

Last Name: _____, First Name(s): _____

Date: _____

Planning Guide

Information

Client Name _____ Date of Birth ____/____/____

Home Address _____

Home Phone _____ Work Phone _____ Mobile _____

E-mail _____

Occupation _____ Employer _____

Spouse/Partner _____ Date of Birth ____/____/____

Home Phone _____ Mobile _____

Spouse/Partner E-mail _____

Occupation _____ Employer _____

Children	State Residing	Ages	Grandchildren	Ages
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C _____	_____	_____	_____	_____
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S/P _____	_____	_____	_____	_____
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Own House? (Approximate value, remaining balance and term? ____/____) Rent/Lease N/A

Parents are alive: Yes Ages: _____ No Ages: M: _____ D: _____

Siblings: Yes Ages: _____ No Ages: _____ Cause: _____

Spouse/Partner Parents are alive: Yes Ages: _____ No Ages: M: _____ D: _____

Spouse/Partner Siblings: Yes Ages: _____ No Ages: _____ Cause: _____

Client Life Goals: _____

Client Hobbies/Interests: _____

Spouse/Partner Life Goals: _____

Spouse/Partner Hobbies/Interests: _____

NOTES

Healthcare Planning

Client Healthcare Coverage

Health Insurance Coverage? Yes No Company/Type _____
Deductible _____ Monthly Premium \$ _____ MOOP = 80/20 70/30 50/50 (circle one)
VA Yes No Tricare Yes No
Medicare supp. coverage? Yes No If yes, provided by former employer under a group plan? Yes No
Company _____ Plan _____ Monthly Premium \$ _____
Prescription drug coverage? Yes No Provider _____
Company _____ Plan _____ Monthly Premium \$ _____
Employer paying for any part of the premium? Yes No # of lives covered: _____

Client Medical Questions

Any health issues in the last three years? Yes No Explain: _____
Current Medications: _____

What concerns do you have about what Medicare doesn't cover: _____

Vision Coverage: _____
Dental Coverage: _____
What concerns do you have about your future health? _____

Spouse/Partner Medical Questions

Any health issues in the last three years? Yes No Explain: _____
Current Medications: _____

Health Plan?: _____

NOTES

Legacy Planning

Is there a will? Yes No When was it setup/last reviewed? _____

Is there a trust? Yes No When was it setup/last reviewed? _____

Current Life Insurance

Current life insurance: Yes No How many policies? _____

Type: Employer Individual Term Permanent Life _____

Total Death Benefit Amount (s) \$ _____ Cash value \$ _____

Company (s)	Type	Face Amount	Mo. Cost	Living Benefits
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Purpose for current life insurance? _____

Funeral or cremation? _____

Have beneficiary designations on investments and insurance policies been reviewed? Yes No

SOURCE OF INCOME TO HEIRS

Life Insurance Death Benefit \$ _____

Pension(s) \$ _____ Social Security \$ _____

Investments \$ _____ Annuity payments \$ _____ Other(s) \$ _____

Family Life Insurance

List any life insurance on spouse/partner, children, grandchildren?

If yes:

Name (s)	Type	Face Amount	Mo. Cost	Relationship	Co. Name
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____

NOTES

Asset Protection

Note: Do not give advice on or discuss investment based products unless properly licensed.

Current Assets and Holdings

Client Investments

401K \$ _____ Investments \$ _____ Savings/MMF \$ _____

IRAs \$ _____ Other \$ _____ CDs \$ _____ Maturity Date & Rate: _____

Roth \$ _____ Annuities \$ _____ Company/Type of Annuity: _____

Want to save money on taxes? Yes No

Spouse/Partner Investments

401K \$ _____ Investments \$ _____ Savings/MMF \$ _____

IRAs \$ _____ Other \$ _____ CDs \$ _____ Maturity Date & Rate: _____

Roth \$ _____ Annuities \$ _____ Company/Type of Annuity: _____

Personal Property

Mortgages/Payments: _____ Rate: _____ Pay off year: _____

Vacation property: _____

Automobile: _____ Balance: _____ Pay off Year: _____

Automobile: _____ Balance: _____ Pay off Year: _____

Boats, motorcycles, RV, etc.: _____ Other: _____

Feelings about the above Asset Mix?

What do you see yourself using savings/investments for? _____

Goals for savings/investments? _____

Concerns as to how money is invested? _____

Comfortable with the risk level of investments? Yes No Explain: _____

Refer family to your current advisor now? Yes No

Large purchases planned in 0-5 years? Yes No

Plan to spend more than 10% of total assets per year? Yes No

Long-Term Care

Long-Term Coverage Yes No Company _____

Monthly Premium \$ _____ Monthly Benefits _____ Benefit Period _____

What is your plan for long-term care when needed? Explain: _____

Will children play a role when it comes to long-term care? Yes No Explain: _____

Who have you been a caregiver to? _____

Income Protection

Client Current Income and Source

Indicate where monthly income is currently coming from with approximate **amount after tax (Net)**.

Salary \$ _____ Annuity payments \$ _____ Investments Interest \$ _____
 Social Security \$ _____ Pension(s) _____ Other(s) _____

Age you drew/plan to draw from Social Security Retirement Benefit: _____

Spouse/Partner Current Income and Source

Indicate where monthly income is currently coming from with approximate amount after tax.

Salary \$ _____ Annuity payments \$ _____ Investment Interest \$ _____
 Social Security \$ _____ Pension(s) _____ Other(s) _____

Age you drew/plan to draw from Social Security Retirement Benefit: _____

Total combined monthly income \$ _____ Total monthly expenses \$ _____

Currently contributing to any retirement accounts? (Monthly contribution)

401k \$ _____ IRAs \$ _____ Savings Account \$ _____
 Annuities \$ _____ Other _____

Current Income Insurance

Disability Insurance? Yes No How many policies? _____

Total Amount (s) of coverage \$ _____ Type Group Individual

Company(s) _____ Monthly Premium(s) \$ _____

Concerned about outliving income? Yes No

Explain: _____

Is generating more income and/or better returns more important? Income Returns

Explain: _____

NOTES

Action Item List

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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