



DAPHNE A. WRIGHT, CPA, CFP®
Financial Consulting & Wealth Planning

LIFE INSURANCE

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:		

CHILDREN / GRANDCHILDREN

Name	Child/Grandchild	DOB	Marital Status	Spouse	DOB
			S M Sep Div		
			S M Sep Div		
			S M Sep Div		

AGE ASSUMPTIONS

Client/Spouse	Retirement Age	Assumed Life Expectancy	Assumed Life Expectancy

REAL ESTATE & PERSONAL PROPERTY

Name	Current Value	Owner

NON-QUALIFIED ASSETS (TAXABLE & CASH)

Name	Current Value	Owner

RETIREMENT ASSETS (QUALIFIED, ROTH IRAS, ANNUITIES & DEFERRED COMPENSATION)

Type/Institution Name	Current Value	Owner	Beneficiary

L I F E I N S U R A N C E

	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		

L I A B I L I T I E S

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

I N C O M E

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

E X P E N S E S

Current	Retirement	Desired Income in the Event of Death:	
		Client's Death	Spouse's Death

E D U C A T I O N G O A L S

Child/Grandchild	Annual Amount	Education For	Starts	Ends	Monthly Savings