

Financial Needs Analysis Input Sheet

Agent:

Client		Spouse	
Name	<input type="text"/>	Name	<input type="text"/>
D.O.B.	<input type="text"/> <input type="radio"/> Male <input type="radio"/> Female	D.O.B.	<input type="text"/> <input type="radio"/> Male <input type="radio"/> Female
Phone	<input type="text"/>	Phone	<input type="text"/>
	Email	<input type="text"/>	



Life Insurance

Basics

In the event of an untimely death, a wise life insurance purchase is like buying a substitute for your income. It helps maintain a family's current standard of living to avoid financial disaster.

Do you currently own any life insurance? Yes No

If no, when there is a need for coverage, there are typically three reasons people do not own it. What best describes you?

- Didn't see a need for it
- Didn't think you could afford it
- Never got around to it

Existing

	Client	Spouse	Children
What is your total life insurance coverage (personal and group)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What are your current monthly premiums?	<input type="text"/>	<input type="text"/>	<input type="text"/>

About Group Coverage

If you have group coverage through work, you generally lose it when you leave your employer. We recommend you don't rely on group insurance for your family's protection in case you change jobs, lose your job, or your company changes benefits. Would it make sense to own your own program that's portable, you control and you can take with you no matter where you go. Yes No

Is the agent that sold you your policy a close friend or relative? Yes No

If I can put together a better program, would you be open to changing? Yes No

Can you get your policies so we can analyze them to find out if we can help? Yes No

Do you use tobacco or nicotine in any form? Yes No Yes No

Have you ever had any issues qualifying for life insurance in the past or had any major health issues in the past 10 years? Yes No Yes No

Percentage of each other's income you depend on? What is that monthly?

Additional Protection Management

Auto & Home

Do you currently have the right auto and home coverage?

Yes No Not Sure

Are you paying too much?

Yes No Not Sure

Current Premium

Primerica Secure

Legal Protection

Do you currently have access to affordable legal counseling and services to help protect your family from legal problems?

Yes No

How much do you spend on this?

Would you like to have a legal plan? Yes No

Emergency Fund

Do you currently have an emergency fund? Yes No

Amount saved

Monthly contribution

How much would you like to have in an emergency fund?

By what date?



Saving For Retirement

Based on your current retirement plan, do you know at what age you will retire? Yes No

At what age would you realistically like to retire? Client Spouse

What is your current gross monthly income (pre-tax)? Client Spouse

How much monthly household income would you like during retirement? (on average, its recommended you'll need 80% of your current income) \$ OR %

Benefits

	Client	Spouse
Include Social Security benefits (typically only include if you are 55 or older)?	<input type="radio"/>	<input type="radio"/>
Monthly Benefit Amount in today's \$ (if known, or we can use computer estimates)	\$ <input type="text"/>	\$ <input type="text"/>
If you have a pension, what will the monthly benefit be?	\$ <input type="text"/>	\$ <input type="text"/>

Assets

	Client	Spouse	Joint
How much have you currently saved for retirement?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are any of these savings from an old job, 401k or IRA?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Have you rolled them over to a personal account yet?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
How much do you contribute monthly?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much does your employer contribute monthly?	<input type="text"/>	<input type="text"/>	<input type="text"/>



Debt Elimination

Do you have debt you are trying to pay off? Yes No | Do you know when you will be debt free? Yes No

Debt Name	Current Balance	Minimum Pmt	Additional Pmt	% Rate	Fixed	Revolving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>



Let's Do This

Amount that can be set aside each month for retirement/debt/life insurance? \$

We are going to put effort into creating a game plan that uses this specific dollar amount. Yes No

Is this a dollar amount that you feel totally comfortable with?

Would you like to know how much money to invest monthly to pay for your children's college? Yes No

Age of children

If we can improve your situation, is there any reason why you would not let us help you when we come back? Yes No

Is there anyone you need to consult with first? Yes No