FINANCIAL NEEDS ANALYSIS INTAKE

Household Information

Client Name ______________________________ M / F Age _____ DOB _____________

Phone ___________________________ Email ____

Spouse Name ______________________________ M / F Age _____ DOB _____________

Phone ___________________________ Email ____

Home Address: ____
City State Zip Code

Dependents

Name ___________________________________ M / F DOB _____________ Age _____
Name ___________________________________ M / F DOB _____________ Age _____
Name ___________________________________ M / F DOB _____________ Age _____

Goals & Dreams

When was the last time you reviewed your family's financial goals? __________________________________
How much income do you currently make a month? _______________
Do you anticipate needing more, less, or the same at retirement? ☐ More ☐ Less ☐ Same
How much would you be willing to put away to accomplish that? _______________
If we are able to help you achieve that, would you be willing to do business with us? Y / N

Please select those goals you would like to accomplish by indicating the Level of Importance: 1 = Very Important. 2 = Somewhat Important

EXAMINE YOUR FINANCIAL POSITION
______ Track your income and expenses
______ Build savings for emergencies
______ Manage Debt
______ Know Net Worth

RETIREMENT PLANNING
______ Plan adequate retirement income
______ Analyze current sources and uses of income
______ Review investment portfolio and develop appropriate strategy

MANAGING RISKS
______ Plan adequate income for survivors
______ Review current policies for accurate coverage *(life, disability, LTC)*
______ Provide business continuity or liquidation

MANAGE INCOME TAXES
______ Projecting potential taxes
______ Develop tax planning strategies
______ Resolve tax issues
______ Coordinate personal and business taxes

WEALTH ACCUMULATION
______ Fund future education expenses
______ Save for a special purpose ____________
______ Develop an investment strategy

WEALTH PRESERVATION
______ Explore techniques to preserve estate
______ Explore business succession strategies
______ Establish will, trust, POA, and healthcare surrogate

Income

Name of Source	Gross Amount	Net Amount	Taxes	Other Deductions
_______________	__________ ☐ Weekly ☐ Bi-Weekly	__________	__________	__________
_______________	__________ ☐ Weekly ☐ Bi-Weekly	__________	__________	__________

Expenses

Essential Expenses				**Lifestyle Expenses**	
Mortgage/Rent	__________	Auto Loan Payment	__________	Personal Care	__________
Electric	__________	Auto Insurance	__________	Entertainment	__________
Water	__________	Gas	__________	Shopping	__________
Cable/Internet	__________	Auto Repair	__________	Allowances	__________
Taxes/Insurance	__________	Grocery	__________	Subscriptions	__________
Household Items	__________	Tithes/Offering/Charity	__________	Eating Out	__________
Kids/Childcare	__________	Health (Prem./Copay)	__________	Other	__________
Phone	__________	Other __________	__________		
				TOTAL	__________

Do you normally have surplus or deficit at the end of the month? _______________

What is your biggest threat to your financial security? ____

Debts

Type	Lender	Balance	Interest	Credit Limit	Minimum Payment	Actual Payment
Mortgage						
Auto Loan						
Auto Loan						
Student Loan						
Student Loan						
Credit Card						
Credit Card						
Credit Card						
Other ______________						

Protection

Insured	Owner	Type	Face	Premium	Provider
		WL / UL / IUL / VUL / Term			
		WL / UL / IUL / VUL / Term			

Debt _______________ Final Expense _______________ Do you have? ☐ Disability

Income _______________ Other _______________ ☐ LTC

Mortgage _______________ ☐ Will / POA / Trust

Education _______________ **TOTAL NEED:** __________________

Asset Accumulation

TAX NOW				TAX LATER				TAX FREE			
Asset Name	**Ret.**	**Balance**	**Contrib.**	**Asset Name**	**Ret.**	**Balance**	**Contrib.**	**Asset Name**	**Ret.**	**Balance**	**Contrib.**
Mutual Fund				401k/403b/457				Roth IRA			
___________	☐	_______	_______	___________	☐	_______	_______	___________	☐	_______	_______
___________	☐	_______	_______	___________	☐	_______	_______	___________	☐	_______	_______
Stocks				Traditional IRA				Roth 401k			
___________	☐	_______	_______	___________	☐	_______	_______	___________	☐	_______	_______
___________	☐	_______	_______	___________	☐	_______	_______	___________	☐	_______	_______
CD / MMA				Annuities				Municipal Bond			
___________	☐	_______	_______	___________	☐	_______	_______	___________	☐	_______	_______
___________	☐	_______	_______	___________	☐	_______	_______	___________	☐	_______	_______
Savings/ Bonds				TSP/ State Retirement Plan				Cash Value Life			
___________	☐	_______	_______	___________	☐	_______	_______	___________	☐	_______	_______
___________	☐	_______	_______	___________	☐	_______	_______	___________	☐	_______	_______

Check all that are important to you: ☐ Liquidity. ☐ Taxation. ☐ Safety ☐ Transferability. ☐ Income ☐ Control

Retirement Planning

	Client	Spouse
Desired Retirement Age	___________	___________
Desired Monthly Income	___________	___________
Include Social Security	☐	☐

What is your biggest concern regarding retirement?

____

____

Anticipated Income

Client

		Amount	
Pension	___________	___________	☐ Monthly ☐ Annually
Social Security	___________	___________	☐ Monthly ☐ Annually
Annuity	___________	___________	☐ Monthly ☐ Annually
Other	___________	___________	☐ Monthly ☐ Annually

Spouse

		Amount	
Pension	___________	___________	☐ Monthly ☐ Annually
Social Security	___________	___________	☐ Monthly ☐ Annually
Annuity	___________	___________	☐ Monthly ☐ Annually
Other	___________	___________	☐ Monthly ☐ Annually

How much do you feel you can save towards your monthly goals? ____________________________

Next Appointment ________________________ Client Signature ______________________________ Date ______________