



Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: M  F  \_\_\_\_\_

Desired Retirement Age: \_\_\_\_\_

Second Name: M  F  \_\_\_\_\_

Desired Retirement Age: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

State of Issue: \_\_\_\_\_

Birth Date: \_\_\_ / \_\_\_ / \_\_\_

Birth Date: \_\_\_ / \_\_\_ / \_\_\_

**Current Concerns**

- Controlling Spending
- Eliminating Debt
- Reducing Taxes
- Providing for children’s or grandchildren’s education
- Maximizing Savings
- Creating your own Family Bank
- Wills/Trust
- Asset Protection
- Estate Planning

Future Expenditures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Real Estate**

**Personal Residence Information:**

Mortgage Payment (P&I only) \$ \_\_\_\_\_  
 Outstanding Mortgage \$ \_\_\_\_\_ Term Remaining \_\_\_\_\_ years Interest Rate: \_\_\_\_\_%  
 Type of Mortgage (check one & circle applicable term)  
 Fixed Term (30 year, 15 year, etc.)     ARM (5 yr, 7 yr, 10 yr, etc.)     Interest Only

**Other Property Owned:**

Mortgage Payment (P&I only) \$ \_\_\_\_\_  
 Outstanding Mortgage \$ \_\_\_\_\_ Term Remaining \_\_\_\_\_ years Interest Rate: \_\_\_\_\_%  
 Type of Mortgage (check one & circle applicable term)  
 Fixed Term (30 year, 15 year, etc.)     ARM (5 yr, 7 yr, 10 yr, etc.)     Interest Only

## Debt Related

Please list any outstanding debts other than mortgages

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

## Insurance

### Life Insurance

General Health: \_\_\_\_\_

Preferred  Standard Non-tobacco:  Tobacco:

Permanent or Term

Yearly Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Permanent or Term

Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

### Life Insurance

General Health: \_\_\_\_\_

Preferred  Standard Non-tobacco:  Tobacco:

Permanent or Term

Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Permanent or Term

Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

## Income & Expenses

**MONTHLY Gross Income**    Primary

Partner

Wages/Salary	\$ _____		\$ _____
Social Security	\$ _____		\$ _____
Pension	\$ _____		\$ _____
Investment Income	\$ _____		\$ _____
Rental Income	\$ _____		\$ _____
Other Income	\$ _____		\$ _____
Total Income	\$ _____		\$ _____

Desired Retirement Income \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Do you expect a significant change in cash flow in the near future?    Yes    No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Investment Accounts: Non-Qualified Accounts, Qualified Accounts, Savings Accounts

**List account type IRA, Roth, 401K, 403b, 457, Savings, etc.  
 Check the box if the account value, contributions, or both are available**

Financial Institution	Account Type	Account Value	Available?	Monthly Contribution	Available?
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>

Any Asset not listed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Redirected Money

Monthly Over-Payments from Debts	_____
Monthly Contribution to Investments	_____
Spending Planner (Found discretionary money)	_____
Amount to Pull from Qualified Accounts (5% to 10% a year or 72T)	_____
Amount to Pull from non-Qualified Accounts	_____
1035 Exchange	_____
Life Ins. Premium Being Replaced Monthly	_____
Other Available Money (Future)	_____
Total:	_____

**Producer's thoughts on case:**