Agent Name: _____
Phone: _____
Email: _____

Your Family Bank®
Please submit completed form to:
TrueFinancialFreedomFlorida@gmail.com
Phone (561) 853-2924 Fax (561) 320-0309

Name: M☐ F☐ _____ Birth Date: ___ /___ /_____
Desired Retirement Age: _____
Spouse Name: M☐F☐ _____ Birth Date: ___ /___ /_____
Desired Retirement Age: _____
Number of Children: _____ Ages_____, _____, _____, _____, _____
State of Issue:_____.

Current Concerns

☐ Controlling Spending
☐ Eliminating Debt
☐ Reducing Taxes
☐ Providing for children's or grandchildren's education
☐ Maximizing Savings
☐ Creating your own Family Bank
☐ Wills/Trust
☐ Asset Protection
☐ Estate Planning

Future Expenditures: _____

_____

_____

Real Estate

Personal Residence Information:

Mortgage Payment (P&I only) $_____
Outstanding Mortgage $_____ Term Remaining _____ years Interest Rate: _____%
Type of Mortgage (check one & circle applicable term)
☐ Fixed Term (30 year, 15 year, etc.) ☐ARM (5 yr, 7 yr, 10 yr, etc.) ☐ Interest Only

Other Property Owned:

Mortgage Payment (P&I only) $_____
Outstanding Mortgage $_____ Term Remaining _____ years Interest Rate: _____%
Type of Mortgage (check one & circle applicable term)
☐ Fixed Term (30 year, 15 year, etc.) ☐ARM (5 yr, 7 yr, 10 yr, etc.) ☐ Interest Only

Debt Related

Please list any outstanding debts other than mortgages

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____
_____	$ _____	_____%	$ _____	$_____

Insurance

Your Life Insurance

General Health: _____
Preferred☐ Standard Non-tobacco:☐ Tobacco:☐

Permanent or Term
Yearly Premium: $_____ Death Benefit $_____ Cash Value $_____

Permanent or Term
Premium: $_____ Death Benefit $_____ Cash Value $_____

Spouse Life Insurance

General Health: _____
Preferred☐ Standard Non-tobacco:☐ Tobacco:☐

Permanent or Term
Premium: $_____ Death Benefit $_____ Cash Value $_____

Permanent or Term
Premium: $_____ Death Benefit $_____ Cash Value $_____

Income & Expenses

MONTHLY Gross Income	You	Spouse
Wages/Salary	$ _____	$ _____
Social Security	$ _____	$ _____
Pension	$ _____	$ _____
Investment Income	$ _____	$ _____
Rental Income	$ _____	$ _____
Other Income	$ _____	$ _____
Total Income	$ _____	$ _____

Desired Retirement Income $_____ $_____

Do you expect a significant change in cash flow in the near future? Yes☐ No☐
If yes, please explain: _____

_____

_____

Investment Accounts: Non-Qualified Accounts, Qualified Accounts, Savings Accounts

List account type IRA, Roth, 401K, 403b, 457, Savings, etc.
Check the box if the account value, contributions, or both are available

Financial Institution	Account Type	Account Value	Available?	Monthly Contribution	Available?
_____	_____	$_____	☐	$ _____	☐
_____	_____	$_____	☐	$ _____	☐
_____	_____	$_____	☐	$ _____	☐
_____	_____	$_____	☐	$ _____	☐
_____	_____	$_____	☐	$ _____	☐
_____	_____	$_____	☐	$ _____	☐
_____	_____	$_____	☐	$ _____	☐
_____	_____	$_____	☐	$ _____	☐

Any Asset not listed: _____

_____

_____

_____