

Confidential Needs Analysis.

Client Name: _____ DOB _____ Ht: _____ Weight: _____ Smkr? Y ___ N ___

Occupation: _____ Annual Income: \$ _____

Spouse Name: _____ DOB _____ Ht: _____ Weight: _____ Smkr? Y ___ N ___

Occupation: _____ Annual Income: \$ _____

Address: _____ Phone Number: (____) _____

Children: Age. _____ Sex _____ Age. _____ Sex. _____ Age. _____ Sex _____ Age. _____ Sex. _____

SSN:
SSN:

Home and Mortgage Information

DvrLic#:
DvrLic#:

Estimated Current Home Value: \$ _____ Years in this home? _____

Do you own any other properties? _____ If so, how many? _____

1st Mortgage Balance: _____ Monthly Payment: _____ Interest: _____

2nd Mortgage Balance: _____ Monthly Payment: _____ Interest _____

Total Credit Card Debt: _____ Monthly Payment: _____ Interest _____

Automobile Loans Total: _____ Monthly Payment: _____ Interest _____

Other Outstanding Debt: _____ Monthly Payment: _____ Interest _____

Total Debt: _____ **Total Monthly Payment:** _____

Current Insurance Protection Information

Insurance coverage on Client: \$ _____ Type: Term, IUL, VUL, Other. **Payment:** _____/yr.

Insurance coverage on Client: \$ _____ Type: Term, IUL, VUL, Other. **Payment:** _____/yr.

Life Expectancy - Age:
Life Expectancy - Age:

Retirement Preparedness Information

Client:

Spouse:

Your desired annual retirement income? \$ _____ in _____ years. \$ _____ in _____ years.

Current retirement account balance?: **IRA.** \$ _____ %.

Current retirement account balance?: **401K.** \$ _____ %.

Current retirement account balance?: **Other.** \$ _____ %.

Your combined Federal and State tax rate? 25% _____, 28% _____, 30% _____, 33% _____, Other _____ %

In order to make a responsible evaluation and recommend a suitable plan of action to meet your particular needs, it is necessary to have an accurate picture of your financial history, current state of affairs and personal desires. This is no less than a physician would seek to obtain the clients medical history, desires and current physical state of being before attempting to do a diagnosis, and prescription. Failing to do this in either case would rightly be considered as professional malpractice. An accurate completion of this Confidential Needs Analysis will go a long way in helping us to provide you the high level of professional service that you deserve. All information is held in strict confidence.

Please be as specific as possible and provide us with three of the most serious financial challenges for which you would like to receive our professional advice for minimizing or eliminating.

- 1. _____

- 2. _____

- 3. _____

Please be as specific as possible and provide us with the top four financial goals and desires for which you would like to receive our professional advice and recommendations for their achievement.

- 4. _____

- 5. _____

- 6. _____

- 7. _____

