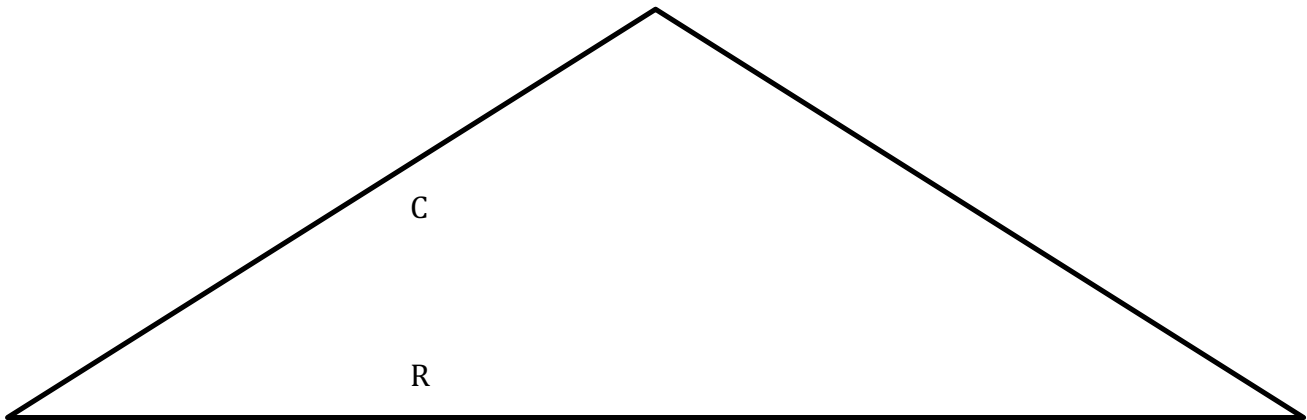
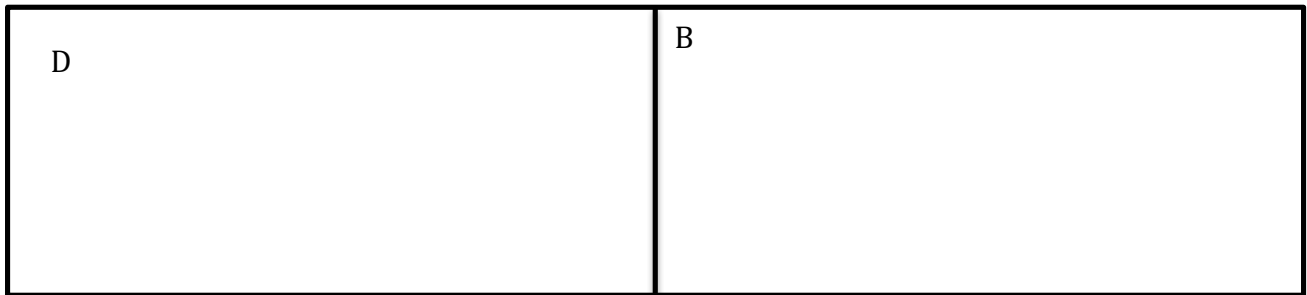


Financial House



Financial Future



Take Control



Financial Stability/Safety

Client's Name _____ MI _____ Last _____ DOB ____/____/____
 Spouse's Name _____ MI _____ Last _____ DOB ____/____/____
 Client's Cell _____ Spouse's _____ Home _____

Children's Data

Name _____ MI _____ Last _____ Sex M/F DOB ____/____/____
 Name _____ MI _____ Last _____ Sex M/F DOB ____/____/____
 Name _____ MI _____ Last _____ Sex M/F DOB ____/____/____
 Name _____ MI _____ Last _____ Sex M/F DOB ____/____/____

Mailing Address

Address _____ City _____ State _____ Zip _____

1. INCOME

What would you say your monthly income is?

	CLIENT	SPOUSE
Income Sources: Monthly Gross (Pre-tax) Income	\$ _____	\$ _____
Other Income (ex. Pension, Child Support, Rental Income, Disability)	\$ _____	\$ _____
Monthly Income Taxes (*Paystubs)	\$ _____	\$ _____

Client Employer Info

Client: Employer Name _____ Occupation _____ Years Employed _____
 Spouse: Employer Name _____ Occupation _____ Years Employed _____
 Do you normally receive a tax refund? ____ Yes ____ No How much? _____

2. RETIREMENT

Based on your current retirement plan, do you know what age you will be able to retire? __ Yes __ No

At what age would you realistically like to retire? _____
 (At what age do you work because you want to and not because you have to?)

How much household income would you like during retirement. \$ _____
 (On average, it's recommended you'll need 80% of your current income)

A. SOCIAL SECURITY

What are your thoughts on social security?

Are you counting on social security for retirement? __ Yes __ No (Average eligible age is 62, 67, and 70)

Do you have a statement that tells you how much you should expect? Client \$ _____ Spouse \$ _____

B. PENSION

Do you have a pension with your current job? Yes No At what age can you start withdrawing? _____ How much Monthly _____

Do you have a pension with a previous job? Yes No At what age can you start withdrawing? _____ How much Monthly _____

C. RETIREMENT PLANS

	CLIENT	SPOUSE
Are you currently involved in any type of retirement plan at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Total Balance? (*Statements)	\$ _____	\$ _____
How much do you contribute monthly?	\$ _____	\$ _____
How much does your employer match monthly?	\$ _____	\$ _____

D. OTHER RETIMERENT SAVINGS PLANS

Do you have retirement assets from a previous employer? Yes No Yes No

Have you rolled this over to a personal account yet? Yes No Yes No

Do you have any other retirement accounts that you set up on your own? Yes No Yes No
(Roth, Traditional IRA, SEP, solo 401k) (*Statements)

Owner _____	Asset Name _____	Balance\$ _____
Owner _____	Asset Name _____	Balance\$ _____
Owner _____	Asset Name _____	Balance\$ _____
Owner _____	Asset Name _____	Balance\$ _____

Do you anticipate any other income sources? Yes No How much? _____
(Example: rental income, inheritance)

3. NON-RETIREMENT ASSETS

Client Spouse

Do you have any CD's, Bonds, Stocks, Mutual Funds, Money Market, Savings Account, Checking Account Yes No Yes No
(*not marked for retirement or college)

Owner _____	Asset Name _____	Balance\$ _____
Owner _____	Asset Name _____	Balance\$ _____
Owner _____	Asset Name _____	Balance\$ _____
Owner _____	Asset Name _____	Balance\$ _____

EMERGENCY FUND: Do you have an emergency fund other than savings listed above? ___ Yes ___ No

General rule: 3-6 months of living expenses. How many months do you have saved away?

If yes, balance? \$ _____ How much do you contribute monthly? _____

Debts

Enter your current debts and see what your debt payoff date could be and how much interest you could save.
If you have a debt that you pay off each month, you may not want to include it.

1st Mortgage

Debt Name*	Current Balance*	Principal & Interest Pmt*	Additional Principal Pmt?	Interest Rate*	Payment Type*	Include Debt	Accelerate Debt
1. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> ARM	<input type="checkbox"/>	<input type="checkbox"/>
		Monthly Property Taxes	\$ <input type="text"/>		Monthly Homeowners Insurance	\$ <input type="text"/>	
		Monthly Private Mortgage Insurance (PMI)	\$ <input type="text"/>		Home Value	\$ <input type="text"/>	

2nd Mortgage and Consumer Debt

Debt Name*	Current Balance*	Minimum Payment*	Additional Payment?	Interest Rate*	Payment Type*	Include Debt	Accelerate Debt
2. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
9. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
10. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
11. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
12. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
13. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
14. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
15. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>

5. EDUCATION: What are your thoughts on saving for your children(s) college?

Are you currently saving for your Children's education? ___ Yes ___ No
(529 plan, Coverdell IRA, other)

Is there a percentage you want to be prepared to pay? 100% _____ 50% _____ other _____

Public or Private, any schools in mind? _____

How much do you contribute monthly? \$ _____
(Statements) Current Total Balance? \$ _____

6. OTHER PROTECTION:

Do you have a **Will**? (Power of Attorney, Living Will, Guardianship for your children)? Yes___ No___

Would you be interested in seeing if we could save you money on your **AUTO & HOME OWNERS INSURANCE**? ___Yes ___No

7. LIFE INSURANCE/ INCOME PROTECTION

How important is it that we protect your families' financial future if you were to die prematurely.

___ **Not Important** ___ **Important** ___ **Extremely Important**

Do you own personal life insurance and/or group insurance through work? __ Yes __ No

If yes, Do you know how it/they works ?

	Your Coverage	Spouse's Coverage
Personal coverage	\$ _____	\$ _____
Amount you pay per month	\$ _____	\$ _____
Group paid for by employer	\$ _____	\$ _____
Group paid for by you	\$ _____	\$ _____
Do you have coverage on children	\$ _____	\$ _____
Amount you pay per month	\$ _____	\$ _____

(Get Policies if possible)

Immediate Cash Needs

If you were to die prematurely, do you want to...?

	Client	Spouse
Pay off mortgage	\$ _____	\$ _____
Pay off consumer debt	\$ _____	\$ _____
Fund Children's education	\$ _____	\$ _____
Pay Funeral costs (10k ,15k, 20k,)	\$ _____	\$ _____

Income Replacement

If you die your survivors will need \$_____ per month for how many years? _____ = Total _____

If your spouse dies, survivors will need \$_____ per month for how many year? _____ = Total _____

Do you use tobacco, nicotine in any form? ___Yes ___No Spouse ___Yes ___No

Do you take any medications on a regular basis? ___Yes ___No Spouse ___Yes ___No

If yes, what do you take? _____

(get the name of med or meds, dosage, how often they see doctor for condition, has dosage changed recently.

Do you have any significant medical history in the last 10 years? ___Yes ___No Spouse ___Yes ___No
(Cancer, Heart Disease, Diabetes, Stroke)

Your Height_____ Weight _____ Spouse's Height_____ Weight _____

"If when I come back I can offer you a program that could improve upon your current life insurance situation and it's within your budget, will you implement that program? ___ Yes ___ No

8. COMMITMENT

Is your current investment/insurance advisor a close family, friend or relative? ___Yes ___No

Is there anybody you need to consult with prior to getting started on your plan? ___Yes ___No

Commitment Amount

How much more could you set aside every month to help reach your goals? (retirement, debt and insurance)
(Remember the example of how easy it was to spend \$50/wk?)

We find that most of our clients can free up \$200 per month. However, there are a fortunate few who can free up \$500 or more. And then there are those who are on a fixed or limited budget who can only free up \$100. Which category best describes you?

\$100 \$200 \$500 Other\$ _____

*****Can you commit this amount? ___Yes ___No

If we can put together a program that helps you reach your short-term Insurance needs and your long-term savings goals, is there any reason why you would not go ahead and begin implementing the program on our next appointment?
___Yes ___NO

9. REFERRALS

You are probably wondering how we get paid: We get paid 2 ways

First: If we decide together to implement your plan, I will be compensated directly from the companies that best fit your family's specific needs.

Second: And most important to me, I will ask you for 2 types of referrals;

1. Who do you know that is married, or getting married, has children and is employed?
2. Who do you know that may be looking for an extra Part time income or Career change if the money was right?

My company is expanding, and we are looking for personal referrals rather than resumes.

Since I see you may have a short fall on your way to this great plan for your family, would you be interested in looking at the Income Opportunity since you are giving me referrals anyway?

“I can have your Financial Game Plan ready in a few days. I am available on _____(day) or _____(day) . Which works best for you?



Budget Worksheet

Supplemental

Where is your money going?

The first step in managing your finances is understanding where you are spending your money. Use this Budget Worksheet to get a handle on where you are currently spending your money and identify areas that you could cut in order to reduce your overall expenses.

Please note... shaded input fields can be entered as you work through your budget or can be pre-populated from other sections when the FNA is printed.

	Now	Future		Now	Future
Housing			Leisure		
Rent	\$	\$	Vacations	\$	\$
Home Phone	\$	\$	Hobbies	\$	\$
Mobile Phone	\$	\$	Club Memberships	\$	\$
Cable / Satellite	\$	\$	Restaurants	\$	\$
Electricity / Gas	\$	\$	Movie Theaters / Rentals	\$	\$
Water / Waste Mgmt.	\$	\$	Entertainment	\$	\$
Maintenance & Repair	\$	\$	Books & Magazines	\$	\$
Home Improvements	\$	\$	Other	\$	\$
Household Help	\$	\$	Subtotal (e)	\$	\$
Lawn Service	\$	\$	Consumer Debt		
Association Dues	\$	\$	Mortgage	\$	\$
Other	\$	\$	Other Debt	\$	\$
Subtotal (a)	\$	\$	Subtotal (f)	\$	\$
Family			Insurance Premiums		
Food & Grocery	\$	\$	Life Insurance	\$	\$
Clothing	\$	\$	Auto Insurance	\$	\$
Medical / Dental / Prescriptions <i>(not covered by insurance)</i>	\$	\$	Homeowners Insurance (include PMI)	\$	\$
Laundry & Dry Cleaning	\$	\$	Health Insurance	\$	\$
Child Care	\$	\$	Long Term Care / Disability	\$	\$
Educational Expenses	\$	\$	Legal Protection	\$	\$
Legal Expenses	\$	\$	Subtotal (g)	\$	\$
Alimony / Child Support	\$	\$	Savings		
Baby Sitters	\$	\$	Retirement	\$	\$
Other	\$	\$	Non Retirement	\$	\$
Subtotal (b)	\$	\$	Education	\$	\$
Giving			Other Goals & Dreams	\$	\$
Charitable	\$	\$	Emergency Fund	\$	\$
Non-Charitable	\$	\$	Subtotal (h)	\$	\$
Gifts (birthday, holiday, etc.)	\$	\$	Taxes		
Other	\$	\$	Income Taxes	\$	\$
Subtotal (c)	\$	\$	Property Taxes	\$	\$
Transportation			Subtotal (i)	\$	\$
Gas & Oil	\$	\$			
Maintenance & Repairs	\$	\$	Total Monthly Income	\$	\$
Other (travel, etc.)	\$	\$	Total Living Expenses -	\$	\$
Subtotal (d)	\$	\$	<i>(a + b + c + d + e)</i>		
			Total Other Expenses -	\$	\$
			<i>(f + g + h + i)</i>		
			Surplus / (Shortfall) =	\$	\$

Introductions List

Assuming you feel good about what we do for you, is there any reason you wouldn't **recommend 10 or more people** like yourselves who should hear about the program? We will mention that we have been helping you with your financial needs.

Of course, they would make up their own minds. Write down everybody you know and everybody who knows and trusts you. Use the memory jogger at the bottom of the page to help you remember people you may have forgotten.

<p>1</p> <p>Client Name <input style="width: 100%;" type="text"/></p> <p>Spouse Name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/></p> <p>Home Ph <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> Work Ph <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p> <p>Occupation <input style="width: 100%;" type="text"/></p> <p>Relationship <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Age 25-55 <input type="checkbox"/> Married <input type="checkbox"/> Children</p> <p><input type="checkbox"/> Homeowner <input type="checkbox"/> Employed F-T <input type="checkbox"/> Income \$25K +</p>	<p>2</p> <p>Client Name <input style="width: 100%;" type="text"/></p> <p>Spouse Name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/></p> <p>Home Ph <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> Work Ph <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p> <p>Occupation <input style="width: 100%;" type="text"/></p> <p>Relationship <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Age 25-55 <input type="checkbox"/> Married <input type="checkbox"/> Children</p> <p><input type="checkbox"/> Homeowner <input type="checkbox"/> Employed F-T <input type="checkbox"/> Income \$25K +</p>
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- | | | | |
|---|---|--|---|
| <ul style="list-style-type: none"> • Works With You • Works For You • Ate Lunch With Yesterday • Closest Friend • Brother • Sister • Other Relatives In Vicinity • Who Lives On Your Left • Who Lives On Your Right • Who Lives Across The Street | <ul style="list-style-type: none"> • Needs More Money • Owns Business • Sells Something • Best Salesman • Ambitious • Financially Successful • Recent Job Promotion • In A Business Partnership • Manager • Single Working Person | <ul style="list-style-type: none"> • Church • Large Family • New Baby • Adopted Children • Recent Death • Teacher • Minister • Doctor – Dentist • Working Couple • Golf - Bowl | <ul style="list-style-type: none"> • Bridge Club • Good Traveler • Wealthy Grandparents • Most Enthusiastic • Thrift-Minded • Charity Work • Has Day Off In Week • Works For A Company That Has Poor or No Pension Plan |
|---|---|--|---|

7

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

8

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

9

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

10

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

11

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

12

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

13

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

14

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +