

# PERSONALIZED PLAN

## A Financial Solution in Case You...



### Proper Protection

- Protect against loss of income due to critical illness
- Protect against loss of income due to terminal illness
- Protect the family in the event of premature death
- Protect family assets



### Cash Flow

- Earn additional income
- Manage expenses



### Emergency Fund

- Save at least 3–6 months' income
- Prepare for unexpected expenses



### Build Toward a Tax-free Retirement

- Strive to outpace inflation and reduce taxes
- Professional money management

Our goal is simple: to provide your family with a customized plan designed to meet your needs, goals, and budget.

**GETTING TO KNOW YOU...**

Client 1 Name \_\_\_\_\_ M / F Age or DOB \_\_\_\_\_  
Client 2 Name \_\_\_\_\_ M / F Age or DOB \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Please Check Preferred) (Please Check Preferred)  
 Client 1 Home Phone \_\_\_\_\_  Client 1 Personal Email \_\_\_\_\_  
 Client 1 Mobile Phone \_\_\_\_\_  Client 1 Alternate Email \_\_\_\_\_  
Client 2 Phone \_\_\_\_\_ Client 2 Email \_\_\_\_\_

Children  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

**HOUSING INFORMATION**

Monthly Rent/Mortgage Payment \$ \_\_\_\_\_ Length of Time at Residence \_\_\_\_\_

**INCOME**

Current Income  
(Include salary, bonuses, commissions, rental income, interest and dividends, alimony and child support, annuity or pension income, and any other income sources)

Client 1 Annual Salary/Wages \$ \_\_\_\_\_ Client 2 Annual Salary/Wages \$ \_\_\_\_\_

Other Household Annual Income (include, bonuses, commissions, rental income, interest and dividends, alimony and child support, annuity or pension income, and any other income sources) \$ \_\_\_\_\_

Total Combined Gross Household Income \$ \_\_\_\_\_

Current estimated combined effective tax rate \_\_\_\_\_ Did you have to pay taxes at your last filing? Y / N  
Did you receive a tax refund last filing? Y / N Refund amount \$ \_\_\_\_\_

**OTHER INFORMATION**

Now, I'd like to discuss the personal, professional, and financial goals that are most important and of greatest value/worth to you to customize your plan.

	Short-term (1–3 years)	Mid-range (3–7 years)	Long-term (7+ years)
<input type="checkbox"/> Buy a new home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Make a major purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build retirement wealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build savings for unexpected expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alternative income in case of disability or death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Help support aging parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pay off credit cards/debts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Start a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When was the last time you reviewed your family's financial goals? \_\_\_\_\_

Do you have an established monthly budget? Y / N Do you have a regular savings plan? Y / N

**EMERGENCY FUND**

Number of months to provide Emergency Funds \_\_\_\_\_

Provide for:     All expenses     Only non-discretionary expenses     Payment of rent/mortgage only

**OR:** How much do you need monthly in case of an emergency? \$ \_\_\_\_\_

How much do you currently have saved in a dedicated emergency fund? \$ \_\_\_\_\_

**PROPER PROTECTION: ADDITIONAL NEEDS**

Aside from providing funds to pay the rent/mortgage, is there anything you'd want your plan to accomplish?

- Pay Off Debts
- Provide Income Replacement    Amount \$ \_\_\_\_\_ or \_\_\_\_\_% of current combined household for \_\_\_\_\_ years
- Provide Education Funding    Approximate total cost of education \$ \_\_\_\_\_
- Pay Final Expenses    Amount \$ \_\_\_\_\_
- Provide Emergency Fund

**Existing Life Insurance Policies**

Insured	Owner	Beneficiary	Type	Face Amount	Surrender Value	Premium	Premium Mode	Policy Year	Provider

What is your biggest financial concern? \_\_\_\_\_

Please rate the following on a scale of 1 to 10 with respect to their importance and urgency:

\_\_\_\_\_ Cash Flow                      \_\_\_\_\_ Proper Protection                      \_\_\_\_\_ Retirement  
 \_\_\_\_\_ Emergency Fund                      \_\_\_\_\_ Debt                      \_\_\_\_\_ Estate Preservation

How much on a monthly basis do you feel you can save towards your goals? \$ \_\_\_\_\_

If I can offer you solutions to help you and your family reach your goals, is there any reason we could not do business and get you started right away? Y / N

Reason \_\_\_\_\_

# FINANCIAL WORKSHEET

Confidential – No Obligation

## A. RENT/MORTGAGE FUNDS NEEDED

Monthly Rent/Mortgage: \$ \_\_\_\_\_

Years of Rent/Mortgage Pmts to Cover: \_\_\_\_\_

(Experts recommend a minimum of 5 years or until youngest child reaches age 18 as a guideline)

Number of Months Needed (Years × 12): \_\_\_\_\_

Monthly Pmt × Number of Months Needed = \$ \_\_\_\_\_ funds needed

## B. MONTHLY BILLS (Total Amount Owed)

Resident 1

Resident 2

Credit Cards: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Cable / Phone / Utilities: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Loans / Car Payments: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Student Loans: \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OBLIGATIONS (B)** \$ \_\_\_\_\_

## C. FUNERAL EXPENSES

\$ \_\_\_\_\_

(The National Funeral Director's Association quotes an average of \$12,000 per funeral)

## D. CASH AVAILABLE

Resident 1

Resident 2

Savings: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Checking: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Life Insurance: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Liquid Assets: \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CASH AVAILABLE (D)** \$ \_\_\_\_\_

**RENT ONLY (Section A only) =** \$ \_\_\_\_\_

**OPTIONAL ADDITIONAL FUNDS REQUESTED (B + C – D) =** \$ \_\_\_\_\_

Agent \_\_\_\_\_

Date \_\_\_\_\_