



## GENERAL INFORMATION

	Name	Gender	Date of Birth	State
Client				
Spouse				

## PRE-RETIREMENT INCOME SOURCES

Type	Income (Annual)	Occupation
Gross Income (Client)	\$	
Gross income (Spouse)	\$	
Other (e.g. rental property, royalties, part-time work)	\$	

## EXPECTED RETIREMENT INCOME SOURCES

Type	Income (Annual)	Income Earner	Age Income Begins	Annual Increase Amount
Social Security	\$			
Social Security	\$			
Pension	\$			
Other (specify in notes section)	\$			

## SAVINGS & INVESTMENTS

Account Name (e.g. Checking, 401(k), IRA)	Tax Deferred Tax Exempt Taxable	Account Value	Contributed by (Primary, Spouse, Employer, etc.)	Annual Contributions
		\$		\$
		\$		\$
		\$		\$
		\$		\$

## EDUCATION SAVINGS

Number of Children	Ages	College Type (Public or Private)	Expected Number of Years in College

\*Please note any specific university information (tuition/living expenses in the Notes section at the end)

**If meeting your retirement goal is not possible, which best describes you (select one):**

- Continue to work and save until retirement income goal is achieved
- Retire at planned retirement age and reduce desired income goal
- Continue to work part time to supplement income goal

## RETIREMENT ASSUMPTIONS

Income Replacement Ratio In Retirement	%
Inflation Adjusted Salary Increase	%
Expected Retirement Age	

Duration of Retirement	
Expected Pre-Retirement Return on Investment	%
Expected Post Retirement Return on Investment	%

## RISK MANAGEMENT

Type	Policy Type (Term, VUL, etc.)	Insured	Premium	Cash Value	Benefits
Life Insurance (Client)			\$	\$	
Life Insurance (Spouse)			\$	\$	

## SPECIALTY INSURANCE

Type	Insured	Premium	Cash Value	Benefits
Disability Income Insurance		\$	\$	
Other (Hybrid LTC, Life Insurance, etc.)		\$	\$	

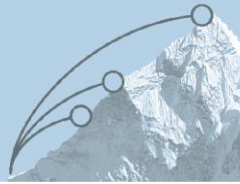
### Do you feel that your current savings plan has:

- Yes  No Asset class diversification
  Yes  No Flexibility for changing needs  
 Yes  No Tax diversification
  Yes  No Defined budget needed to achieve goals  
 Yes  No Risk management strategies in place

## LIFESTYLE EXPENSES

Annual Living Expenses (Needs)	Annual Cost	Duration of Expenses	Need(N) / Want (W)
Housing (Rent, Mortgage, Taxes, Insurance)	\$		
Car Loan(s)	\$		
2nd Home	\$		
Credit Card Debt	\$		
Education (Loan Payments, College Savings)	\$		
Utilities (Gas, Electric, Water, Sewer)	\$		
Technology (Cable, Internet, Phone)	\$		
Medical Expense (Insurance, Prescriptions)	\$		
Child Expenses (Day Care, Child Support)	\$		
Home Improvement	\$		
Groceries	\$		
Eating Out	\$		
Transportation (Gas, Repairs, Insurance, etc)	\$		
Travel	\$		
Clothing	\$		
Church/Charity	\$		
Entertainment	\$		
Other (If necessary specify in Notes)	\$		
<b>TOTAL</b>	<b>\$</b>		

## NOTES



PLEASE ANSWER THE FOLLOWING QUESTIONS TO ENABLE US TO BE AS ACCURATE AS POSSIBLE WHEN EVALUATING YOUR LIFE INSURANCE OPPORTUNITIES.

**INFORMATION NEEDED**

Name: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you have a personal history of any of the following conditions?

Cancer or tumors Yes No

Asthma, emphysema, obstructive sleep apnea, or COPD? Yes No

Depression, Anxiety, or other mental nervous condition? Yes No

Cardiovascular disorder, including heart attack, coronary artery disease, arrhythmia, valvular disease, heart murmur, cerebrovascular disease, stroke, or TIA? Yes No

Diabetes, elevated blood sugar, or glucose intolerance Yes No

Any other health impairment or medically treated condition? \_\_\_\_\_

Have you had any medical tests, such as a treadmill stress test, X-Ray, MRI, heart scan, sleep study, or echocardiogram? Yes No

Do you have any family history (parents or siblings) of death prior to age 60 from cardiovascular disease or cancer? Yes No

Have you used tobacco in any form within the past 10 years? If yes, please provide type and date of use Yes No

Are you currently taking any medications? If yes, please provide name and dosage. Yes No

Have you had any driving infractions, including moving violations, DUI/DWI, reckless driving, or license suspensions in the last 5 years?

Have you been rated or declined for life insurance in the past?

Are you a pilot, other than for a commercial passenger airline?

Do you engage in automobile or motorcycle racing, parachuting, skin or scuba diving, hang gliding, bungee jumping or any other hazardous sport?

Do you plan to travel outside the United States within the next twelve months?

If YES was selected for any of the above, please provide details. \_\_\_\_\_