



# Financial Needs Analysis



## Cash Flow

- Earn additional income
- Manage expenses



## Debt Management

- Consolidate debt
- Strive to eliminate debt



## Emergency Fund

- Consider saving at least 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



## Preserve Wealth

- Reduce taxation
- Build a family legacy

Client 1 Name \_\_\_\_\_ Client 2 Name \_\_\_\_\_

Agent Name \_\_\_\_\_ Date \_\_\_\_\_

**Household Information**

**Client 1 Name** \_\_\_\_\_ Preferred Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Please Check Preferred)

Home Phone \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Other Phone \_\_\_\_\_

(Please Check Preferred)

Personal Email \_\_\_\_\_  
 Business Email \_\_\_\_\_  
 Alternate Email \_\_\_\_\_

**Client 2 Name** \_\_\_\_\_ Preferred Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Please Check Preferred)

Home Phone \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Other Phone \_\_\_\_\_

(Please Check Preferred)

Personal Email \_\_\_\_\_  
 Business Email \_\_\_\_\_  
 Alternate 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. \_\_\_\_\_

To help guide our meeting today, let's first discuss the personal, professional and financial goals that are most important and of greatest value to you.

**Goals**

	<b>Short-term 1-3 years</b>	<b>Mid-Range 3-7 years</b>	<b>Long-Term 7+ years</b>
<input type="checkbox"/> Make a Major Purchase .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Retirement Wealth .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buy a New Home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Savings for Unexpected Expenses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reduce or Pay Off Mortgage .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education Funding .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alternative Income in Case of Disability or Death .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Help Support Aging Parents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pay Off Credit Cards/Debts .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Start a Business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When was the last time you reviewed your financial goals? \_\_\_\_\_

Do you have an established monthly budget?  Yes  No

Do you have a regular savings plan?  Yes  No

Is there a particular topic you want to make sure we cover in our time together today?

\_\_\_\_\_

\_\_\_\_\_

**Income**

**Current Income**

(Include salary, bonuses, commissions, rental income, interest and dividends, alimony and child support, annuity or pension income, and any other income sources)

Owner/Recipient	Source	Gross Amount	Frequency	Net Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Client 1 Total Income \_\_\_\_\_ Client 2 Total Income \_\_\_\_\_

Total Combined Gross Household Income \_\_\_\_\_

Current estimated combined effective tax rate \_\_\_\_\_  
Did you receive a tax refund last filing?  Yes  No

Did you have to pay taxes at your last filing?  Yes  No  
Refund amount \_\_\_\_\_

**Anticipated Future Income**

(Include military or civil retirement, annuity or pension income, and any other retirement income sources)

Owner/Recipient	Source	Gross Amount	Start Age/Year	Frequency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you want to include Social Security benefits in this calculation? **Client 1**  Yes  No Start Age \_\_\_\_\_  
**Client 2**  Yes  No Start Age \_\_\_\_\_

If yes, what is your current estimated monthly benefit? \_\_\_\_\_

**Employment**

	Client 1	Client 2
What is the name of your employer?	_____	_____
How long have you worked there?	_____	_____
What is your job title?	_____	_____
What are your specific job duties?	_____	_____
Describe the nature of the business	_____	_____
Who owns the business?	_____	_____
What is the business structure?	_____	_____
Do you see yourself retiring there?	_____	_____
What are your future career plans?	_____	_____

**Emergency Fund**

Number of months to provide Emergency Funds \_\_\_\_\_

Provide for:  All expenses  Only non-discretionary expenses

**OR:** How much do you need monthly in case of an emergency? \_\_\_\_\_

How much do you currently have saved in a dedicated emergency fund? \_\_\_\_\_

**Expenses**

	Amount	Discretionary?		Amount	Discretionary?
<b>Auto &amp; Transportation</b> .....	_____	<input type="checkbox"/>	<b>Mortgage/Rent Payment</b> .....	_____	<input type="checkbox"/>
Fuel.....	_____	<input type="checkbox"/>	Homeowners Insurance.....	_____	<input type="checkbox"/>
Insurance.....	_____	<input type="checkbox"/>	Principal & Interest.....	_____	<input type="checkbox"/>
Loan/Lease Payment.....	_____	<input type="checkbox"/>	Property Taxes.....	_____	<input type="checkbox"/>
Parking Tolls.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
Public Transportation.....	_____	<input type="checkbox"/>	<b>Other Debt Service Payments</b> .....	_____	<input type="checkbox"/>
Service.....	_____	<input type="checkbox"/>	Credit Cards.....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Personal Loans.....	_____	<input type="checkbox"/>
<b>Food</b> .....	_____	<input type="checkbox"/>	Student Loans.....	_____	<input type="checkbox"/>
Dining Out.....	_____	<input type="checkbox"/>	<b>Other Monthly Expenses</b> .....	_____	<input type="checkbox"/>
Groceries.....	_____	<input type="checkbox"/>	Alimony & Child Support.....	_____	<input type="checkbox"/>
<b>Health/Medical</b> .....	_____	<input type="checkbox"/>	Subscriptions/Memberships.....	_____	<input type="checkbox"/>
Insurance Premiums.....	_____	<input type="checkbox"/>	Tithe/Charity.....	_____	<input type="checkbox"/>
Prescriptions.....	_____	<input type="checkbox"/>	Travel & Entertainment.....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
<b>Household</b> .....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
Child Care.....	_____	<input type="checkbox"/>	<b>Utilities</b> .....	_____	<input type="checkbox"/>
Cleaning Services.....	_____	<input type="checkbox"/>	Cable.....	_____	<input type="checkbox"/>
Clothing.....	_____	<input type="checkbox"/>	Electric.....	_____	<input type="checkbox"/>
Educational.....	_____	<input type="checkbox"/>	Gas.....	_____	<input type="checkbox"/>
Gifts.....	_____	<input type="checkbox"/>	Internet.....	_____	<input type="checkbox"/>
Landscape Service.....	_____	<input type="checkbox"/>	Mobile Phones.....	_____	<input type="checkbox"/>
Personal Care.....	_____	<input type="checkbox"/>	Phone.....	_____	<input type="checkbox"/>
Pet Care.....	_____	<input type="checkbox"/>	Trash Collection.....	_____	<input type="checkbox"/>
Sports and Lessons.....	_____	<input type="checkbox"/>	Water.....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>

**Total Monthly Expenses:** \_\_\_\_\_

**Total Non-Discretionary Expenses:** \_\_\_\_\_

**Debts**

Description	Lender	Original Term	Year	Balance	IR	Current Payment	Minimum Payment
Mortgage 1.....	_____	_____	_____	_____	_____%	_____	_____
Mortgage 2 or HELOC.....	_____	_____	_____	_____	_____%	_____	_____
Auto Loan.....	_____	_____	_____	_____	_____%	_____	_____
Student Loans.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Personal Loan.....	_____	_____	_____	_____	_____%	_____	_____
Personal Loan.....	_____	_____	_____	_____	_____%	_____	_____
Other Loan.....	_____	_____	_____	_____	_____%	_____	_____
Other Loan.....	_____	_____	_____	_____	_____%	_____	_____



**Other Assets** (Real estate, automobiles, boats, collectibles, antiques, etc.)

Description	Current Market Value	Cost Basis
_____	_____	_____
_____	_____	_____

**Preserve Wealth**

Do you have a Will?  Yes  No Last update: \_\_\_\_\_  
Do you have a Trust?  Yes  No If yes, what kind: \_\_\_\_\_ Purpose of Trust \_\_\_\_\_  
Do you expect to receive any lump sums or inheritance in the near future?  Yes  No

**Other Trusted Advisors** (include accountant, attorney, etc.)

Name	Role
_____	_____
_____	_____

What is your biggest financial concern? \_\_\_\_\_

Please rate the following on a scale of 1 to 10 with respect to their importance and urgency.

\_\_\_ Cash Flow                      \_\_\_ Proper Protection                      \_\_\_ Retirement  
\_\_\_ Emergency Fund                      \_\_\_ Debt                      \_\_\_ Estate Preservation

How much on a monthly basis do you feel you can save towards your goals? \_\_\_\_\_

If, when we get back together, I can offer you solutions that may help you reach your goals, is there any reason we could not do business and get you started right away?  Yes  No

Reason \_\_\_\_\_

Let's look at our schedules to find a date and time to get back together.

**Next Appointment** \_\_\_\_\_

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