



FINANCIAL FOOTPRINT

LIVE & LEAVE A LASTING LEGACY

PERSONAL & FAMILY INFORMATION:

Full Name: Date of Birth:

Male Female

Spouse Full Name: Date of Birth:

Male Female

First Child's Name: Date of Birth:

Male Female

Second Child's Name: Date of Birth:

Male Female

Third Child's Name: Date of Birth:

Male Female

For additional children use the back side of this sheet of paper.

Marital Status: Single Married Widowed Divorced

What are some current family dynamics, endeavors, priorities I should be aware of?

Do any of your children/grandchildren require special attention? (Educational, medical, or physical)

Address:

City: State: ZIP:

Telephone: Email:

Who referred you to us?

Do you have a Will? Yes No

Do you have a durable power of attorney? Yes No

Do you have a medical power of attorney? Yes No

Do you have a trust? Living trust Revocable Irrevocable

Do you have long term care insurance? Yes No

INCOME/CASHFLOW

What is your occupation?

How long have you been in this line of work? What did you do prior?

What is your current total gross income?

What is your spouse's occupation?

How long has your spouse been this line of work? Prior work?

Spouse's current total gross income?

Current or anticipated income benefits? Social Security Pension Other

Who is the provider?

What is the annual benefit amount?

What percentage of this is taxable?

At what age will this begin? End?

Who is the owner?

OTHER INCOME OR ASSETS (INHERITANCE, SALE OF A BUSINESS, ETC.)

Please list all:

Total anticipated value:

Event age/year:

Owner/Payee:

TAXES

Do you typically get a tax refund? Yes No

What would you say has been your average refund over the past 3 years?

Do you foresee any drastic changes to that in the near future? Yes No

Why?

Do you typically have to pay taxes each year? Yes No

How often do you pay taxes?

What would you estimate your taxes to be typically?

ASSET SUMMARY: LIFE INSURANCE

Who is, or would be, your beneficiaries?

Contingent beneficiaries:

Policy Owner: Insured:

Death Benefit:

Cash Value:

Premium:

Policy Type:

Ins. Company: Account #:

Policy Owner: Insured:

Death Benefit:

Cash Value:

Premium:

Policy Type:

Ins. Company: Account #:

For additional policies use the back side of this sheet of paper.

ASSET SUMMARY: NON-QUALIFIED ANNUITIES

Owner:	<input type="text"/>	Value:	<input type="text"/>
Insurance Company:	<input type="text"/>	Cost Basis:	<input type="text"/>
Riders:	<input type="text"/>	Notes:	<input type="text"/>

Owner:	<input type="text"/>	Value:	<input type="text"/>
Insurance Company:	<input type="text"/>	Cost Basis:	<input type="text"/>
Riders:	<input type="text"/>	Notes:	<input type="text"/>

For additional annuities use the back side of this sheet of paper.

INVESTMENTS: IRA'S, 401K'S, 403B'S, 457'S, 529'S, TSP'S, ETC.

How would you describe your investing strategy?

<input type="text"/>			
Owner:	<input type="text"/>	Type of Account:	<input type="text"/>
Value:	<input type="text"/>	Contribution:	<input type="text"/>
Custodian:	<input type="text"/>	Amount:	
Company Match:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

<input type="text"/>			
Owner:	<input type="text"/>	Type of Account:	<input type="text"/>
Value:	<input type="text"/>	Contribution:	<input type="text"/>
Custodian:	<input type="text"/>	Amount:	
Company Match:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

<input type="text"/>			
Owner:	<input type="text"/>	Type of Account:	<input type="text"/>
Value:	<input type="text"/>	Contribution:	<input type="text"/>
Custodian:	<input type="text"/>	Amount:	
Company Match:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

For additional investments use the back side of this sheet of paper.

REAL ESTATE

Location:
Value:
Interest Rate:
Term:

Payment:
Debt:

Location:
Value:
Interest Rate:
Term:

Payment:
Debt:

For additional real estate use the back side of this sheet of paper.

TAXABLE INVESTMENT ACCOUNTS (STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS, ETC.)

Owner:
Custodian:
Cost Basis:

Value:
Contribution Amount:
Account #:

Owner:
Custodian:
Cost Basis:

Value:
Contribution Amount:
Account #:

For additional assets use the back side of this sheet of paper.

SAVINGS

How much do you have saved?

How long have you been saving to get to that amount?

Where is it saved?

How would you describe your savings strategy (Ex. \$1,000/month from income)?

BANK ACCOUNTS AND CERTIFICATE OF DEPOSIT (CD'S)

Owner:

Value:

Bank:

Maturity Date:

Interest Rate:

Online Banking Access:

Owner:

Value:

Bank:

Maturity Date:

Interest Rate:

Online Banking Access:

For additional real estate use the back side of this sheet of paper.

EXPENSES

Do you use a written budget/program? Yes No

Description of future expense:

Expense Amount:

Year:

Payor:

Description of future expense:

Expense Amount:

Year:

Payor:

Description of future expense:

Expense Amount:

Year:

Payor:

For additional expenses use the back side of this sheet of paper.

DEBT

List your debts from smallest balance to largest:

NAME	DEBT	INTEREST RATE	BALANCE	MONTHLY PAYMENT	ACTUAL PAYMENT
TOTALS:					



GETTING STARTED

CLIENT INFORMATION

PERSONAL INFO

First, Middle, Last Name:

Date of Birth: SS Number:

Male Female

Address:

City: State: ZIP:

Telephone: Email:

Driver's License State:

Drivers License Number: Drivers License Expiration:

Do you have any Criminal Background? Yes No

Please describe any charges, convictions, sentencing along with dates:

Bankruptcies or Collections? Yes No

If "Yes" please describe with detail:

Do you have any Medical challenges? Yes No

Cancer? (If yes, please describe your diagnosis, treatment, and dates):

Cardiovascular Disease? (If yes, describe your diagnosis, treatment, and dates):

Stroke? (If yes, please describe your diagnosis, treatment, and dates):

Diabetes? (If so, what is your A1C?)

Have you used tobacco or marijuana in the past 5 years? Yes No

Which? How much/often?

POLICY DESIGN DETAILS: (We will fill out this portion together on our next call)

Premium Amount: Premium Mode:

Single Premium/Dump-in Amount: Company Name:

Product Selection: Policy Split:

1035 Exchange?

Initial Premium Submitted with Application?

Target Death Benefit?

Beneficiary Name: Date of Birth:

Relationship to the Insured:

RIDERS:

Same Insured Term Rider? Amount? Duration?

Guaranteed Insurability Rider? Yes No Amount:

Child Benefit Rider? Yes No

Waiver of Premium Rider? Yes No

Survivor Purchase Option Rider? Yes No

Separate Convertible Term? Amount? Duration?

NOTES: