



Basic Information & Data Form

Steps towards your financial security



Form Completed by: _____ Date: _____

If Applicable:

CA Insurance Agent License Number _____

AR Insurance Agent License Number _____

The information in this form will be used in the course of our process. By completing this form prior to our next meeting, we will have a more efficient meeting and may have a better opportunity to talk about the stress tests that are appropriate to your situation. Let me thank you in advance for taking this next active step in our process.

Experience Life®



Your Personal Information

Please list all members of your immediate family

Name	Date of Birth	US Citizen	Health	Relationship

Important Contact Information

Address

Phone Numbers	Name	Number	Type	Use This One

E-Mail Address	Name	Address	Type	Use This One

Tell Us About Your Work

Where do you work? _____ How long? _____

What do you do? _____ What do you earn? _____

Where do you work? _____ How long? _____

What do you do? _____ What do you earn? _____

Please estimate your annual expenses (we find it helpful to look at a typical three months and average that out). _____

Please estimate your annual savings (this includes your contributions to savings accounts, qualified plans – such as a 401(k) at work or an IRA and annuity contributions). _____

What interest rate or return on assets do you generally experience? _____

A View of Your Protection Assets

	Owner	Type	Premium	Benefit	Cash Value Value	Coverage Comments
Home Owner's Insurance						
Auto Insurance						
Umbrella						
Medical						
Disability						
Disability						
Long Term Care						
Long Term Care						
Life Insurance						
Life Insurance						

Do you have a will/trust/health care proxy/medical directive/durable power of attorney? _____

When were they last reviewed? _____

Has anything in your life changed since you had the documents reviewed? _____

Assets	Jointly Owned	Owner:	Owner:	Other
Cash/Cash Equivalents				
Your Home				
Second Home				
Auto				
Auto				
Qualified Plans				
401(k)/Profit Sharing				
Traditional IRA				
Roth IRA				
Non-Qualified Investments				
Annuities				
Debts				
Credits Cards				
Mortgage				
Real Estate Taxes				
401(k) Loans				
Life Insurance Loans				
Car Loans				
Other Assets or Debts not listed above				

A View of Your Protection Assets (cont'd)

Additional Questions and Comments _____

What concepts would you like us to review? _____

Is there something that concerns you the most? _____

Is there any other information that is important for us to know and to consider as we move forward with this process? _____

Documents and Other Information

Please bring copies of the following information or documents to our next meeting:

- Wills/Trusts/Other Estate Documents
- Your benefit statement and booklet from your employer
- Most recent investment statements
- Most recent savings and bank statements
- Last year's income tax return
- The insurance policy's that you currently have in force
 - Home – Disability
 - Life – Auto
 - Medical – Long Term Care