



Financial Needs Analysis



Cash Flow

- Earn additional income
- Manage expenses



Debt Management

- Consolidate debt
- Strive to eliminate debt



Emergency Fund

- Save at least 3-6 months' income
- Prepare for unexpected expenses



Proper Protection

- Protect against loss of income
- Protect family assets



Build Wealth

- Strive to outpace inflation and reduce taxes



Preserve Wealth

- Reduce taxation
- Build a family legacy

Client 1 Name _____ Client 2 Name _____

Agent Name _____ Date _____

Household Information

Client 1 Name _____ Preferred Name _____ M F DOB _____ Age _____

Home Address _____

City _____ State _____ Zip Code _____

Work Address _____ City _____

State _____ Zip Code _____

(Please Check Preferred)

Home Phone _____

Mobile Phone _____

Work Phone _____

Other Phone _____

(Please Check Preferred)

Personal Email _____

Business Email _____

Alternate Email _____

Client 2 Name _____ Preferred Name _____ M F DOB _____ Age _____

Home Address _____

City _____ State _____ Zip Code _____

Work Address _____ City _____

State _____ Zip Code _____

(Please Check Preferred)

Home Phone _____

Mobile Phone _____

Work Phone _____

Other Phone _____

(Please Check Preferred)

Personal Email _____

Business Email _____

Alternate Email _____

Dependents

Name _____ M F DOB _____ Years Ed. _____

Name _____ M F DOB _____ Years Ed. _____

Name _____ M F DOB _____ Years Ed. _____

Name _____ M F DOB _____ Years Ed. _____

To help guide our meeting today, I'd like to first discuss the personal, professional and financial goals that are most important and of greatest value/worth to you.

Goals

	Short-term 1-3 years	Mid-Range 3-7 years	Long-Term 7+ years
<input type="checkbox"/> Make a Major Purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Retirement Wealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buy a New Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Savings for Unexpected Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reduce or Pay Off Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alternative Income in Case of Disability or Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Help Support Aging Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pay Off Credit Cards/Debts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Start a Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When was the last time you reviewed your family's financial goals? _____

Do you have an established monthly budget? Yes No

Do you have a regular savings plan? Yes No

Is there a particular topic you want to make sure we cover in our time together today?

Income

Current Income

(Include salary, bonuses, commissions, rental income, interest and dividends, alimony and child support, annuity or pension income, and any other income sources)

Owner/Recipient	Source	Gross Amount	Frequency	Net Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Client 1 Total Income _____ Client 2 Total Income _____

Total Combined Gross Household Income _____

Current estimated combined effective tax rate _____

Did you receive a tax refund last filing? Yes No

Did you have to pay taxes at your last filing? Yes No

Refund amount _____

Anticipated Future Income

(include military or civil retirement, annuity or pension income, and any other retirement income sources)

Owner/Recipient	Source	Gross Amount	Start Age/Year	Frequency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you want to calculate including Social Security benefits? Client 1 Yes No Start Age _____
Client 2 Yes No Start Age _____

If yes, what is your current estimated monthly benefit? _____

Employment

	Client 1	Client 2
What is the name of your employer?	_____	_____
How long have you worked there?	_____	_____
What is your job title?	_____	_____
What are your specific job duties?	_____	_____
Describe the nature of the business	_____	_____
Who owns the business?	_____	_____
What is the business structure?	_____	_____
Do you see yourself retiring there?	_____	_____
What are your future career plans?	_____	_____

Emergency Fund

Number of months to provide Emergency Funds _____

Provide for: All expenses Only non-discretionary expenses

OR: How much do you need monthly in case of an emergency? _____

How much do you currently have saved in a dedicated emergency fund? _____

Expenses

	Amount	Discretionary?		Amount	Discretionary?
Auto & Transportation	_____	<input type="checkbox"/>	Mortgage/Rent Payment	_____	<input type="checkbox"/>
Fuel.....	_____	<input type="checkbox"/>	Homeowners Insurance.....	_____	<input type="checkbox"/>
Insurance.....	_____	<input type="checkbox"/>	Principal & Interest.....	_____	<input type="checkbox"/>
Loan/Lease Payment.....	_____	<input type="checkbox"/>	Property Taxes.....	_____	<input type="checkbox"/>
Parking Tolls.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
Public Transportation.....	_____	<input type="checkbox"/>	Other Debt Service Payments	_____	<input type="checkbox"/>
Service.....	_____	<input type="checkbox"/>	Credit Cards.....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Personal Loans.....	_____	<input type="checkbox"/>
Food	_____	<input type="checkbox"/>	Student Loans.....	_____	<input type="checkbox"/>
Dining Out.....	_____	<input type="checkbox"/>	Other Monthly Expenses	_____	<input type="checkbox"/>
Groceries.....	_____	<input type="checkbox"/>	Alimony & Child Support.....	_____	<input type="checkbox"/>
Health/Medical	_____	<input type="checkbox"/>	Subscriptions/Memberships.....	_____	<input type="checkbox"/>
Insurance Premiums.....	_____	<input type="checkbox"/>	Tithe/Charity.....	_____	<input type="checkbox"/>
Prescriptions.....	_____	<input type="checkbox"/>	Travel & Entertainment.....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
Household	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
Child Care.....	_____	<input type="checkbox"/>	Utilities	_____	<input type="checkbox"/>
Cleaning Services.....	_____	<input type="checkbox"/>	Cable.....	_____	<input type="checkbox"/>
Clothing.....	_____	<input type="checkbox"/>	Electric.....	_____	<input type="checkbox"/>
Educational.....	_____	<input type="checkbox"/>	Gas.....	_____	<input type="checkbox"/>
Gifts.....	_____	<input type="checkbox"/>	Internet.....	_____	<input type="checkbox"/>
Landscape Service.....	_____	<input type="checkbox"/>	Mobile Phones.....	_____	<input type="checkbox"/>
Personal Care.....	_____	<input type="checkbox"/>	Phone.....	_____	<input type="checkbox"/>
Pet Care.....	_____	<input type="checkbox"/>	Trash Collection.....	_____	<input type="checkbox"/>
Sports and Lessons.....	_____	<input type="checkbox"/>	Water.....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>

Total Monthly Expenses: _____

Total Non-Discretionary Expenses: _____

Debts

Description	Lender	Original Term	Year	Balance	IR	Current Payment	Minimum Payment
Mortgage 1.....	_____	_____	_____	_____	_____%	_____	_____
Mortgage 2 or HELOC.....	_____	_____	_____	_____	_____%	_____	_____
Auto Loan.....	_____	_____	_____	_____	_____%	_____	_____
Student Loans.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Personal Loan.....	_____	_____	_____	_____	_____%	_____	_____
Personal Loan.....	_____	_____	_____	_____	_____%	_____	_____
Other Loan.....	_____	_____	_____	_____	_____%	_____	_____
Other Loan.....	_____	_____	_____	_____	_____%	_____	_____

Other Assets (Real estate, automobiles, boats, collectibles, antiques, etc.)

Description	Current Market Value	Cost Basis
_____	_____	_____
_____	_____	_____

Preserve Wealth

Do you have a Will? Yes No Last update: _____
Do you have a Trust? Yes No If yes, what kind: _____ Purpose of Trust _____
Do you expect to receive any lump sums or inheritance in the near future? Yes No

Other Trusted Advisors (include accountant, attorney, etc.)

Name	Role
_____	_____
_____	_____

What is your biggest financial concern? _____

Please rate the following on a scale of 1 to 10 with respect to their importance and urgency.

___ Cash Flow ___ Proper Protection ___ Retirement
___ Emergency Fund ___ Debt ___ Estate Preservation

How much on a monthly basis do you feel you can save towards your goals? _____

If, when we get back together, I can offer you solutions that may help you and your family reach your goals, is there any reason we could not do business and get you started right away? Yes No

Reason _____

Let's look at our schedules and find a date and time to get back together.

Next Appointment _____

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