

Client Value & Fact-Finding Form

(Confidential Information)



#1 Name: _____ Phone: _____ DOB: _____

#2 Name: _____ Phone: _____ DOB: _____

Check ONE

I. PERSONAL CONCERNS

	#1 Yes or No	#2 Yes or No
1. Are you concerned that you might run out of money?	or	or
2. Are you concerned about how your money is invested?	or	or
3. Do you expect to care for a child or a parent in retirement?	or	or
4. Are you concerned how the estate laws will affect you?	or	or
5. Do you want to reduce your social security taxation?	or	or
6. Is lifestyle important to maintain for your spouse?	or	or
7. Are you concerned how to figure out <u>how much</u> you need to retire?	or	or

II. PERSONAL QUESTIONS

	#1 Yes or No	#2 Yes or No
1. Do/will you have income from retirement accounts?	or	or
2. Do/will you have income from real estate?	or	or
3. Do you have a distribution plan?	or	or
4. Do you have a will?	or	or
5. Do you have a living trust?	or	or
6. Do you have an irrevocable grantor trust?	or	or
7. Do you expect an inheritance?	or	or

III. FINANCIAL PLANNING OBJECTIVES

Rank the following according to your **level of concern**.

Please **note** the most appropriate number under column #1 or #2:

1 2 3 4 5 6 7 8 9 10 **(Not concerned (1) – Very Concerned (10))**

	#1	#2	
	___	___	Increasing current income
	___	___	Maximum growth
	___	___	Combined growth and income
	___	___	Reducing current income taxes
	___	___	Desire for professional management
	___	___	Estate planning
	___	___	Planning for children or grandchildren
	___	___	Protecting assets against possible Long Term Care Needs
	___	___	Safety of Principal

#1 Signature Date

#2 Signature Date

Confidential Needs Analysis

(For agent use only)



GENERAL INFORMATION

Prepared by: _____ Date: _____
Name: _____ DOB: _____ Occupation: _____
Spouse: _____ DOB: _____ Occupation: _____
Address: _____ Phone: _____ Phone: _____
Email: _____ Email: _____
of Children: _____ # of Grandchildren: _____

ASSET PROTECTION

1. Do you feel you and your family have adequately prepared for Long Term Care should the need arise? _____
2. Do you know anyone who was financially affected by a catastrophic illness? _____
3. What conversations have you had with your family members concerning your care if and when the time comes? _____

LIFE INSURANCE/FINAL EXPENSES

1. Do you currently have any life insurance?
 - a. Spouse #1:
 - i. Death Benefit amount: \$ _____
 - ii. Name of company? _____
 - iii. Term/Whole/IUL/Annuity: _____ Length of coverage: ____ yrs
 - iv. Insurance Carrier/Company Name: _____
 - b. Spouse #2:
 - i. Death Benefit amount: \$ _____
 - ii. Name of company? _____
 - iii. Term/Whole/IUL/Annuity: _____ Length of coverage: ____ yrs
 - iv. Insurance Carrier/Company Name: _____
2. Have you done funeral pre-planning or made other arrangements for payment of final expenses? If so, with whom? _____
3. Many clients do not regularly review their life insurance coverage. When was the last time you did a policy review with your agent? _____

RETIREMENT/SAVINGS

1. Regarding your retirement income, are you/will you just use social security, or do you have a pension? _____
2. Do you know or can you estimate how much that pension is for? _____
3. At what age do you plan to retire? _____
4. What is your expected Social Security benefit will be at retirement? _____
5. Have you started taking distributions from your 401k or IRA? _____

#1 Signature

Date

#2 Signature

Date

6. What is your 401k or IRA current balance? _____
7. Are you saving money each month? _____
8. Tell me about your current investments:
- | | |
|----------------------|-----------------------|
| Savings \$ _____ | Checking \$ _____ |
| IRA's \$ _____ | CD's \$ _____ |
| 401k \$ _____ | Mutual Funds \$ _____ |
| Annuities \$ _____ | Stocks \$ _____ |
| Real Estate \$ _____ | Bonds \$ _____ |
| Bitcoin \$ _____ | Other \$ _____ |
9. Do you have a financial Planner? Yes or No? _____
- a. Professional's Name: _____
- b. Company: _____
- c. Are you happy with the services he/she has provided you? _____

OTHER QUESTIONS

1. What are you biggest concerns related to your healthcare and personal finances? _____

2. Does anyone else assist you with your insurance and financial decisions? _____

3. Regarding your retirement and legacy, what are your goals? _____

4. Outside of what was already addressed, do you have any other concerns or questions? _____

5. What are you biggest concerns related to your healthcare and personal finances: _____

ADDITIONAL COMMENTS
