

Insurance Needs Analysis

Client Profile:

Name: _____

Date of Birth: _____

Marital Status: _____

Ages of Children: _____

Tobacco Usage: _____

Phone: _____

Expected Age of Retirement: _____

Financial Planning Goals:

Estimate How Much My Social Security Benefit will pay me. Yes No

Determine if I have enough life insurance to protect my family. Yes No

Assessment of my current Retirement (IRA) savings. Yes No

Determine if I will be able to pay for my (or spouses) daily care in older ages without relying on grown children or the government to provide for me. Yes No

Assuring that my estate will be distributed as I wish. Yes No

Other: _____

Current Assets:

Cash Assets:

Cash on Hand: _____

CD's/ Savings: _____

Investments (Stocks, Mutual Funds): _____

Cash Equivalent: _____

Other: _____

Retirement Assets:

401K: _____

IRA: _____

Pension: _____

Amount of Current Contributions: _____

Expenses at Death:

Funeral Costs: _____

Medical Costs: _____

Debt Repayment: _____

College Funds for Kids: _____

Other Expenses: _____

Income:

Monthly Amount

Expected Duration in Years

Your Income:

Spouse's Income:

Current Social Security:

Other Income:

Living Expenses:

Monthly Operating Expense: _____

Child Care Expense: _____

Other: _____

We are happy to provide a complimentary financial consultation to you based on the information that you have provided- with NO obligation. Thank You for allowing us to serve you!