

FINANCIAL NEEDS ANALYSIS INTAKE

Household Information

Client Name _____ M / F Age _____ DOB _____
 Phone _____ Email _____

Spouse Name _____ M / F Age _____ DOB _____
 Phone _____ Email _____

Home Address: _____
 City State Zip Code

Dependents

Name _____ M / F DOB _____ Age _____
 Name _____ M / F DOB _____ Age _____
 Name _____ M / F DOB _____ Age _____

Goals & Dreams

When was the last time you reviewed your family's financial goals? _____
 How much income do you currently make a month? _____
 Do you anticipate needing more, less, or the same at retirement? More Less Same
 How much would you be willing to put away to accomplish that? _____
 If we are able to help you achieve that, would you be willing to do business with us? Y / N

Please select those goals you would like to accomplish by indicating the Level of Importance: 1 = Very Important. 2 = Somewhat Important

EXAMINE YOUR FINANCIAL POSITION

- _____ Track your income and expenses
- _____ Build savings for emergencies
- _____ Manage Debt
- _____ Know Net Worth

MANAGING RISKS

- _____ Plan adequate income for survivors
- _____ Review current policies for accurate coverage (*life, disability, LTC*)
- _____ Provide business continuity or liquidation

WEALTH ACCUMULATION

- _____ Fund future education expenses
- _____ Save for a special purpose _____
- _____ Develop an investment strategy

RETIREMENT PLANNING

- _____ Plan adequate retirement income
- _____ Analyze current sources and uses of income
- _____ Review investment portfolio and develop appropriate strategy

MANAGE INCOME TAXES

- _____ Projecting potential taxes
- _____ Develop tax planning strategies
- _____ Resolve tax issues
- _____ Coordinate personal and business taxes

WEALTH PRESERVATION

- _____ Explore techniques to preserve estate
- _____ Explore business succession strategies
- _____ Establish will, trust, POA, and healthcare surrogate

Income

Name of Source	Gross Amount	Net Amount	Taxes	Other Deductions
_____	_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	_____	_____	_____
_____	_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	_____	_____	_____

Expenses

Essential Expenses

- Mortgage/Rent _____
- Electric _____
- Water _____
- Cable/Internet _____
- Taxes/Insurance _____
- Household Items _____
- Kids/Childcare _____
- Phone _____

- Auto Loan Payment _____
- Auto Insurance _____
- Gas _____
- Auto Repair _____
- Grocery _____
- Tithes/Offering/Charity _____
- Health (Prem./Copay) _____
- Other _____

Lifestyle Expenses

- Personal Care _____
- Entertainment _____
- Shopping _____
- Allowances _____
- Subscriptions _____
- Eating Out _____
- Other _____
- TOTAL** _____

Do you normally have surplus or deficit at the end of the month? _____

What is your biggest threat to your financial security? _____

Debts

Type	Lender	Balance	Interest	Credit Limit	Minimum Payment	Actual Payment
Mortgage	_____	_____	_____	_____	_____	_____
Auto Loan	_____	_____	_____	_____	_____	_____
Auto Loan	_____	_____	_____	_____	_____	_____
Student Loan	_____	_____	_____	_____	_____	_____
Student Loan	_____	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

Protection

Insured	Owner	Type WL / UL / IUL / VUL / Term WL / UL / IUL / VUL / Term	Face	Premium	Provider
_____	_____	_____	_____	_____	_____

Debt _____ Final Expense _____ Do you have? Disability
Income _____ Other _____ LTC
Mortgage _____ Will / POA / Trust
Education _____ **TOTAL NEED:** _____

Asset Accumulation

TAX NOW				TAX LATER				TAX FREE			
Asset Name	Ret.	Balance	Contrib.	Asset Name	Ret.	Balance	Contrib.	Asset Name	Ret.	Balance	Contrib.
Mutual Fund	<input type="checkbox"/>	_____	_____	401k/403b/457	<input type="checkbox"/>	_____	_____	Roth IRA	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____
Stocks	<input type="checkbox"/>	_____	_____	Traditional IRA	<input type="checkbox"/>	_____	_____	Roth 401k	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____
CD / MMA	<input type="checkbox"/>	_____	_____	Annuities	<input type="checkbox"/>	_____	_____	Municipal Bond	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____
Savings/ Bonds	<input type="checkbox"/>	_____	_____	TSP/ State Retirement Plan	<input type="checkbox"/>	_____	_____	Cash Value Life	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____

Check all that are important to you: Liquidity. Taxation. Safety Transferability. Income Control

Retirement Planning

Client _____ Spouse _____
 Desired Retirement Age _____ What is your biggest concern regarding retirement?
 Desired Monthly Income _____
 Include Social Security Client Spouse

Anticipated Income

Client		Spouse	
	Amount		Amount
Pension	_____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Pension	_____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Social Security	_____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Social Security	_____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Annuity	_____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Annuity	_____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Other	_____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Other	_____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

How much do you feel you can save towards your monthly goals? _____

Next Appointment _____ Client Signature _____ Date _____