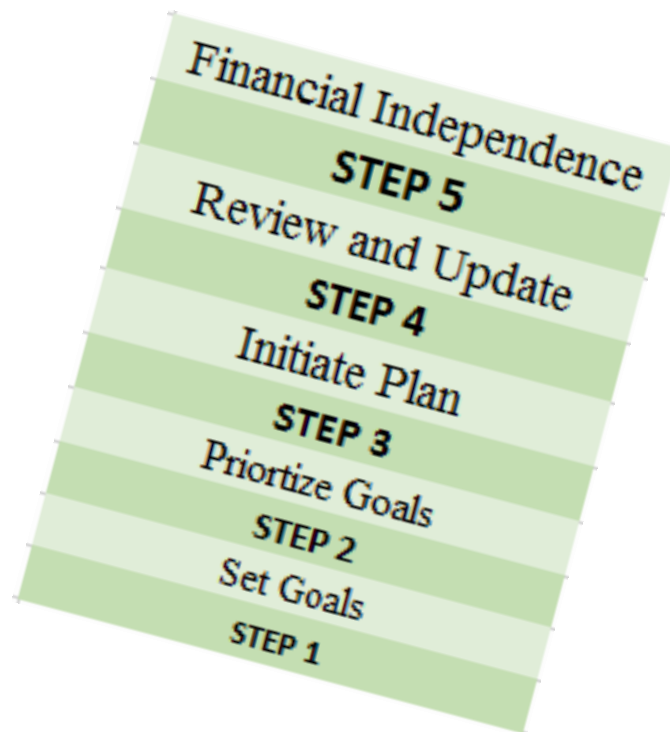




---

## *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 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:

<input type="checkbox"/>	Life Insurance Cash Values
<input type="checkbox"/>	Savings and CD's
<input type="checkbox"/>	Money Market
<input type="checkbox"/>	Mutual Funds
<input type="checkbox"/>	Real Estate
<input type="checkbox"/>	(other than residence)
<input type="checkbox"/>	Stocks and Bonds
<input type="checkbox"/>	U.S. Government Bonds
<input type="checkbox"/>	IRA
<input type="checkbox"/>	401(k)/Salary Saving
<input type="checkbox"/>	Pension/Profit Sharing Plan
<input type="checkbox"/>	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 \_\_\_\_\_ %