

				Gene	eral Da	ata					
Name:					Spous	e Nam	ne:				
DOB:			Spouse DOB:								
	Number of Cl	nildren:			Ages:						
Number of Grandchildren:				Ages:							
Do you in	itend to send yo	our child	ren/grandchild	dren to	•	?		Yes			No
Current C	Concerns:	Deb	t Elimination			Legacy	y / Estate			Increa	sed Savings
		Reti	rement			Long-	Term Care	2		College	e Planning
		Tax	Reduction				h Care Exp				
	•			•							
Lo	ng-Term Deb	t - 10 Y	ears or Mor	e (Mo	rtgage	, Stu	dent Loa	ns, Pe	ersoi	nal Loa	ans, etc.)
			Personal Re	sidenc	e: Mort	gage S	Statement				
	(P&I Onl	v):					Outstand		ance:		
	(Taxe				Interest Rate:						
	(Insuranc				Mortagage Type:						
	(<u> </u>			L			~B~B-	71"-		
				Oth	ner Loan	ıs					
Debt Name			Amount Owed		Int. Rate%		Min. Req'd Pyment			Act	tual Payment
			111100111101111		11101	2,0	141111111111111111111111111111111111111	<u> </u>	C		
Sh	ort-Term De	bt - Les	s than 10 Ye	ears (0	Credit	Cards	. Auto L	oans,	med	lical bi	lls, etc.)
	ebt Name		Amount Owed		Int. Rate		Min. Req				tual Payment
			111100		111011111	570	1711	<u> ,</u>	· · · ·		

	ı	ncome						
Monthly Income Type			You				Spouse	9
Wages / Salary:								
Projected Annual Salary Increase:								
Social Security:								
Pension:								
Rental Income:								
Other Income:								
Total Income:								
Fu	iture (Conside	erations					
Desired Retirement Income:								
Required Income Projection:								
Desired Retirement Age:								
						$\overline{}$		
Have you considered cost-of-living, inflation,	, and inc	creased n	nedical expens	es?		Ш	Yes	No
							1	
Do you expect a significant income or cash f		nge in th	e near future?	$\overline{}$		Ш	Yes	No
If "Yes", please explain:			Tax Ref					
Gift	_		Inherita			nce:		
Other	r:							
Cı	ırrent	Life In	surance					
Your Life Insurance				S	ouse Insu	ıran	ce	
General Health:			General Healtl	h:				
Smoker: Yes No			Smoker:		Yes		No	
				_				
Term Permanent Employ	yer		Term		Permanei	nt	Empl	oyer
Premium:			Premi	um:				
Death Benefit:			Death Benefit:					
Cash Value:			Cash Va	lue:				
Term Permanent Employ	yer		Term	Ш	Permanei	nt	Empl	oyer
Premium:			Premi					
Death Benefit:			Death Ben					
Cash Value:			Cash Va	lue:				

			(-1)	29, IRA, Ro			· · · · · · · · · · · · · · · · · · ·	,.
Financial Institution	Acct Type	Ac	ct Value	Mo. Co	ntribution		Availa	ble
							Yes	No
							Yes	No No
							Yes	No No
							Yes	No
							Yes	No
							Yes	No No
							Yes	No
Would you postpone remore in retirement? Which concerns you make a growth Do you want a retirement	Yes ore, the growth in Protection agent plan controlled	No nyour savingainst loss d solely by	ngs or prote	ection against	loss of savi	ngs?		
Controlled by	<u> </u>			ent influence		T		
Are you currently work	ing with a financia	al advisor?		Yes	No	Но	w long?	
		Age 62	ach year?	NRA:		Age	e 70	
What significant expens	ses do you plan or				-aac	Age	e 70	
What significant expens	ses do you plan or Trips		Т	ravel Sports F		Ago	e 70	
What significant expens Spring Break T Fall Break Trip	ses do you plan or Frips os		T	ravel Sports F	Tuition		e 70	
What significant expens Spring Break Trip Fall Break Trip Summer Vaca	ses do you plan or Frips os tions		T	ravel Sports F rivate School rt, Music Ath	Tuition		e 70	
What significant expenses Spring Break Trip Fall Break Trip	ses do you plan or Frips os tions		T	ravel Sports F	Tuition		e 70	
What significant expense Spring Break To Fall Break Trip Summer Vaca Other Vacatio Do you have a Will, Livi	ses do you plan or Trips os tions ins ng Will, General P	n having ea	T P A C	ravel Sports F rivate School rt, Music Ath other Healthcare F	Tuition letic Lession Power of Att	ns	y?	
What significant expenses Spring Break Trip Summer Vaca Other Vacatio Do you have a Will, Livi Yes Do you have a concern	ses do you plan or Trips os tions ons ons Mo about the cost of	n having ea	P A Control of Care need	ravel Sports F rivate School rt, Music Ath other I Healthcare F	Tuition letic Lession Power of Att	ns	y? Yes	No
What significant expenses Spring Break Topenses Fall Break Tripe Summer Vaca Other Vacatio Do you have a Will, Livi Yes Do you have a concern	ses do you plan or Trips os tions ons ons Mo about the cost of	n having ea	P A Control of Care need	ravel Sports F rivate School rt, Music Ath other I Healthcare F	Tuition letic Lession Power of Att	ns	y?	No
What significant expenses Spring Break Topenses Fall Break Tripe Summer Vaca Other Vacatio Do you have a Will, Livi Yes Do you have a concern	ses do you plan or Trips os tions ons ons Mo about the cost of	n having ea	P A Control of Care need	ravel Sports F rivate School rt, Music Ath other I Healthcare F	Tuition letic Lession Power of Att	ns	y? Yes	No
Fall Break Trip Summer Vaca Other Vacatio Do you have a Will, Livi Yes Do you have a concern Do you own more porp	ses do you plan or Trips os tions ons ons Mo about the cost of	n having ea	P A Control of Care need	ravel Sports F rivate School rt, Music Ath other I Healthcare F	Tuition letic Lession Power of Att	ns	y? Yes	No
What significant expenses Spring Break Topenses Fall Break Tripe Summer Vaca Other Vacatio Do you have a Will, Livi Yes Do you have a concern	ses do you plan or Trips os tions ons ons Mo about the cost of	n having ea	P A Control of Care need	ravel Sports F rivate School rt, Music Ath other I Healthcare F	Tuition letic Lession Power of Att	ns	y? Yes	No No
What significant expense Spring Break To Spring Break Trip Summer Vaca Other Vacation Do you have a Will, Livi Yes Do you have a concern Do you own more porp	ses do you plan or Trips os tions ons ons Mo about the cost of	n having ea	P A Control of Care need	ravel Sports F rivate School rt, Music Ath other I Healthcare F	Tuition letic Lession Power of Att	ns	y? Yes	No No