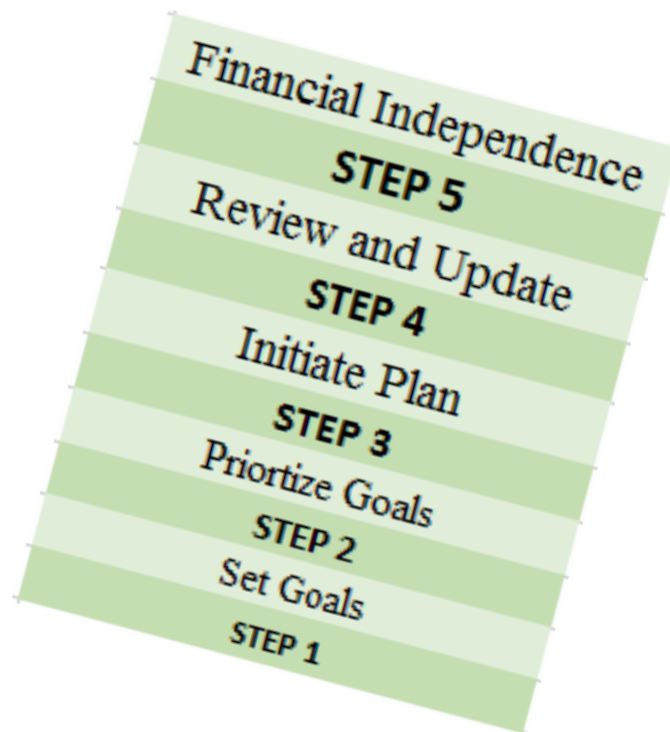




A Personal Financial Checkup



Steps To Your Future Financial Independence

Name

General Information

Name: _____

Birthdate: _____ Social Security#: _____

Mobile: _____ Work Number: _____

Email: _____ Work Email: _____

Address: _____

Employer: _____ Occupation: _____

DL Number: _____ Issue Date: _____ Exp. Date: _____

Married Single/Divorced/Widow Domestic Partner

Spouse/Partner Information

Name: _____

Birthdate: _____ Social Security#: _____

Mobile: _____ Work Number: _____

Email: _____ Work Email: _____

Employer: _____ Occupation: _____

DL Number: _____ Issue Date: _____ Exp. Date: _____

Do you have children? (check all that apply) Yes No Expecting

If you are expecting, what is your due date? _____

Dependent Children

Name	Relationship	Date of Birth	Social Security Number	Grade/College Attending

My Feelings, Concerns and Goals

Please check applicable boxes:

- | | High Concern | Moderate Concern | No Concern | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Providing education funds for children is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Retirement planning is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Providing funds for long-term (nursing home) care in the future is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Saving a fixed percentage of income is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Insurance on my spouse/partner (and children) is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Assuring an income when I'm sick or hurt and cannot go to work is of..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the event of my death: | | | | |
| a. Paying off my mortgage and other debts is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Allowing my family to "remain in their own world" is of ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Getting help with my overall insurance planning is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall Planning

Please check applicable boxes:

	<i>Yes</i>	<i>No</i>	<i>Don't Know</i>
1. I participate in a pension/profit sharing plan at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have checked my Social Security benefits in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a current will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have appointed a guardian for my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The executor of my estate is familiar with my estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I utilize a trust in my estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I do a good job managing my income/expense flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am in good health and have had no difficulty purchasing insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My spouse/partner participates in planning our financial affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Planning

Annual Income:

You	Spouse/Partner	
<input type="checkbox"/>	<input type="checkbox"/>	\$25,000 and under
<input type="checkbox"/>	<input type="checkbox"/>	\$25,001 - \$50,000
<input type="checkbox"/>	<input type="checkbox"/>	\$50,001 - \$100,000
<input type="checkbox"/>	<input type="checkbox"/>	\$100,001 - \$250,000
<input type="checkbox"/>	<input type="checkbox"/>	\$250,001 - \$500,000
<input type="checkbox"/>	<input type="checkbox"/>	\$500,001 - \$1,000,000
<input type="checkbox"/>	<input type="checkbox"/>	\$1,000,000 +

Total Life Insurance:

You	Spouse/Partner	
<input type="checkbox"/>	<input type="checkbox"/>	\$75,000 and under
<input type="checkbox"/>	<input type="checkbox"/>	\$75,000 - \$200,000
<input type="checkbox"/>	<input type="checkbox"/>	\$200,000 - \$500,000
<input type="checkbox"/>	<input type="checkbox"/>	\$500,001 - \$1,000,000
<input type="checkbox"/>	<input type="checkbox"/>	\$1,000,000 +

Residence Value \$ _____

Residence Mortgage Balance \$ _____

Present Finances:

- Life Insurance Cash Values
- Savings and CD's
- Money Market
- Mutual Funds
- Real Estate
(other than residence)
- Stocks and Bonds
- U.S. Government Bonds
- IRA
- 401(k)/Salary Saving
- Pension/Profit Sharing Plan
- Other _____

Risk Profile:

Please check one

- I prefer to take almost no financial risk.
- I am willing to take average risks in order to improve potential rate of return.
- I am willing to take substantial risks in order to increase potential rate of return.

Future Planning

Please check all applicable boxes:

In the near future I expect to:

Occupational

- Graduate
- Change my job
- Start a business
- Sell a business
- Receive a promotion
- Retire

Personal

- Have a child
- Adopt a child
- Improve home
- Buy a home
- Care for parent
- Change marital status

Financial

- Get a raise
- Get a bonus
- Inherit assets
- Borrow money
- Pay off a loan
- Purchase property

I am Interested in Discussing

Please check those items of interest to you:

- Tax-favored financial products
- Ways to help fund estate tax liability and expenses
- Ways to continue income if disabled
- Ways to provide supplemental educational funds
- Ways to accumulate more money
- A review of all my existing insurance
- Ways to provide for my family in the event of death
- Life insurance to help pay off mortgage
- Life insurance on spouse/partner
- Life insurance on children/grandchildren
- Other (specify)

What Concerns You Most About Your Business?

If business owner, check those areas of concern:

Business Continuation

If you had retired, died or become disabled yesterday, who would own, and who would run your business today?

Key People – Maximizing Benefits

If a key person left you today, would it be because a competitor offered a more attractive benefit package?

If a key person died or became disabled today, would it adversely affect your profits?

Optimizing Personal Benefits

Are you getting as much as possible from your business on a tax-favored basis?

Percentage of Business Owned _____ %