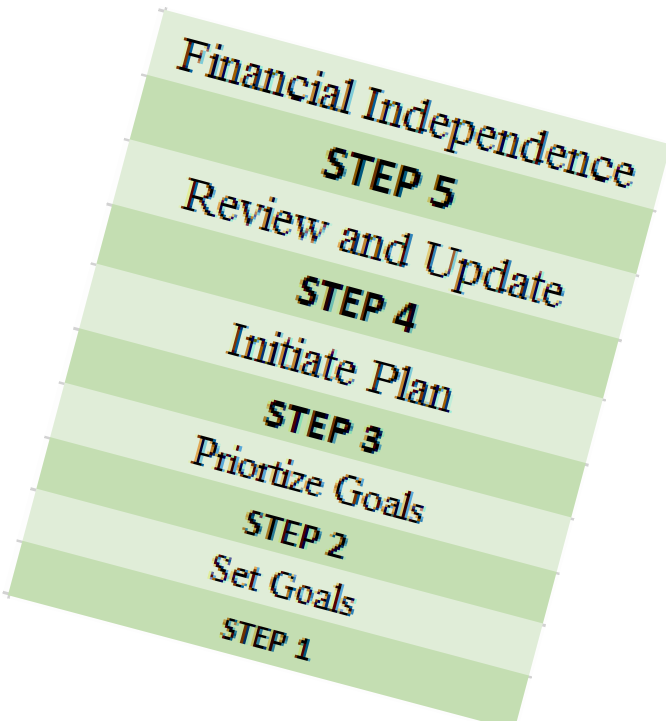
A Personal Financial Checkup



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	☐	☐	☐	☐
2. Retirement planning is of	☐	☐	☐	☐
3. Providing funds for long-term (nursing home) care in the future is of	☐	☐	☐	☐
4. Saving a fixed percentage of income is of	☐	☐	☐	☐
5. Insurance on my spouse/partner (and children) is of	☐	☐	☐	☐
6. Assuring an income when I'm sick or hurt and cannot go to work is of..	☐	☐	☐	☐
7. In the event of my death:				
a. Paying off my mortgage and other debts is of	☐	☐	☐	☐
b. Allowing my family to "remain in their own world" is of ...	☐	☐	☐	☐
8. Getting help with my overall insurance planning is of	☐	☐	☐	☐

Overall Planning

Please check applicable boxes:

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

Financial Planning

Annual Income:

You	Spouse/Partner	
☐	☐	$25,000 and under
☐	☐	$25,001 - $50,000
☐	☐	$50,001 - $100,000
☐	☐	$100,001 - $250,000
☐	☐	$250,001 - $500,000
☐	☐	$500,001 - $1,000,000
☐	☐	$1,000,000 +

Total Life Insurance:

You	Spouse/Partner	
☐	☐	$75,000 and under
☐	☐	$75,000 - $200,000
☐	☐	$200,000 - $500,000
☐	☐	$500,001 - $1,000,000
☐	☐	$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)

____

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____

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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 ______________ %