

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

### WHAT ARE YOUR BIGGEST FINANCIAL FEARS?

- |  |   |
|--|---|
| <input type="checkbox"/> Illness or accident draining my bank account. | <input type="checkbox"/> Controlling Spending & Eliminating Debt. |
| <input type="checkbox"/> More money to take care of my family.         | <input type="checkbox"/> Loss of Job or Income.                   |
| <input type="checkbox"/> Losing money in the stock market.             | <input type="checkbox"/> Taxes Going Up & Inflation.              |

### WHAT ARE YOUR MAJOR RETIREMENT CONCERNS?

- |  |  |
|--|--|
| <input type="checkbox"/> Not having enough money to retire.      | <input type="checkbox"/> Running out of Money in retirement.     |
| <input type="checkbox"/> Health problems/Rising healthcare cost. | <input type="checkbox"/> Losing money in my 401(k), IRA, 403(b). |
| <input type="checkbox"/> Having to Continue to Work.             | <input type="checkbox"/> Social Security running out of money.   |

### How often do you feel stressed about your finances?

Daily  Weekly  Monthly  Yearly  Never

### MONTHLY INCOME

**You**

**Spouse**

Monthly Gross

Investment Income

Rental Property Income

Other Income

**Total Monthly Income**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TAXABLE RETIREMENT PROGRAMS**

	Account Value	Monthly Contribution	Company Match %
401(k)	_____	_____	
IRA	_____	_____	
403(b)	_____	_____	

**TAX FREE RETIREMENT PROGRAMS**

	Account Value
ROTH IRA	_____
LIFE INSURANCE CASH VALUE	_____

**INVESTMENT ACCOUNTS**

Stocks:	\$ _____
Bonds Corporate/Government	\$ _____
Mutual Funds	\$ _____
ETF'S (Exchange Traded Funds):	\$ _____
Cash:	\$ _____

**What is Your Desired Monthly Income for Retirement?**

**What is Your Projected Monthly Income for Retirement Now?**

**REAL ESTATE**

If you were to sell your home today, what would the asking price to be? \$ \_\_\_\_\_

Outstanding Mortgage Amount \$ \_\_\_\_\_

Mortgage Payment: Principal & Interest: \$ \_\_\_\_\_

Length Remaining: \_\_\_\_\_ Years.

Do you have mortgager protection insurance? (Not PMI) \_\_\_\_ Yes or \_\_\_\_ No

**LIFE INSURANCE:**

Does it have living benefits? \_\_\_\_ Yes \_\_\_\_ No

Guaranteed tax free income? \_\_\_\_ Yes \_\_\_\_ No

Term: Death Benefit \$ \_\_\_\_\_

How long do you want your life insurance to last?

**Permanent:**

Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Debt: \_\_\_\_\_

Income: \_\_\_\_\_ (x10) \_\_\_\_\_

Mortgage: \_\_\_\_\_

Education Cost: \_\_\_\_\_

Total Life Insurance needed: \_\_\_\_\_

## Monthly Budget

Monthly Income	\$ _____
All Sources	\$ _____
<b>Total</b>	\$ _____

### FIXED EXPENSES

Pay Yourself First- YOU	\$ _____
Protection: Life, DI, LTC	\$ _____
Auto /Home Insurance	\$ _____
Umbrella Policy Protection	\$ _____
Rent/ Mortgage	\$ _____
Groceries	\$ _____
Utility Bills	\$ _____
Telephone/Cell Phone	\$ _____
Cable TV/Internet	\$ _____
Auto/Gas	\$ _____
Health Insurance	\$ _____
Tithing	\$ _____
Other	\$ _____

### VARIABLE SPENDING

Clothing	\$ _____
Gift	\$ _____
Charity	\$ _____
Vacation	\$ _____
Entertainment	\$ _____
Credit Cards (goal is debt free)	\$ _____
Other	\$ _____
<b>Total Monthly Spending</b>	\$ _____
<b>Monthly Income</b>	\$ _____
<b>Monthly Expense</b>	\$ _____
<b>Difference</b>	\$ _____

Return this form for a financial needs analysis to:  
Dunlap Financial Services  
Attention: Financial Needs Analysis  
Mailing Address: 900 E. Fayette St. #22213, Baltimore, MD 21233  
Email: [AccessMyNeeds@dunlapfs.com](mailto:AccessMyNeeds@dunlapfs.com)  
Fax: 801-650-4143