

FAMILY INFORMATION FORM
C O N F I D E N T I A L



To work with you, we need to understand not just where you want to go, but where you are right now.

*So gather what you can but we can always estimate if you can't locate something.
Please have as much of the following information available when we meet:*

- | | |
|---|--|
| <input type="checkbox"/> Income Information:
A representative payroll stub, or last year's tax returns if self-employed. | <input type="checkbox"/> Loan Statements:
Home Mortgage, Installment Loans, most recent credit cards bills. Any other loans outstanding. |
| <input type="checkbox"/> Retirement Account Statements:
IRAs, 401ks, SEPs, SIMPLEs, Pensions, Others. | <input type="checkbox"/> Company Benefit Statements
Annual or Quarterly Statements and Benefit Booklets. |
| <input type="checkbox"/> Non-Retirement Savings or Investment Account Statements:
Savings and Checking Statements, CDs, Savings Bonds, Mutual Funds, or Any Other Funds | <input type="checkbox"/> Children's Accounts Statements:
Savings Accounts, Savings Bonds, Education IRAs, UGMAs, UTMAs, 529s, or Anything Earmarked for Education. |
| <input type="checkbox"/> All insurance policies, illustrations, premium statements, declaration pages:
Auto, Home, Health, Life, Disability, Group Plans, Long Term Care, Others. | <input type="checkbox"/> Any Other Financial Information |

Remember: All information will be treated with the utmost care and confidentiality.

REP: _____ ADDRESS: _____
EMAIL: _____ PHONE: _____ FAX: _____

CLIENT INTERVIEW:

What 2 or 3 things are most important to your family concerning your financial future?

1. _____
2. _____
3. _____

At what age would you like to be financially independent (retire)? Him _____ Her _____

What do you think is your life expectancy? (default age = 90) Him _____ Her _____

What is your monthly household retirement income goal (before taxes, today's dollars)? \$ _____

Should we include Social Security in the figure above? Him: Yes No Her: Yes No

(earliest age is 62, full SS retirement age based on birth date) Age _____ Age _____

How often do you feel your plan should be updated? 6 months 1 year 3 years 5 years

Note: Required Fields to run the program are in **Bold**.

PERSONAL INFORMATION:

Male Female

First Name: _____ Email: _____
Middle Initial: _____ Home Phone: _____
Last Name: _____ Work Phone: _____
Legal Name: _____ Cell Phone: _____
Home Address: _____ Occupation: _____
_____ Years in Occupation: _____
City: _____ Employer: _____
State: _____ Employer Address: _____
Zip: _____
Date of Birth: _____ City, State, Zip: _____
SSN: _____ Years at Employer: _____
DL#: _____
DL Expiration Date: _____
Desired Retirement Age: _____
Life Expectancy: _____ (Default = Age 90)

SPOUSE INFORMATION:

No Spouse Male Female

First Name: _____ Email: _____
Middle Initial: _____ Home Phone: _____
Last Name: _____ Work Phone: _____
Legal Name: _____ Cell Phone: _____
Date of Birth: _____ Occupation: _____
SSN: _____ Years in Occupation: _____
DL #: _____ Employer: _____
DL Expiration Date: _____ Employer Address: _____
Desired Retirement Age: _____
Life Expectancy: _____ (Default = Age 90) City, State, Zip: _____
Years at Employer: _____

CHILDREN

First Name: _____	First Name: _____
Middle Initial: _____	Middle Initial: _____
Last Name: _____	Last Name: _____
Legal Name: _____	Legal Name: _____
Date of Birth: _____	Date of Birth: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Lives in Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives in Household: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN: _____	SSN: _____
First Name: _____	First Name: _____
Middle Initial: _____	Middle Initial: _____
Last Name: _____	Last Name: _____
Legal Name: _____	Legal Name: _____
Date of Birth: _____	Date of Birth: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Lives in Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives in Household: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN: _____	SSN: _____

Notes: _____

INCOME AND TAXES (All figures should be monthly)

Primary:

Gross Monthly Income \$ _____
Taxes (Total): \$ _____
 Federal \$ _____
 FICA-SS \$ _____
 State \$ _____

Pay period: Monthly Semi-Monthly Bi-weekly Weekly

Monthly Net Pay: \$ _____

W/H Allowances: \$ _____

Property Taxes: \$ _____ Per _____

Spouse:

Gross Monthly Income: \$ _____
Taxes (Total): \$ _____
 Federal \$ _____
 FICA-SS \$ _____
 State \$ _____

Pay period: Monthly Semi-Monthly Bi-weekly Weekly

Monthly Net Pay: \$ _____

W/H Allowances: \$ _____

OTHER CURRENT AND FUTURE INCOME (if any)

Description: _____

Gross Monthly Income: \$ _____

Taxes: \$ _____

Federal \$ _____

Monthly Take-Home Pay: \$ _____

Withholding Allowances: _____

COLA % (cost of living allowance): _____

Start Date: His Age: _____ Her Age: _____ Date: _____

End Date: His Age: _____ Her Age: _____ Date: _____

Description: _____

Gross Monthly Income: \$ _____

Taxes: \$ _____

Federal \$ _____

Monthly Take-Home Pay: \$ _____

Withholding Allowances: _____

COLA % (cost of living allowance): _____

Start Date: His Age: _____ Her Age: _____ Date: _____

End Date: His Age: _____ Her Age: _____ Date: _____

NON-RETIREMENT ASSETS – Real Estate and Personal Property

Home Market Value (Primary Residence): \$ _____

Other Real Estate: Description: _____ Appraised Value: \$ _____

Personal Property Description: _____ Appraised Value: \$ _____

NON-RETIREMENT ASSETS – Non-Retirement Investments

Type (Stocks, Bonds, Mutual Funds, Savings Bonds, Other)	Company	Total: \$ _____	Current Value	Monthly Contribution
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

NON-RETIREMENT ASSETS – Cash Accounts

Type (Stocks, Bonds, Mutual Funds, Savings Bonds, Other)	Company	Total: \$ _____	Current Value	Monthly Contribution
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

EMERGENCY FUND

What is the minimum amount you feel comfortable keeping liquid in today's dollars? \$ _____

Recommended: Minimum 3 months' expenses. Suggested: 6 months' gross income.

Notes: _____

RETIREMENT ASSETS

How much monthly household income will you need at retirement in today's dollars? \$ _____ per month.

PRIMARY

Type*	Company	Current Value	Monthly Contribution	Employer Match
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
PRIMARY RETIREMENT ASSETS:	Totals:	\$ _____	\$ _____	\$ _____

SPOUSE

Type*	Company	Current Value	Monthly Contribution	Employer Match
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SPOUSE RETIREMENT ASSETS:	Totals:	\$ _____	\$ _____	\$ _____

OTHER

Type*	Company	Current Value	Monthly Contribution	Employer Match
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
OTHER RETIREMENT ASSETS:	Totals:	\$ _____	\$ _____	\$ _____

* Type of Retirement Plans: *Traditional IRA, Roth IRA, 401k, 403b, 457, Sep-IRA, Simple IRA, ESOP, other.*

EDUCATION

Child #1: _____
 Current Age: _____
 Possible School: _____
 Age to Begin School: _____
 Years at School: _____
 Today's Annual Cost: \$ _____ (If known)
 Current Savings: \$ _____
 Monthly Savings: \$ _____
 % of Cost Parents Pay: _____

Child #2: _____
 Current Age: _____
 Possible School: _____
 Age to Begin School: _____
 Years at School: _____
 Today's Annual Cost: \$ _____ (If known)
 Current Savings: \$ _____
 Monthly Savings: \$ _____
 % of Cost Parents Pay: _____

Child #3: _____
 Current Age: _____
 Possible School: _____
 Age to Begin School: _____
 Years at School: _____
 Today's Annual Cost: \$ _____ (If known)
 Current Savings: \$ _____
 Monthly Savings: \$ _____
 % of Cost Parents Pay: _____

Child #4: _____
 Current Age: _____
 Possible School: _____
 Age to Begin School: _____
 Years at School: _____
 Today's Annual Cost: \$ _____ (If known)
 Current Savings: \$ _____
 Monthly Savings: \$ _____
 % of Cost Parents Pay: _____

Notes: _____

EDUCATIONAL ACCOUNTS

Child	Type Account*	Company	Value	Monthly Contribution
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

* Type Account: 529 Savings Plans, 529 Prepaid Tuition Plans, Educational IRAs, UGMAs, UTMAs, Savings Bonds, Saving Accounts, Stocks, Other

DEBT

Note: All payments are per month.

Creditor	Type (Revolving, Fixed 2 nd Mortgage)	Balance	Interest Rate	Min Payment (P&I)	Actual Payment (P&I)	Intro Rate	End of Intro Rate	Include in Elimination Plan
_____	1 st Mortgage	\$ _____	_____	\$ _____	\$ _____	N/A	N/A	_____
_____	2 nd Mortgage	\$ _____	_____	\$ _____	\$ _____	N/A	N/A	_____
Auto #1	Fixed	\$ _____	_____	\$ _____	\$ _____	N/A	N/A	_____
Auto #2	Fixed	\$ _____	_____	\$ _____	\$ _____	N/A	N/A	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____	_____	_____

Important Points concerning debt input:

1. Make sure you designate the correct type of debt, ie, mortgage, fixed, or revolving (credit cards).
2. Enter Principal and Interest (P & I) payments only.
3. Actual payment must be at least the minimum payment or an error will result.
4. The minimum payment is what the client must pay each month and cannot be 0.
5. Balance on each debt must be greater than zero.

INSURANCE (Other than Life Insurance)

Note: In this section, only enter insurance programs other than life insurance.

Type	Company	Benefit Amount	Monthly Premium	Group Benefits
Home:	_____	\$ _____	\$ _____	N/A
Auto:	_____	\$ _____	\$ _____	N/A
Health 1:	_____	\$ _____	\$ _____	<input type="checkbox"/>
Health 2:	_____	\$ _____	\$ _____	<input type="checkbox"/>
Prescription:	_____	\$ _____	\$ _____	<input type="checkbox"/>
Dental / Vision:	_____	\$ _____	\$ _____	<input type="checkbox"/>
Disability:	_____	\$ _____	\$ _____	<input type="checkbox"/>
Accident:	_____	\$ _____	\$ _____	<input type="checkbox"/>
Long Term Care:	_____	\$ _____	\$ _____	<input type="checkbox"/>
Other:	_____	\$ _____	\$ _____	<input type="checkbox"/>
TOTALS:		\$ _____	\$ _____	

NOTE: Please indicate if insurance is provided by employer or subsidized by employer by checking the "Group Benefits" box.

Notes: _____

LIFE INSURANCE POLICIES

PRIMARY

Type*	Company	Face Value	Current Cash Value	Monthly Premium
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
PRIMARY LIFE INSURANCE POLICIES TOTALS:		\$ _____	\$ _____	\$ _____

SPOUSE

Type*	Company	Face Value	Current Cash Value	Monthly Premium
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SPOUSE LIFE INSURANCE POLICIES TOTALS:		\$ _____	\$ _____	\$ _____

In the event of your untimely death:

Do you want money set aside to pay your debts?
 Do you want money set aside to pay your mortgage?
 Do you want money set aside to send your children to college?
 How much will it take to cover your final expenses?
 (Note: Include funeral cost, medical bills, estate settling costs, etc.)
 How much monthly income will your family need in the event of your untimely death?

Primary		Spouse	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$ _____		\$ _____	
\$ _____		\$ _____	
<input type="checkbox"/> Life expectancy -spouse		<input type="checkbox"/> Life expectancy spouse	
<input type="checkbox"/> Unlimited		<input type="checkbox"/> Unlimited	
<input type="checkbox"/> Specific # of years _____		<input type="checkbox"/> Specific # of years _____	

For how many years?

Consider the following assets to offset life insurance needs:

- None
 Retirement Assets
 Non-Retirement Assets
 Cash Accounts
 All of the above

CHILDREN'S LIFE INSURANCE POLICIES

Child	Type*	Company	Face Value	Current Cash Value	Monthly Premium
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

* Type of Life Insurance Policies: Term Life – Individual, Whole Life – Individual, Term Life - Group, Whole Life – Group, Endowment, Universal Life, Variable. Universal Life, Adjustable Life, Child Rider, Other)

Notes: _____

COMMITMENTS

THE STATE OF THE INDUSTRY

The Financial Services Industry, generally speaking, provides little education and guidance causing families and individuals to go in multiple directions for their financial needs. For years, the financial industry has been, for the most part, product-driven, sales-based, and transaction-oriented.

OUR COMMITMENT TO YOU

- To provide EDUCATION - the knowledge to make the right decisions
- To provide GUIDANCE - understanding your needs, goals, and dreams
- To provide DIRECTION - the options that will help you meet your goals and dreams

We commit, both now and for the rest of your life, to be concerned about your total financial picture with a comprehensive approach that is client-focused, needs-based, and solution-driven.

YOUR COMMITMENT TO US

1. **How much more could you set aside to help you reach your goals?** Most of our clients can free up 10% of their income towards their financial future, the fortunate ones can free up 15% or more, and then there are those who are on a fixed or limited budget who can only free up 5%, which category would you find yourself at this time?
Monthly Gross Income: \$ _____ X _____ % = \$ _____ (can you commit this amount?)
2. Do you have any close personal ties with your insurance agent, banker, or broker that would prevent us from implementing a better program? Yes No
So, if we can work up a program that helps you and your family in every way, and you'd be the sole judge, **is there any reason we couldn't start implementing your program on our second visit?** Yes No
3. Assuming you feel good about what we do for you, is there any reason you wouldn't recommend 2 or more people like yourselves who should hear about the program? We will mention that we have been helping you with your financial needs. Of course, they would make up their own minds. Yes No
4. As part of the Financial Services Industry, we are constantly looking for key people that might consider a position with our company. Do you know anyone who would be interested in getting more information about our firm? Yes No

FOLLOW-UP SCHEDULED:

Next Step:	Day	Date	Time
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

CLIENT APPROVAL

CUSTOMIZED ♦ CONFIDENTIAL ♦ COMPLIMENTARY

I/we are providing this information to prepare a financial analysis and to determine whether I/we may qualify for certain financial services. I/we authorize my representative and his/her affiliates to obtain any reports deemed necessary in order to prepare an offer for certain financial products. This is not an application for any financial services; if I/we want to be considered for any product, I/we will apply to the provider and be considered under the criteria to qualify for a particular service. I/we understand that any information obtained will be kept and retained with utmost confidentiality.

To ensure that we provide the best possible service to the families and individuals we serve, we ask them to verify and approve the information on this form.

Approved by: _____ Date: _____

Approved by: _____ Date: _____

Prepared by: _____ Date: _____

Please feel free to contact us with any questions you may have.

BUDGET WORKSHEET

(The more accurate your information, the more accurate your financial analysis will be.)

Objective

Achieve a spending level consistent with your goals and income by using this sheet to determine a reasonable budget.

Living Expenses

<u>Housing</u>	Now	Future
Rent	\$ _____	\$ _____
Telephone	_____	_____
Utilities	_____	_____
Maintenance & Repair	_____	_____
Furnishings	_____	_____
Improvements	_____	_____
Household Help	_____	_____
Other	_____	_____
Total Home-Related Expenses	\$ _____	\$ _____

Family

Food & Grocery	\$ _____	\$ _____
Clothing	_____	_____
Medical & Dental Expenses (not covered by insurance)	_____	_____
Laundry & Dry Cleaning	_____	_____
Child Care	_____	_____
Education Expenses	_____	_____
Legal Expenses	_____	_____
Other (alimony, child support, etc.)	_____	_____

Transportation

Gas & Oil	\$ _____	\$ _____
Maintenance & Repair	_____	_____
Other (travel, etc.)	_____	_____

Giving

Charitable	\$ _____	\$ _____
Non-Charitable	_____	_____

Leisure

Vacations	\$ _____	\$ _____
Hobbies (club memberships, etc.)	_____	_____
Entertainment (restaurants, cable, movies, etc.)	_____	_____
Other	_____	_____
Total Non-Home-Related Expenses	\$ _____	\$ _____

**A. Total Living Expenses
(home and non-home)**

\$ _____ \$ _____

Debt Payments

	Now	Future
Mortgage (P & I)	\$ _____	\$ _____
Other Debt Payments	_____	_____
B. Total Debt Payments	\$ _____	\$ _____

Insurance Premiums

Individual Life	\$ _____	\$ _____
Employee Paid Group Life Ins.	_____	_____
Homeowner's Insurance	_____	_____
Private Mortgage Insurance	_____	_____
Other (auto, health, disability, etc.)	_____	_____
C. Total Insurance Premiums	\$ _____	\$ _____

Savings

Retirement	\$ _____	\$ _____
Education	_____	_____
Other Goals & Dreams	_____	_____
D. Total Savings	\$ _____	\$ _____

Taxes

Income	\$ _____	\$ _____
Property	_____	_____
E. Total Taxes	\$ _____	\$ _____

Income

Employment Income	\$ _____	\$ _____
Current Pension	_____	_____
Other Income	_____	_____
G. Total Income	\$ _____	\$ _____

Shortfall or Surplus

A. Total Living Expenses	\$ _____	\$ _____
B. Total Debt Payments	\$ _____	\$ _____
C. Total Insurance Premiums	\$ _____	\$ _____
D. Total Savings	\$ _____	\$ _____
E. Total Taxes	\$ _____	\$ _____
F. Total Expenses (A+B+C+D+E)	\$ _____	\$ _____
G. Total Income	\$ _____	\$ _____
If (F) is greater than (G), write shortfall here \$ _____ \$ _____		
If (G) is greater than (F), write surplus here \$ _____ \$ _____		