Financial Needs Analysis
General Information

Date: ________________________________

Last Name__________________________	Spouse's Last Name________________________
First Name__________________________	Spouse's First Name________________________
Middle_____________________________	Middle__________________________________
Date of Birth_________________________	Date of Birth______________________________
SSN: _______________________________	SSN: ___________________________________

Home Address ____

City ________________________________ State ____________________ Zip Code _____________

Home Phone ____________________________	FAX ________________________________
Cell Phone______________________________	Cell Phone____________________________
Email __________________________________	Email _______________________________
Occupation ____________________________	Occupation __________________________________
Employer ______________________________	Employer __________________________________
Business Address___________________________	Business Address __________________________________
City, State, Zip _________________________	City, State, Zip __________________________________
Work Phone ___________________________	Work Phone __________________________________
Work Fax ____________________________	Work Fax ______________________________________

Children: (1) ______________________________ Age ______ #of Grandkids _____

Address: ______________________________

(2) ______________________________ Age ______ #of Grandkids _____

Address: ______________________________

(3) ______________________________ Age ______ #of Grandkids _____

Address: ______________________________

(4) ______________________________ Age ______ #of Grandkids _____

Address: ______________________________

Is this the first marriage?

Husband Yes or No

Wife Yes or No

(If not, indicate who is the parent of the above listed children?)

____

Financial Information

Family Annual Income: **Source:**

Client	$__________________	__________________________________
Spouse	$________________	__________________________________
Other	$__________________	__________________________________
Total	$__________________	Tax Bracket: 0-15%, 16-28%, 29-32%, 33-39%

ASSETS	Current Value	Current R of R	Annual Contribution	Ownership (S, J or B)
CASH & CHECKING	$_____________	N/A	$_______	________
SAVINGS	$_____________	_____%	$_______	________
Certificates of Deposit	$_____________	_____%	$_______	________
Money Market Funds	$_____________	_____%	$_______	________
Savings Bonds	$_____________	_____%	$_______	________
REAL ESTATE				
Personal Residence	$_____________	_____%	$_______	________
Second Residence	$_____________	_____%	$_______	________
Rental Property	$_____________	_____%	$_______	________
Investment Property	$_____________	_____%	$_______	________
INVESTMENTS				
Stocks / Bonds	$_____________	_____%	$_______	________
Mutual Funds (Non-Q)	$_____________	_____%	$_______	________
Personal Property	$_____________	N/A	N/A	________
Personal Notes(owed you)	$_____________	_____%	$_______	________
RETIREMENT PLANS				
401K/ 403B/Pension Plan	$_____________	_____%	$_______	________
SEP/Simple IRA	$_____________	_____%	$_______	________
IRA/Roth IRA	$_____________	_____%	$ _______	________
Annuities (Non-Q)	$_____________	_____%	$ _______	________
College Funding				
529's	$_____________	_____%	$_______	________
Mutual Funds	$_____________	_____%	$_______	________
Other	$_____________	_____%	$_______	________
TOTAL	**$___________**		**$______**	

LIABILITIES	Initial Amount	Current Balance	Monthly Payment	Interest Rate	Years Left To Pay
MORTGAGES					
Personal Residence	$___________	$___________	$___________	______%	_______
Second Residence	$___________	$___________	$___________	______%	_______
Other_____________	$___________	$___________	$___________	______%	_______
BANK LOANS					
Personal	$___________	$___________	$___________	______%	_______
Business	$___________	$___________	$___________	______%	_______
Other_____________	$___________	$___________	$___________	______%	_______
CHARGE ACCOUNTS					
Credit Card 1	$___________	$___________	$___________	______%	_______
Credit Card 2	$___________	$___________	$___________	______%	_______
Credit Card 3	$___________	$___________	$___________	______%	_______
OTHER____________	$___________	$___________	$___________	______%	_______
TOTAL	**$ _________**	**$_________**	**$__________**		

Financial Information

_LIFE INSURANCE	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
Insured	_________	_________	_________	_________	_________
Insurance Company	_________	_________	_________	_________	_________
Type of Policy	_________	_________	_________	_________	_________
Face Amount	$________	$________	$________	$________	$________
Premium	$________	$________	$________	$________	$________
Owner of Policy	_________	_________	_________	_________	_________
Beneficiary	_________	_________	_________	_________	_________
Current Cash Value	$________	$________	$________	$________	$________
Dividend Status	$________	$________	$________	$________	$________
Outstanding Loans	$________	$________	$________	$________	$________

Do you have any health conditions or medications you are currently taking? ____

If so, what kind? ____

____

Do you use tobacco products? Yes or No If so, what kind? ____

Spouse Ht. __________ Wt. __________ Spouse Ht. __________ Wt. __________

What type of emergency account do you have in place? (Savings, checking, credit card, none)

____

What **age** would you like to retire or start to draw additional income? ______________________________________

How much **income per year** do you want at that age? ____

How much **risk** are you willing to take towards investing for your retirement?

High ______ Medium______ Little ______ None ______

What dollar amount can you **commit monthly** towards your retirement plan?

____

How did you hear about our firm? ____

____

Where do you feel our firm can make a difference for you and/or your family?

____

____

____

This is not an application for securities/insurance and you are under no obligation to purchase anything by completing this analysis.

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