

Trainee's Name: _____

Client Name _____ DOB _____ Smoker Yes / No
 Spouse Name _____ DOB _____ Smoker Yes / No
Children Under 18
 Child Name _____ Age _____ Child Name _____ Age _____
 Phone number _____ Email _____

Monthly Income

Combined Household Net Income _____ Discretionary _____

Monthly Expenses

Mortgage/Rent _____ Credit Cards _____
 Utilities _____ Car Insurance _____
 Car Payment _____ Life Insurance _____
 Groceries/Food _____ Health Insurance _____
 Gas for Vehicles _____ **Total Monthly Expenses** _____

Assets

Market Value of Home _____ Mortgage _____
 Mutual Fund/ IRA/Roth _____ Other Property _____
 Retirement Plan/401k _____ Credit Cards _____
 Checking/Savings _____ Car Loans _____
 Life Ins/Cash Value _____ Other Loans _____

Liabilites

Investments Information

Life ins Co. _____ Monthly Pymt. _____ 10 20 30 yrs or Permanent
 Life ins Co. _____ Monthly Pymt. _____ 10 20 30 yrs or Permanent
 401k Company _____ Balance _____ Current or Previous Employer
 IRA/Roth Company _____ Balance _____

Financial Goals

Age you wish to retire? _____ How much do you need to retire comfortably? _____ / year

Proper Insurable Need

Liability _____
 Income _____
 Final Expenses _____
 Education _____

Total Insurable Need _____

Next Steps

How much could you comfortably set aside each month to reach your goals?

\$200 \$300 \$400 \$500 Other \$ _____

Next Appt. Date _____ **Time** _____

Zoom or In Person _____