

# Client Information Folder



## Increase Cash Flow

- Earn additional income
- Manage expenses



## Debt Management

- Consolidate debt
- Strive to eliminate debt



## Emergency Fund

- Save 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
- Professional money management



## Preserve Wealth

- Reduce taxation
- Build a family legacy



When investing, there are certain risks, fees and charges, and limitations that one must take into consideration.

Client Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Associate: \_\_\_\_\_

Date: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Client Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ M / F DOB \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Please Check Preferred)

Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Business Email \_\_\_\_\_

Spouse Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ M / F DOB \_\_\_\_\_

(Please Check Preferred)

Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Business 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. \_\_\_\_\_

## GOALS & DREAMS

His	Hers	
		Reduce Debt/Pay Off Mortgage
		Increase Cash Flow
		Maximize Retirement Accounts
		Achieve Financial Independence
		Maximize Tax Advantages
		Fund College
		Buy New Home/Major Purchase
		Build Savings for Unexpected Expenses

His	Hers	
		Own A Business
		Explore Estate Planning
		Maintain Standard of Living (Death/Disability)
		Plan Retirement
		Explore Investment Options
		Sell Your Home
		Other Goals

Personal goals not mentioned above:

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Frivolous Money: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_

## EMPLOYMENT & INCOME

Client Employer: \_\_\_\_\_ Yrs: \_\_\_\_\_

Client Occupation: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Yrs: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_

Do you see yourself retiring from this employer? Y / N

Have you reviewed your finances with a financial professional? Y / N

Do you have an established budget? Y / N

### Current Income

Annual Salary \_\_\_\_\_

Net Take Home \_\_\_\_\_

Bonus, Commission \_\_\_\_\_

Rental Income \_\_\_\_\_

Interest, Dividends \_\_\_\_\_

Alimony/Child Support \_\_\_\_\_

Annuity/Pension Income \_\_\_\_\_

Other Income \_\_\_\_\_

Last Year's Tax Refund \_\_\_\_\_

### Future Income

Military/Civil Retirement \_\_\_\_\_

Social Security/Pension \_\_\_\_\_

### Client

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### Spouse

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## DEBTS

Description	Lender	Original Term	Year	Balance	IR	Min. Payment	Current Payment
Mortgage	_____	_____	_____	_____	_____ %	_____	_____
Auto Loan	_____	_____	_____	_____	_____ %	_____	_____
Auto Loan	_____	_____	_____	_____	_____ %	_____	_____
Student Loans	_____	_____	_____	_____	_____ %	_____	_____
Credit Card	_____	_____	_____	_____	_____ %	_____	_____
Credit Card	_____	_____	_____	_____	_____ %	_____	_____
Credit Card	_____	_____	_____	_____	_____ %	_____	_____
Credit Card	_____	_____	_____	_____	_____ %	_____	_____
Personal Loan	_____	_____	_____	_____	_____ %	_____	_____
Personal Loan	_____	_____	_____	_____	_____ %	_____	_____

## INSURANCE

In addition to covering your final expenses, what do you want your life insurance to accomplish (Help pay college expenses, supplement retirement income, surviving spouse fund)?

### Client:

Do you have Life Insurance? Y / N Provider: \_\_\_\_\_ Type: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Term: \_\_\_\_\_ Death Benefit: \_\_\_\_\_  
 How did you arrive at that number? \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Riders: \_\_\_\_\_

Do you have Health Insurance? Y / N Provider: \_\_\_\_\_ Type: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Term: \_\_\_\_\_  Group  Individual  
 HMO  PPO  Other: \_\_\_\_\_

### Spouse:

Do you have Life Insurance? Y / N Provider: \_\_\_\_\_ Type: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Term: \_\_\_\_\_ Death Benefit: \_\_\_\_\_  
 How did you arrive at that number? \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Riders: \_\_\_\_\_

Do you have Health Insurance? Y / N Provider: \_\_\_\_\_ Type: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Term: \_\_\_\_\_  Group  Individual  
 HMO  PPO  Other: \_\_\_\_\_

TAXABLE				TAX-DEFERRED					TAX-ADVANTAGED			
Certain assets may be suited for current, short-term or medium-term needs and can be served by relatively liquid products.				Assets earmarked for long-term needs, such as retirement, are generally placed in tax-deferred accounts where growth or interest is ultimately taxable at distribution.					Other assets may have tax advantages during accumulation and distribution and may also be well suited for long-term future needs.			
Investment/ Asset Name	Balance	Monthly Contrib.	RoR	Investment/ Asset Name	Balance	Monthly Contrib.	Employ Match	RoR	Investment/ Asset Name	Balance	Monthly Contrib.	RoR
Mutual Funds				401(K)/403(B) or Other Qualified Plans					Roth IRA			
Stocks				IRA/SEP IRA					Cash Value Life Insurance			
Bank Savings/CDs				Annuities (Fixed/Variable)					Certain events and distributions from taxable, tax-deferred and tax-advantaged accounts may be subject to taxation.			
Bonds/Treasuries				Savings Bonds								

**ASSET ACCUMULATION (Preserve Your Estate)**

Do you have a will? Y / N Last updated? \_\_\_\_\_

Do you have a trust? Y / N If yes, what kind? \_\_\_\_\_ Purpose of trust? \_\_\_\_\_

Asset Description	Market Value	Cost Basis
Real Estate (Owned, No Mortgage) _____		

**ASSET ACCUMULATION (Education Goals)**

Asset Type	Balance	Monthly Investment	Current RoR	Name of Dependent

**ASSET ACCUMULATION (Retirement Goals)**

Desired Income Range: \_\_\_\_\_ What age range would you like to be able to retire? \_\_\_\_\_

Minimum Per Month Savings: \_\_\_\_\_ Maximum Per Month Savings: \_\_\_\_\_

**HOW MUCH LIFE INSURANCE IS NEEDED?**

<b>D</b> ebt	_____
<b>I</b> ncome	_____
<b>M</b> ortgage	_____
<b>E</b> ducation	_____
.....	
Total	_____
Insurance in place	_____
<b>Insurance Need</b>	_____

**CHECK ALL THAT ARE IMPORTANT TO YOU**

- L**iquidity
- T**axation
- S**afety
- T**ransferability

The DIME Method is only one method to help determine your insurable need. There are many variables to consider to determine how much life insurance to purchase.

**NEXT APPOINTMENT**

On what date and at what time would you like to schedule our follow-up appointment? \_\_\_\_\_

Neither Hegemon Group International, its affiliated companies nor their Representatives or Associates provide tax advice and it is strongly recommended that clients consult a tax advisor concerning any tax issues relating to their investments.

This intake form shows expenses, savings and income, and investments based solely on the data collected from sources believed to be reliable and accurate.



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