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Financial Consulting & Wealth Planning

# HUMAN LIFE VALUE

## NEEDS ANALYSIS

*Organizing your Financial Life*

## FAMILY INFORMATION

Client Name:	Date of Birth: / /	Marital Status:
Spouse Name:	Date of Birth: / /	
Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	
Client Email:		

## LIFE INSURANCE

	Life Policy 1	Life Policy 2
Policy Name		
Purchase Date		
Policy Type		
Insured		
Owner		
Beneficiary		
Current Death Benefit		
Current Cash Value		
Annual Premium		
Premium Term		

## LIABILITIES

Mortgage/Loans	Property	Original Loan Amount	Current Balance	Interest Rate	Loan Term

## INCOME

Name	Annual Amount	Owner	Starts	Ends
Salary/Bonus				
Salary/Bonus				
Other				
Social Security- Client				
Social Security- Spouse				