

CONFIDENTIAL CLIENT WORKSHEET
PLEASE FILL OUT & FAX OR EMAIL BACK

Date: _____

GENERAL INFORMATION

	Name	Gender		Age/Date of birth
Self		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Spouse		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Children		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
		Male <input type="checkbox"/>	Female <input type="checkbox"/>	

Address			
Home Phone		Work Phone	
Cell Phone		Email	
Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ <input type="checkbox"/> Time of day: _____		
Business Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No		

INCOME

Household		Monthly Expenses	
Salary		Mortgage/Rent	
Investment Income		Auto Loans	
Interest Income		Credit Cards	
Secondary Income		Student Loans	
Other		Utilities	
		Food	
		Other Insurance	
		Life / Annuities	
		Transportation	
		Health Care	
		Child Care	
		Entertainment	
		Other	
Total		Total	

CURRENT INFORMATION

Assets			Liabilities		
Item	Current Value	Use for Retirement Income?	Item	Amount Owed	Paid off at Death?
Residence			Mortgage 1		
Other Property			Mortgage 2		
Automobiles			Auto Loans		
RV / Other vehicles			Credit Cards		
Retirement Accounts			Student Loans		
Checking Accounts			Line of Credit		
Saving Accounts			Business Loan		
Investment Accounts			Other		
Business Interest					
Other					
Assets Total			Liabilities Total		

NET WORTH

Assets Total	(Minus)	Liabilities Total	(Equals)	Surplus or (Deficit)
	-		=	

TAXES

	Current	Expected at Retirement
Federal Tax Bracket		
State Tax Bracket		

GOALS

Age You Would Like to Retire	
Estimated Amount of Income You Need at Retirement	
<p>A few considerations:</p> <ul style="list-style-type: none"> • Will your mortgage(s) be paid off? • Consider increasing or decreasing expenses. 	
Current Life Insurance Concerns	
Retirement Income Concerns	
Additional Comments/Notes	

RETIREMENT INCOME SOURCES

Retirement Vehicles	Current Value		Amount Contributed			
	Self	Spouse	Monthly		Yearly	
			Self	Spouse	Self	Spouse
401(k), 403(b), SEP-IRA						
IRA (traditional)						
Roth IRA						
Annuities						
Certificates of Deposit (CDs)						
Pension Plan						
Social Security						
Other Retirement Assets						

COMMON LIFE EVENTS

Check any that apply	
<input type="checkbox"/> New child or grandchild	<input type="checkbox"/> Inheritance Sale or purchase of home
<input type="checkbox"/> Change in marital status	<input type="checkbox"/> Retirement
<input type="checkbox"/> Death of family member	<input type="checkbox"/> Major investment gain/loss
<input type="checkbox"/> New job or promotion	<input type="checkbox"/> Start/purchase a business
<input type="checkbox"/> Change in estate plan	<input type="checkbox"/> Gain/loss business partner
<input type="checkbox"/> New investments	<input type="checkbox"/> Health concerns
<input type="checkbox"/> Sold or acquired assets	<input type="checkbox"/> Other

AREAS OF INTEREST OF CONCERN

Check any that apply	
<input type="checkbox"/> Retirement planning	<input type="checkbox"/> Charitable giving
<input type="checkbox"/> College funding	<input type="checkbox"/> Business/executive benefits
<input type="checkbox"/> Survivor benefit planning	<input type="checkbox"/> Business continuation
<input type="checkbox"/> Estate planning	<input type="checkbox"/> Other
<input type="checkbox"/> Planning for parents	

OTHER CONSIDERATIONS

Inflation rate prior to retirement	
Estimated inflation rate during retirement	
Expected growth rate of contributions	
Estimated interest growth rate of retirement vehicles	

CURRENT HEALTH

Fill out as much as possible

What is the desired Face Amount?	
What type of coverage is desired? (Term: 10,15,20,25,30) (Permanent: UL, VUL, SUL, Whole Life)	
What is the client's height?	
What is the client's weight in lbs.?	
Has the client ever used or currently using any of the following tobacco products: Cigarettes, Cigars, Pipe, Chewing Tobacco, Nicotine Gum, Nicotine Patch, or any other tobacco product?	
Have any of their family members (biological) had an OCCURRENCE of the following conditions: cardiovascular disease, cerebrovascular disease (stroke), diabetes, or cancer?	
Has the client EVER been treated (medications) for cholesterol?	
What is the client's total cholesterol? (example: 210)	
What is the client's cholesterol ratio? (example: 4.5)	
Has the client EVER been treated (medications) for blood pressure?	
What is the client's SYSTOLIC blood pressure reading? (Number on top, example:135/75)	
What is the client's DIASTOLIC blood pressure reading? (Number on bottom, Example:135/75)	
Has the client EVER been convicted of a DWI, DUI, reckless driving, moving violation, license revocation or suspension?	
Has the client EVER participated in any hazardous avocations? (Aviation, Climbing/Mountaineering, Gliding, Motor Sport, Parachuting, Scuba Diving, etc.)	
Has the client ever had any other medical conditions? If yes, list all:	
List all other details: foreign travel, medications, financials, APS summaries or quote related information not previously provided.	

Please consult with and rely on a qualified legal or tax advisor before entering into or paying additional premiums with respect to such arrangements.

IRS CIRCULAR 230 NOTICE

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