

# Legacy Life Financial Input Form

Hello, this form is a quick easy to fill document to send your basic information regarding income, assets, liabilities and family dynamic to your financial coach. It will help your coach construct a customized plan for you and complete a needs assessment. Please use the comment fields to add anything you think will be helpful for your coach. It should only take between 10 to 15 minutes to complete.

## Name

First

MI

Last

*Please put your Full LEGAL NAME and middle initial*

## Email

## Your Date of Birth

## State of Residence

## Cell Phone Number

## Are you married or do you have a common law spouse?

☐ Yes ☐ No

## Do you have any children?

☐ Yes ☐ No

## Do you have any grandchildren?

☐ Yes ☐ No

# Legacy Life Financial Input Form

## Key Objectives

Check off the short-term and long-term objectives you have. Use the comment space to indicate anything else you would wish to note.

## Your Objectives

- |   |   |
|---|---|
| <input type="checkbox"/> Implement the IBC Strategy   | <input type="checkbox"/> Have More Control Over My Financial Life |
| <input type="checkbox"/> Reduce / Eliminate 3 <sup>rd</sup> Party Debt using the IBC Strategy                         | <input type="checkbox"/> Increase My Financial Knowledge          |
| <input type="checkbox"/> Create / Increase Protection on My Life for Family or Business Purposes                      | <input type="checkbox"/> Estate and Tax Planning                  |
| <input type="checkbox"/> Use Dividend Paying Whole Life Insurance to Support / Augment Our Retirement /Passive Income | <input type="checkbox"/> Other                                    |
- 

*Please check all that apply!*

## Objectives - Additional notes / Comments

*Items such as - I have care needs for a child that has a disability that needs to be addressed*

**Six Months from Now What Needs to Happen for You to Be Happy With Your Progress?**

# Legacy Life Financial Input Form

**If we were meeting three years from today and you were looking back over those years, what has to have happened during that period, both personally and professionally, for you to feel happy about your progress?**

## Assets

*Include both yours and your spouse/partner's Assets*

**Do you own a Primary Residence?**

☐ Yes ☐ No

**Do you own any Rental Real Estate / Rental Properties?**

☐ Yes ☐ No

**Please check off all assets / investments that apply for you.**

☐ Cash Savings

☐ Bullion Assets (Gold/Silver etc)

☐ 401k/IRA/TSP/403b (Registered)

☐ Stock / Index / Mutual Fund Portfolio (Non Registered)

☐ 529 Plan (Registered)

☐ Private Lending Assets Someone Owes You

☐ Pension

☐ Cash Surrender Value of Life Insurance

☐ Crypto

☐ I have no Investments of Savings Accounts

☐ Other Investment Accounts

☐ Other

# Legacy Life Financial Input Form

**How much do you contribute / save into your REGISTERED investment accounts monthly or yearly on average?**

**How much do you contribute / save into your NON- REGISTERED investment accounts monthly or yearly on average?**

## Investment Knowledge

*A rating of 1 would indicate you have very little knowledge or confidence with respect to investing.*

*A rating of 10 would indicate you have full confidence and actively manage your own investments on a regular basis, and that you actively educate yourself in this area.*

How would you rate your level of knowledge around investing and growing your invested assets?

Please Select a Rating of 1-10

## Liabilities

Please enter your rounded closest estimate for your various liabilities. If possible include estimated payments monthly. If you pay weekly or bi-weekly then multiply those payments by 52 weeks or 26 bi-weekly periods respectively and divide by 12 to get your monthly equivalent.

**Select All Liabilities that Apply to your household**

☐ Primary Residence First Mortgage

☐ Equipment Loans

☐ Primary Residence 2nd Mortgage

☐ Equipment Loans

☐ Primary Residence HELOC

☐ Unsecured Personal Line Of Credits

☐ Student Loans

☐ Rental Property Portfolio  
Mortgages/ Debt

☐ Credit Cards

☐ Family/Private Loans

☐ Vehicle Loans

☐ Other



# Legacy Life Financial Input Form

## Income

Primary Income Source

Primary Annual Income Amount

Industry that you work in

*A rating of 1 would indicate you have very little knowledge or confidence with respect to investing.  
A rating of 10 would indicate you have full confidence and actively manage your own investments on a regular basis, and that you actively educate yourself in this area.*

## All Income Sources

☐ Employment Income (W2)

☐ Annual Tax Refund

☐ Self Employed Income

☐ Farm Net Income

☐ Dividend Income

☐ Lease Income (Oil / Gas / Cell Tower, etc.)

☐ Rental Property Income

☐ I do not have another income source

☐ Investment Income

☐ Other

☐ Bouns Income

Other Annual Income Amount (Combined  
Total of all other incomes)

Additional Notes or Comments about income

## Business Ownership

Do you own a Business?

☐ Yes ☐ No

Is there anyone else that is needed/involved when you make major financial decisions with respect to your business?

☐ Yes ☐ No

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# Legacy Life Financial Input Form

## Current Life and Health Insurance

Please complete for yourself and put any additional information for your spouse in the comments section.

### Type's of Insurance Coverage

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Whole Life Insurance       | <input type="checkbox"/> Index Universal Life Insurance | <input type="checkbox"/> Long Term Care             |
| <input type="checkbox"/> Term Life Insurance        | <input type="checkbox"/> Critical Illness Insurance     | <input type="checkbox"/> I do not have any coverage |
| <input type="checkbox"/> Convertible Term Insurance | <input type="checkbox"/> Group Plan / Employer Coverage |   |
| <input type="checkbox"/> Universal Life Insurance   | <input type="checkbox"/> Mortgage Protection Insurance  |   |
| <input type="checkbox"/> Variable Life Insurance    | <input type="checkbox"/> Private Disability Insurance   |   |

*Please check all that apply!*

### Comments/ Notes on your current insurance, or questions you want to review with a coach

*For example: There seems to be a large surrender charge on my Universal Life policy that I don't understand, can someone explain that to me?*

### Do you currently have any life insurance coverage in place that you own on any of your children?

- ☐ Yes ☐ No

*This would be for a stand alone policy. Not a child rider on an existing policy on a parents life.*

# Legacy Life Financial Input Form

## Health and Lifestyle Questions

*This helps your coach determine the best insurance carriers to consider given your unique circumstances*

**Do you currently use any tobacco or nicotine based products, or have you used any in the last 12 months?**

☐ Yes ☐ No

*Items such as cigarettes, Cigars, Cigarillos, Chewing tobacco or Nicotine gum etc*

**Do you currently do any vaping?**

☐ Yes ☐ No

**Do you currently use any marijuana based products?**

☐ Yes ☐ No

*Smoking, joints, edibles, oils, etc*

**Are you currently waiting on any medical exams, tests, or procedures (surgeries etc), that have not happened yet?**

☐ Yes ☐ No

**Are you currently waiting on results from any medical issues or tests or procedures that have been completed?**

☐ Yes ☐ No

**Height**

**Weight**

**Do you currently take any Prescription Medications?**

☐ Yes ☐ No

**Is there any reason you are aware of, that you, or a member of your immediate family, would be uninsurable today?**

☐ Yes ☐ No

*For example has anyone already applied and been denied in the past?*

**Do you have a Will or a Trust?**

☐ Yes ☐ No

**Once the form has been completed please email it to our team at [Shawn@thecashcompound.com](mailto:Shawn@thecashcompound.com)**

