

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

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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

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

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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.

<input type="checkbox"/> Cash Savings	<input type="checkbox"/> Bullion Assets (Gold/Silver etc)
<input type="checkbox"/> 401k/IRA/TSP/403b (Registered)	<input type="checkbox"/> Stock / Index / Mutual Fund Portfolio (Non Registered)
<input type="checkbox"/> 529 Plan (Registered)	<input type="checkbox"/> Private Lending Assets Someone Owes You
<input type="checkbox"/> Pension	<input type="checkbox"/> Cash Surrender Value of Life Insurance
<input type="checkbox"/> Crypto	<input type="checkbox"/> I have no Investments or Savings Accounts
<input type="checkbox"/> Other Investment Accounts	<input type="checkbox"/> Other

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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

<input type="checkbox"/> Primary Residence First Mortgage	<input type="checkbox"/> Equipment Loans
<input type="checkbox"/> Primary Residence 2nd Mortgage	<input type="checkbox"/> Equipment Loans
<input type="checkbox"/> Primary Residence HELOC	<input type="checkbox"/> Unsecured Personal Line Of Credits
<input type="checkbox"/> Student Loans	<input type="checkbox"/> Rental Property Portfolio Mortgages/ Debt
<input type="checkbox"/> Credit Cards	<input type="checkbox"/> Family/Private Loans
<input type="checkbox"/> Vehicle Loans	<input type="checkbox"/> Other

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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

<input type="checkbox"/> Employment Income (W2)	<input type="checkbox"/> Annual Tax Refund
<input type="checkbox"/> Self Employed Income	<input type="checkbox"/> Farm Net Income
<input type="checkbox"/> Dividend Income	<input type="checkbox"/> Lease Income (Oil / Gas / Cell Tower, etc.)
<input type="checkbox"/> Rental Property Income	<input type="checkbox"/> I do not have another income source
<input type="checkbox"/> Investment Income	<input type="checkbox"/> Other
<input type="checkbox"/> Bonds 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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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.

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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

