

# Confidential

## Financial Needs



This form is designed to assist the agent and potential client in gathering information to determine what financial solution would be suitable for the potential client. Completed forms should be maintained in the agent's client file.

To be completed with your agent to determine your financial needs and objectives.

#### A. Personal Identification

Name:	_Date of Birth:
Name:	_Date of Birth:
List Number of Dependents:	
Dependent ages:	
Occupation:	

### **B. Financial Profile** (For Joint Owners, information may be combined.)

#### 1. Annual Gross Income

- \_\_\_\_\_ \$0 29,999
- \_\_\_\_ \$30,000 49,999
- \_\_\_\_ \$50,000 74,999
- \_\_\_\_\_ \$75,000 99,999
- \_\_\_\_\_ \$100,000 149,999
- \_\_\_\_\_ \$150,000 249,999
- \_\_\_\_\_ \$250,000 399,999
- \_\_\_\_\_ \$400,000 Over

2.	<b>Source of Income:</b> ( <i>Check all that apply</i> )
	Salary (W2):
	Investments:
	Social Security:
	Pension Plans:
	Other:

**3. Estimated Net Worth:** (*Exclude primary residence, furnishings, and automobiles.*)

	\$0	-	74,999
--	-----	---	--------

- \_\_\_\_\_ \$75,000 149,999
- \_\_\_\_\_\$150,000 249,999
- \_\_\_\_ \$250,000 449,999
- \_\_\_\_\_ \$500,000 999,999
- \_\_\_\_ \$1,000,000 Over

1. Juittill Javi	ngs and Investn	nents: (Liquid)	Net Worth)			
Under \$	•					
\$10,000						
\$25,000						
\$50,000						
\$100,00						
Over \$5						
5 What two of	investments an	nd incurrence n	roducto do va			
	s:	iu insurance pr	Iouucis do yo			
	unts:					
Stocks:		_				
Bonds:						
CDs:						
Life Insuranc	e:					
Annuities:						
6 What are you	Ir current finan	cial priorities?	(Rank 1-5 w	vith 1 heing hi	ahest priority)	
					o	
	teed Lifetime In		c · · · ·			
-	a legacy to love	d ones or your	favorite chari	ity.		
Safety o Tax Def	—					
Stable G						
	nowin					
0 then						
	Federal Income	e Tax Bracket:				
7. What is your	15%	25%	_ 28%	_ 33%	35%	
·	1070					
·	1370					
·	1370					
10%	1370					
10%						
10%						
10%						
10%						
10%						
10%						
10%						