



Confidential Client Information

for



AMERICAN NATIONAL
INSURANCE COMPANY

➤ **What Concerns You Most?** *There are a number of different areas to consider when preparing for your future financial security. Most financial experts recommend that clients plan first for their needs in the event of death or disability. Why do you think that financial experts make this recommendation?*

When you think of the different exposures you face each day, which are the most important?

- Needs in the event of death
- Retirement strategies
- Estate strategies
- Lawsuits
- College funding
- Disability income protection
- Long-term care/Medicare supplements
- Severe injury
- Major loss of your assets

What are your expectations of your agent? _____

What do you expect of your insurance company? _____

➤ **Personal Information**

	CLIENT A	CLIENT B
First name		
Last name		
Employer		
Start date	/ /	/ /
Occupation		
Work phone		
Self-employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of professional advisor: Attorney _____ Accountant _____

Are you married? Yes No

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

Best method of contacting _____

➤ **Dependent Information**

Child's Name	Date of Birth
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

➤ **CONFIDENTIAL Information** *Detach and destroy after recording*

	CLIENT A	CLIENT B
Driver's license no.		
Social Security no.	- -	- -
Date of birth	/ /	/ /

› Needs in the Event of Death

The death of a wage earner can have a significant impact on household income. Financial experts generally recommend 70 percent of current income be available for a family's continuing income needs while there are children at home, and 50 percent thereafter.

In the event of a death, what percentage should be provided for your family's continuing income needs?

With children at home _____% No children at home _____%

Provide income for how long? _____ years or lifetime

In the event of a death, should your children's education be funded?

Yes No (If yes, complete **College Funding** below.)

How much would you/your family need for the following expenses?

- Final Expenses _____ (funeral expenses, medical expenses, estate and attorney fees)
- Emergency Fund _____ (replace spent emergency funds)
- Debt Liquidation _____ (mortgage, auto, credit cards, and other debts)

CURRENT LIFE INSURANCE

NAME OF INSURED	INSURANCE BENEFIT	INSURANCE COMPANY	ANNUAL PREMIUM	TYPE
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

What was the primary purpose of your existing life insurance? _____

› College Funding

With the ever-increasing cost of college, it's important to begin saving as soon as possible.

CHILD'S NAME	SCHOOL	ANNUAL COST (IN TODAY'S DOLLARS)*	YEARS TO ATTEND	PERCENT TO PROVIDE YOU
		\$		%
		\$		%
		\$		%
		\$		%

*Includes tuition and fees, room and board, and books and supplies

EDUCATION SAVINGS

Enter any savings already accumulated for your children's college education.

Total Saved to Date \$ _____

Monthly Savings Amount \$ _____

Estimated Average Rate of Return _____%

2012-2013 Average Annual College Costs

Source: **The College Board**, Trends in College Pricing 2012.

Average Annual Total (including room and board)

Public (In-State) **\$17,860**

Private (Nonprofit) **\$39,518**

Average Annual Increase (tuition and fees only)

Public (In-State) **4.8%**

Private (Nonprofit) **4.2%**

› Retirement

Many people underestimate the amount of money they will need to enjoy a comfortable retirement. Today's average retiree has a life expectancy of 20 years or more. In order to have enough money to maintain a comfortable lifestyle during retirement, you should begin preparing as soon as possible.

	CLIENT A	CLIENT B
At what age do you plan to retire?	_____	_____
What percentage of your current income should be provided during retirement?	_____ %	_____ %
Financial experts generally recommend 70 percent to 80 percent of preretirement income.		
Does your employer offer any retirement plans into which you contribute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is your contribution the maximum allowable amount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, why? _____		
How did you choose the investments in your employer-sponsored plan? _____		
Do you systematically save money in any other way? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how? _____
What is your expectation of your investment portfolio? _____		
Are you currently meeting that expectation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Why? _____
How do you feel about the impact taxation and inflation have on your ability to build wealth? _____		
What is the single most important thing about retirement for you? _____		

RETIREMENT PLANS

Enter either the totals for your retirement plans including IRAs, 401(k) plans, etc., in the shaded area, or list the details of the individual accounts below. List defined benefit pension plans in the **Other Sources of Income** section on page five.

ACCOUNT OWNER	ACCOUNT NAME	AMOUNT	MONTHLY CONTRIBUTIONS	COMPANY MATCH	RATE OF RETURN
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
TOTALS		\$	\$	\$	%

› Financial Information

	CLIENT A	CLIENT B
Annual employment income	\$ _____	\$ _____
Do you contribute to Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own your own business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you have a partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a buy-sell agreement in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how is it funded? _____
Do you have a will or trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type? _____
What type of business entity is established?	<input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Sole Proprietor	

› Assets

Enter either the totals for your assets in the shaded area, or list the details of the individual accounts below. Include CDs, money market accounts, stocks, bonds, mutual funds, real estate (other than your residence). Do not include assets earmarked for education needs or retirement plans, such as 401(k) and IRAs. Note: estimated rate of return will vary with market conditions.

ASSET OWNER	TYPE OF ACCOUNT	AMOUNT	MONTHLY CONTRIBUTIONS	ESTIMATED RATE OF RETURN
		\$	\$	%
		\$	\$	%
		\$	\$	%
TOTALS		\$	\$	%

› Liabilities

Enter your current liabilities.

LIABILITIES	AMOUNT	MONTHLY PAYMENT	FINAL PAYMENT DUE	INTEREST RATE
<input type="checkbox"/> Mortgage balance <input type="checkbox"/> Monthly rent	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%

› Other Sources of Income

Enter other sources of income received today or expected in the future. Include alimony, child support, net rental income, defined benefit pension plans, fixed annuities, part-time income during retirement, etc.

TYPE	AMOUNT	MONTHLY AMOUNT	OR LUMP SUM	TODAY'S VALUE	OR FUTURE VALUE	BEGINS AT AGE	ENDS AT AGE	ANNUAL INCREASE	IS INCOME AVAILABLE TO SURVIVORS?
	\$	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or <input type="checkbox"/>			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or <input type="checkbox"/>			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or <input type="checkbox"/>			%	Yes <input type="checkbox"/> No <input type="checkbox"/>

› Disability Income

A disability can have a devastating impact on the family's financial plans.

Enter the information regarding your family's needs in the event of a disability.

Income replacement objective CLIENT A CLIENT B
 _____% of monthly _____% of monthly
(Financial experts generally recommend 60 percent to 70 percent of your current income.)

EXISTING LONG-TERM DISABILITY INSURANCE

Total Monthly Benefit CLIENT A CLIENT B
 \$ _____ \$ _____

NAME OF INSURED	INSURANCE COMPANY	MONTHLY BENEFIT	GROUP OR PERSONAL	ANNUAL PREMIUM	WAITING PERIOD	BENEFIT PERIOD
		\$		\$		
		\$		\$		

› Long-Term Care

Long-term care expenses can have a devastating impact on a financial situation. Having sufficient insurance coverage can help assure there is enough money for adequate care.

Enter your estimated monthly long-term care costs (in today's dollars) \$ _____
 (The U.S. average is \$3,000 to \$6,500)

EXISTING LONG-TERM CARE COVERAGE

NAME OF INSURED	COMPANY	DAILY BENEFIT	ANNUAL PREMIUM	ELIMINATION PERIOD (DAYS)	BENEFIT PERIOD (DAYS)
		\$	\$		
		\$	\$		

› Health Condition

Tobacco use: Yes No

How would you rate your current overall health condition: Excellent Good Fair Poor

Are you currently taking any medications? Yes No If yes, what? _____ Frequency _____
 _____ Frequency _____
 _____ Frequency _____

When was the last time you were seen by a physician of any kind? _____

Reason: _____

What was the diagnosis? _____ Treatment prescribed? _____

Any other health and medical issues? _____

› Automobile/Motorcycle/Recreational Vehicle

Current company _____

Number of years with company _____

Accidents _____

Violation _____

Claims _____

Years licensed _____

	1ST VEHICLE	2ND VEHICLE	3RD VEHICLE
Year/Make	/	/	/
Model			
Driver/Age	/	/	/
Use/Mileage	/	/	/
VIN			

CURRENT COVERAGE

Bodily Injury _____

Property Damage _____

Medical _____

Uninsured Motorist _____

Comprehensive Deduction _____

Collision Deduction _____

Total Loss _____

Premium _____

› Home/Rental Property

Home Rental

Year built _____

Number of years owned _____

Square feet _____

Exterior material _____

Wall material _____

Ceiling material _____

Floor type _____

Roof material _____

Any special amenities? _____

Do you have any of the following exposures? Business at home Yes No Swimming pool Yes No

Garage Yes No

If yes, attached Yes No

Number of cars _____

Number of bathrooms _____

Number of stories _____

Fireplace Yes No

Porch Yes No

Burglar alarm Yes No

Monitored? Yes No

Central heating/air Yes No

CURRENT COVERAGE

Company _____ Dwelling _____

Liability _____ Content _____

Deductible _____ Guest Medical _____

Premium _____

› Miscellaneous

Umbrella Current Amount _____ Company _____

Business Type _____ Company _____

