

Financial Needs Analysis Client Intake Form

CLIENT INFORMATION

Name: _____ U.S. Citizen: Yes No
Date of Birth: _____ Social Security Number: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Years Living in Current Home: _____ Do you plan on moving? Yes No
Home Phone: _____ Mobile Phone: _____
E-Mail: _____ Fax: _____
Preferred Method of Contact: Home Phone Mobile Phone E-Mail Fax
Marital Status: Single Married Widowed Divorced
• If married, answer the following:
○ How many years have you been married? _____
○ Is this your first marriage? Yes No

SPOUSE INFORMATION

Name: _____ U.S. Citizen: Yes No
Date of Birth: _____ Social Security Number: _____
Mobile Phone: _____ E-Mail: _____
Is this your spouse's first marriage? Yes No
If your spouse resides at a different address, provide the following:
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Home Phone: _____

CLIENT OCCUPATION

Occupation: _____ Self-Employed: Yes No
Employer Name: _____ Years with Current Employer: _____
Business Address: _____
Employer Phone: _____ Employer E-Mail: _____

SPOUSE OCCUPATION

Occupation: _____ Self-Employed: Yes No
Employer Name: _____ Years with Current Employer: _____
Business Address: _____
Employer Phone: _____ Employer E-Mail: _____

CHILDREN / DEPENDENTS

List your children and other dependents below. Attach a separate page if more space is needed to provide additional names or information.

Name: _____
Relationship: _____ Date of Birth: _____
Social Security Number: _____ Dependent: Yes No

Name: _____
Relationship: _____ Date of Birth: _____
Social Security Number: _____ Dependent: Yes No

Name: _____
Relationship: _____ Date of Birth: _____
Social Security Number: _____ Dependent: Yes No

Name: _____
Relationship: _____ Date of Birth: _____
Social Security Number: _____ Dependent: Yes No

Do any of the your children or other dependents require special care? Yes No

- If yes, explain: _____

Will you pay for your children/dependent's education? Yes No Undecided

- If yes, what percentage? ___%
- How much have you already set aside? \$_____

ANNUAL INCOME & EXPENSES

Income	Client	Spouse	Annual Total
Salary	\$	\$	\$
Self-Employment	\$	\$	\$
Bonus & Commission	\$	\$	\$
Interest & Dividends	\$	\$	\$
Pensions & Annuities	\$	\$	\$
Social Security	\$	\$	\$
Alimony	\$	\$	\$
Rental Property (Net)	\$	\$	\$
Other Income	\$	\$	\$
Total	\$	\$	\$

Do you have emergency reserves? Yes No

- If yes, how much? \$ _____
- Where are these funds held? _____

How do you expect your earned income to change over the next five years?

- - Increase: Substantially Moderately Slightly
- - Decrease: Substantially Moderately Slightly
- - No Change

What are your annual expenses (excluding taxes and savings)? \$ _____

List your major planned expenditures (e.g., weddings, home purchases):

Next Three Years: \$ _____

Purpose: _____

Three to Five Years: \$ _____

Purpose: _____

Five to Ten Years: \$ _____

Purpose: _____

Have you set funds aside for your planned expenditures? Yes No

- If yes, how much? \$ _____
- Where are these funds held? _____

HEALTH ISSUES

List any health issues you or your family members are experiencing that could affect your financial planning:

ASSETS

Cash	Client	Spouse	Joint
Checking & Savings	\$	\$	\$
Money Market Funds	\$	\$	\$
Certificates of Deposit (CDs)	\$	\$	\$
U.S. Savings Bonds	\$	\$	\$
Other Cash	\$	\$	\$
Total	\$	\$	\$

Taxable Investments	Client	Spouse	Joint
Stocks, Bonds, Mutual Funds	\$	\$	\$
Investment Real Estate	\$	\$	\$
Other Taxable Accounts & Assets	\$	\$	\$
Total	\$	\$	\$

Education Investments	Client	Spouse	Joint
529 / Tuition Savings Plans	\$	\$	\$
UTMA / UGMA Custodial Accounts	\$	\$	\$
Other Education Investments	\$	\$	\$
Total	\$	\$	\$

Personal Property	Client	Spouse	Joint
Home Furnishings	\$	\$	\$
Automobiles	\$	\$	\$
Boats, Trailers, Airplanes	\$	\$	\$
Clothing, Furs	\$	\$	\$
Jewelry, Silver, Antiques, Art	\$	\$	\$
Other Personal Property	\$	\$	\$
Total	\$	\$	\$

Real Estate	Client	Spouse	Joint
Primary Residence	\$	\$	\$
Secondary Residence	\$	\$	\$
Vacation Homes	\$	\$	\$
Other Real Estate	\$	\$	\$
Total	\$	\$	\$

Retirement Investments	Client	Spouse
IRA: Traditional, Rollover	\$	\$
IRA: Roth, SEP, SIMPLE	\$	\$
401(k), 403(b), 457	\$	\$
Pension	\$	\$
Other Retirements Plans	\$	\$
Total	\$	\$

LIABILITIES

Creditor	Debtor	Balance Owed	Monthly Payment	Term	Interest Rate
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ _____	\$ _____		%
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ _____	\$ _____		%
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ _____	\$ _____		%
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ _____	\$ _____		%
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ _____	\$ _____		%
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ _____	\$ _____		%
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ _____	\$ _____		%
	Total	\$ _____	\$ _____		

RETIREMENT GOALS

At what age do you plan to retire? _____

At what age does your spouse plan to retire? _____

Will your home be paid off before you retire? Yes No

How much annual income will you want after retirement? \$ _____

Do you plan to work after retirement? Yes No

- If yes, until what age? _____
- How much do you expect to earn annually? \$ _____

Does your spouse plan to work after retirement? Yes No

- If yes, until what age? _____
- How much does your spouse expect to earn annually? \$ _____

Do you have a pension? Yes No

- If yes, how much do you expect to earn monthly? \$ _____
- At what age will your pension start? _____
- Does your pension include a cost-of-living adjustment? Yes No
 - If yes, what percentage? _____%

Does your spouse have a pension? Yes No

- If yes, how much does your spouse expect to earn monthly? \$ _____
- At what age will your spouse's pension start? _____
- Does your spouse's pension include a cost-of-living adjustment? Yes No
 - If yes, what percentage? _____%

How much Social Security do you expect to earn each month? \$ _____

- How much does your spouse expect to earn? \$ _____

INSURANCE POLICIES

Life Insurance:

Insurance Policy: _____ **Insured:** Client Spouse
Owner: _____ **Beneficiary:** _____
Death Benefit: \$ _____ **Annual Premium:** \$ _____

Insurance Policy: _____ **Insured:** Client Spouse
Owner: _____ **Beneficiary:** _____
Death Benefit: \$ _____ **Annual Premium:** \$ _____

Disability Insurance:

Insurance Policy: _____ **Insured:** Client Spouse
Elimination Period: _____ **Benefit Period:** _____ **Type:** Group Personal
Monthly Benefit: \$ _____ **Annual Premium:** \$ _____

Insurance Policy: _____ **Insured:** Client Spouse
Elimination Period: _____ **Benefit Period:** _____ **Type:** Group Personal
Monthly Benefit: \$ _____ **Annual Premium:** \$ _____

Long-Term Care Insurance:

Insurance Policy: _____ **Insured:** Client Spouse
Owner: _____ **Daily Benefit:** \$ _____
Elimination Period: _____ **Benefit Period:** _____
Annual Premium: \$ _____

Insurance Policy: _____ **Insured:** Client Spouse
Owner: _____ **Daily Benefit:** \$ _____
Elimination Period: _____ **Benefit Period:** _____
Annual Premium: \$ _____

ESTATE PLANNING

Do you have any of the following estate planning documents?

Document	Client	Year	Spouse	Year
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Medical Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

EMPLOYER STOCK OPTIONS

Do you or your spouse participate in any of the following employer stock plans?

Stock Plan	Client	Spouse
Incentive Stock Options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Qualified Stock Options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restricted Stock Units	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Stock Purchase Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL CONCERNS

What aspects of your finances are you most concerned about?

- | | | |
|--------------------------------------------------|----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Cash Flow and Budgeting | <input type="checkbox"/> Home Purchase | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> College Planning | <input type="checkbox"/> Insurance | <input type="checkbox"/> Tax Planning |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Investment | |

List any other financial matters that concern you:

Provide any additional information that would help us evaluate or gain a better understanding of your financial situation:

PROFESSIONAL ADVISORS

Provide the following information for other professional advisors that we may contact:

Advisor	Name	Firm	Phone
Accountant	_____	_____	_____
Attorney	_____	_____	_____
Stockbroker	_____	_____	_____
Portfolio Manager	_____	_____	_____
Banker	_____	_____	_____

SIGNATURE

Client Signature: _____ **Date:** _____

Print Name: _____

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