

Discovery Form

Financial Needs Analysis



MILESTONE 1

Get a Financial Education

MILESTONE 2
Secure Proper Protection

MILESTONE 3

Create an Emergency Fund

MILESTONE 4
Apply Debt Management

MILESTONE 5
Increase Cash Flow

MILESTONE 6

Build Your Wealth

MILESTONE 7
Protect Wealth

HOUSEHOLD INFORMATION

Name(s) DOB Mobile Phone Personal Email

M/F

Home Address Apartment # City State Zip Code

What is your preferred method of communication? Phone Call Text Email

Dependent Name(s) DOB Dependent Name(s) DOB

M/F M/F

M/F M/F

INCOME

Current Income Client 1 Client 2 Future Income Client 1 Client 2

Annual Salary Military / Civil Pension

Net Take Home Monthly Start Age

Bonus - Commissions Social Security

Rental Income Start Age

Interest / Dividends

Alimony / Child Supp.

Pension / Annuity

Other Income

Last Year's Tax Refund

EXPENSES Amount Disc? Amount Disc? Amount Disc? Amount Disc? Amount Disc?

Auto & Trans.	Clothing	Other Monthly Exp.
Fuel	Educational	Alim. & Child Supp.
Insurance	Gifts	Subscrip./Memb.
Loan/Lease	Landscape Service	Tithe/Charity
Parking Tolls	Personal Care	Travel & Entertain.
Public Trans.	Pet Care	Other
Service	Sports/Lessons	Other
Other	Other	Utilities
Food	Mortgage/Rent	Cable
Dining Out	Homeowners Ins.	Electric
Groceries	Princ. & Interest	Gas
Health/Medical	Property Taxes	Internet
Insurance Prem.	Other	Mobile Phones
Prescriptions	Other Debt Serv.	Phone
Other	Credit Cards	Trash Collection
Household	Personal Loans	Water
Child Care	Student Loans	Other
Cleaning Service	Other	Other

Do you have an established monthly budget?

Y/N

Total Monthly Expenses: \$

Total Discretionary Income: \$

DEBTS

How would you rate your credit?	Great	Good	Poor				
Description	Lender	Orig. Lo	an Yrs	Balance	Int. Rate	Curr. Payment	Min. Payment
1 st Mortgage					%		
2 nd Mortgage					%		
Investment Mortgage					%		
Auto Loan					%		
Auto Loan					%		
Student Loan					%		
Student Loan					%		
Credit Card					%		
Credit Card					%		
Credit Card					%		
Credit Card					%		
Credit Card					%		
Personal Loan					%		
Other Loan					%		

PROPER PROTECTION: LIFE INSURANCE NEED

What do you want your life insurance to accomplish?

Pay Off Debt	Pay Off Mortgage	Education Fund	Pay Final Expense		Emergency Fund		Income Replacement	
Insured	Owner	Beneficiary	Туре	Face Amount	Premium	Year	Provider	

How would you rate your health? Great Good Poor Reason:

Medication:

BUILD WEALTH

In today's dollars, how much monthly income do you need to support your desired life style in retirement?

Monthly Amount: \$ or % of current combined household total

At what age would you like to be in a financial position to retire?

Taxable	Balance	Monthly Contrib.	Tax Deffered	Balance	Monthly Contrib.	Tax Advantaged	Balance	Monthly Contrib.
Mutual Funds	Ва	аS	401(k)/403(b) or other Plan	Ва	аS	Roth IRA	Ва	аS
Stocks	tocks IRA / SEP-IRA				Cash Value Life Insurance			
Bank Savings / CD's		Annuities (Fixed / Variable)						
Bonds / Treasures			Savings Bonds					

RISK TOLERANCE

Low Low-Medium Medium Medium-High High

PRESERVE WEALTH

Do you have a Will? Y/N

Last Updated:

Do you have a Trust? Y/N

If yes, what kind? Purpose of Trust:

Do you expect to receive any lump sums or inheritance in the near future? Y / N Amount: \$

If I could take away your largest financial headache, what would that be?

GOALS
Short Term Mid Term Long Term
1-3 years 3-7 years 7+ years

Make a Major Purchase

Build Retirement Wealth

Buy a New Home

Build Savings for Unexpected Expenses

Reduce or Pay Off Mortgage

Education Funding

Alternative Income in Case of Disability or Death

Help Support Aging Parents

Pay Off Credit Cards / Debts

Start a Business

Other

Other

Other

Of the goals discussed, which is the most important to you?

How much do you believe you can comfortably set aside each month to achieve these goals?

Who do you know that could benefit from the opportunity or services?

Name(s) Phone Relationship