds to pay my mortgage and debts in the event of my death is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting against the costs of long-term health care is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing money in tax-favored plans is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low risk investments are a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments that offer high growth potential are a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An overall financial plan is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement of my spouse in our financial planning is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Current Priorities

Please check all items you are interested in discussing:

- | | |
|---|--|
| <input type="checkbox"/> A financial analysis | <input type="checkbox"/> Insurance on my spouse |
| <input type="checkbox"/> Planning for retirement | <input type="checkbox"/> Insurance on my children/grandchildren |
| <input type="checkbox"/> Ways to protect my family's lifestyle | <input type="checkbox"/> Protecting against the costs of long-term health care |
| <input type="checkbox"/> How to pay estate taxes | <input type="checkbox"/> Methods of charitable giving |
| <input type="checkbox"/> Mortgage protection coverage | <input type="checkbox"/> A systematic savings plan |
| <input type="checkbox"/> Insurance on myself | <input type="checkbox"/> Existing policy review |
| <input type="checkbox"/> Converting temporary insurance | <input type="checkbox"/> Other pertinent information: _____ |
| <input type="checkbox"/> Tax-favored investments/annuities | |
| <input type="checkbox"/> Ways to protect my income in the event of sickness or accident | _____ |

Future Plans

Please check all items that may apply within the next two years:

- | | | |
|---|--|---|
| <input type="checkbox"/> New home | <input type="checkbox"/> Bonus | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Change job | <input type="checkbox"/> Salary increase | <input type="checkbox"/> Charitable gifts |
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Marriage | <input type="checkbox"/> Sell business |
| <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Children | <input type="checkbox"/> Sell property |
| <input type="checkbox"/> Pay off loans | <input type="checkbox"/> Save more | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Start business | <input type="checkbox"/> Retirement | _____ |

Business Owners Only...

Please check any items of interest or concern:

- | | |
|---|---|
| <input type="checkbox"/> Business Continuation Planning | <input type="checkbox"/> Executive Bonus Plans |
| <input type="checkbox"/> Buy/Sell Plans | <input type="checkbox"/> Group Insurance |
| <input type="checkbox"/> Key Employee Insurance | <input type="checkbox"/> Business Overhead Expense Protection |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Business Loan Insurance |
| <input type="checkbox"/> Qualified Pension Plans (IRS approved, 401(k), SEPP, etc.) | <input type="checkbox"/> Nonqualified Retirement Plans (No IRS approval required) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |