



Perpetual Wealth Systems

Financial Needs Analysis

Send completed form to fax: 586.273.1507 or email: info@theperpetualwealthsystem.com

Ph: 586.944.0794

CLIENT INFORMATION

Client Name:				Spouse:			
DOB	Age	M	F	DOB	Age	M	F
Tobacco use in the last 12 months? Yes No				Tobacco use in the last 12 months? Yes No			
Cell #	Home #	Work #		Best time to call:			
Email				Email			
Street Address				City	State	Zip	
Children/Age							
Profession				Profession			

Income

CLIENT				SPOUSE			
	Income #1	Income #2	Income #3		Income #1	Income #2	Income #3
Employer or Income Stream				Employer or Income Stream			

Life Insurance

Do you have any current life insurance? If yes, how much?

Is it Term, Universal Life, Indexed UL, Whole Life or a combination?

Investments

Client /Spouse	Asset Name <small>ie: Annuity, CD, 401k, Stocks</small>	Amount	Client /Spouse	Asset Name <small>ie: Annuity, CD, 401k, Stocks</small>	Amount

At what age do you plan to retire?

How much monthly income would you need to be able to retire?

Funding your Private Bank

How much do you believe you would like to fund your private bank the first year?	\$
How much would you like to contribute annually?	\$
What are your plans for the bank once funded?	