

Your Personalized Financial Needs Analysis

| Personal Information | | | | | | Income Sources | | |
|----------------------|----|------------|------------|--------------|-----|------------------------------|-----------------|-----------------|
| First Name | MI | Last Name | Birth Date | SSI - last 4 | Sex | | Personal Income | Spouse's Income |
| Spouse's First Name | MI | Last Name | Birth Date | SSI - last 4 | Sex | Monthly Gross | | |
| Child # 1 Name | MI | Last Name | Birth Date | SSI - last 4 | Sex | Total Taxes | | |
| Child # 2 Name | MI | Last Name | Birth Date | SSI - last 4 | Sex | 401K (Retirement) Investment | | |
| Child # 3 Name | MI | Last Name | Birth Date | SSI - last 4 | Sex | Other Deductions | | |
| Child # 4 Name | MI | Last Name | Birth Date | SSI - last 4 | Sex | Total Take Home Pay | | |
| Street Address | | | City | State | Zip | Your Monthly Pension Benefit | | |
| Name of Employer | | Occupation | | Date Hired | | Your Retirement Savings | | |
| Spouse's Employer | | Occupation | | Date Hired | | Other Retirement Assets | | |
| Address | | | City | State | Zip | Other Non-Retirement Assets | | |

| Income Protection | | | | Life Insurance | | |
|---|-------------------------------------|--|--|----------------------------------|--|--|
| Do you have a will? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | Personal Coverage Amount | | |
| Immediate Cash Needs | | | | Amount You Pay Per Month | | |
| What will your survivor's immediate cash needs be in the event that you die? | | | | Amount Employer Pays Per Month | | |
| Pay Off Home Mortgage | If You Die <input type="checkbox"/> | If Your Spouse Dies <input type="checkbox"/> | | Coverage Amount on Your Children | | |
| Pay Off consumer Debt | If You Die <input type="checkbox"/> | If Your Spouse Dies <input type="checkbox"/> | | Amount You Pay Per Month | | |
| Fund Children's Education | If You Die <input type="checkbox"/> | If Your Spouse Dies <input type="checkbox"/> | | | | |
| Pay Funeral Cost | If You Die <input type="checkbox"/> | If Your Spouse Dies <input type="checkbox"/> | | | | |
| Long-Term Income Replacement | | Retirement Income Goal | | | | |
| Survivor's long-term income needs if you died. | | Monthly income needed during retirement | | | | |

| Education Data | | | | | Health Factors | | |
|--|---------|---------|---------|---------|--------------------------------------|---|---|
| Do you know how much you should be saving to meet your children's education expenses? Please indicate the child, expected college they will attend, their start date and anticipated length in school. | | | | | | You | Spouse |
| Child's First Name | Child 1 | Child 2 | Child 3 | Child 4 | Height | | |
| Year they will enter college | | | | | Weight | | |
| Name of College they expect to attend | | | | | Do You Use tobacco in any form | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Number of Years expected in School | | | | | Any significant past medical history | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Percentage of cost you intend to pay | | | | | | | |

