

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



Phone: (818)736-7374

Fax: (818)459-4126

Name: M  F  \_\_\_\_\_

Birth Date : \_\_\_/\_\_\_/\_\_\_

Desired Retirement Age : \_\_\_\_\_

Spouse Name: M  F  \_\_\_\_\_

Birth Date : \_\_\_/\_\_\_/\_\_\_

Desired Retirement Age: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

State of Issue: \_\_\_\_\_

**Current Concerns**

Controlling Spending

Creating your own Family Bank

Eliminating Debt

Wills/Trust

Reducing Taxes

Asset Protection

Providing for Children's or grandchildren's education

Estate Planning

Maximizing Savings

Future Expenditures: \_\_\_\_\_

\_\_\_\_\_

**Real Estate**

**Personal Residence Information:**

Mortgage Payment (P&I only) \$ \_\_\_\_\_

Outstanding Mortgage: \$ \_\_\_\_\_ Term Remaining \_\_\_\_\_ years

Interest Rate : \_\_\_\_\_%

Type of Mortgage (check one & circle applicable term)

Fixed Term (30 year, 15 year, etc)     ARM (5 yr, 7 yr, 10 yr, etc.)     Interest Only

**Other Property Owned:**

Mortgage Payment (P&I only) \$ \_\_\_\_\_

Outstanding Mortgage: \$ \_\_\_\_\_ Term Remaining \_\_\_\_\_ years

Interest Rate : \_\_\_\_\_%

Type of Mortgage (check one & circle applicable term)

Fixed Term (30 year, 15 year, etc)     ARM (5 yr, 7 yr, 10 yr, etc.)     Interest Only

## Debt Related

Please list any outstanding debts other than mortgages

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____

## Insurance

### Husband Life Insurance

General Health: \_\_\_\_\_

Preferred:  Standard Non-Tobacco:  Tobacco:

Permanent or Term:

Yearly Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Permanent or Term:

Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

### Wife Life Insurance

General Health: \_\_\_\_\_

Preferred: \_\_\_\_\_ Standard Non-Tobacco: \_\_\_\_\_ Tobacco: \_\_\_\_\_

Permanent or Term:

Yearly Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Permanent or Term:

Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

**Income and Expenses**

**MONTHLY** Gross Income

Husband

Wife

Wages/Salary	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
Desired Retirement Income	\$ _____	\$ _____

Do you expect a significant change in cash flow in the near future? \_\_\_ Yes \_\_\_ No

If yes, please explain :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Investment Accounts: Non-Qualified Accounts, Qualified Accounts, Savings Accounts**

List accounts type IRA, Roth, 401K, 403b, 457, Savings, etc.  
 Check the box if the accounts value, contributions, or both are available

Financial Institution	Account Type	Account Value	Available?	Monthly Contribution	Available?
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____

Any Asset not listed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*IMPORTANT\* Please provide the following statements prior to the appointment.**

Statement Checklist:

\_\_\_\_\_ Copy/ies of Credit Card Statement/s (Most recent date)

\_\_\_\_\_ Copy/ies of Mortgage Statement/s of property/ies.

\_\_\_\_\_ Copy/ies of Income Statements (e.g. W2, SS Income, Pension, Investment Income, Rental and Other Income Statement) (Most recent date)

\_\_\_\_\_ Copy/ies of All Retirement Plan Statements, Investment Statement/s and Managing (Most recent date) Company/Financial Institution - (e.g. IRA, Roth, 401K, 403b, 457, Life Insurance, Savings, etc.)

\_\_\_\_\_ Copy/ies of any other ASSET statements not listed. (Most recent date)