Financial Needs Analysis

Provided by: EasyFinancialPlan.com

HOUSEHOLD INFORMATION

Client Name ____ M / F DOB _______________________
Address ____
City _______________________________________ State ___________________ Zip Code _______________
Phone____
Email ____

Spouse Name ____ M / F DOB _______________________
Phone ____
Email ____

Dependents
Name ____ M / F DOB _______________ Years Ed ___________
Name ____ M / F DOB _______________ Years Ed ___________
Name ____ M / F DOB _______________ Years Ed ___________
Name ____ M / F DOB _______________ Years Ed ___________
Name ____ M / F DOB _______________ Years Ed ___________

EMPLOYMENT AND INCOME

Client's Occupation____________________ Yrs ____ Spouse's Occupation______________________ Yrs ___

Current Income	**His**	**Hers**	**Current Income**	**His**	**Hers**
Annual Salary	__________	__________	Interest/Dividents	__________	__________
Net Take Home	__________	__________	Alimony/Child Sup	__________	__________
Bonus, Commissions	__________	__________	Annuity/Pension	__________	__________
Rental Income	__________	__________	Other	__________	__________

GOALS AND DREAMS

His	**Hers**		**His**	**Hers**	
___	___	Reduce Debt/Pay Off Mortgage	___	___	Explore Investment Options
___	___	Plan a Tax Free Retirement	___	___	Create An Estate For Your Children
___	___	Maximize Retirement Accounts	___	___	Provide Incentives For My Business Employees
___	___	Fund College	___	___	Looking To Invest A Lump Sum?
___	___	Build Savings For Expenses	___	___	Looking To Invest With Regular Monthly Payments
___	___	Buy New Home / Major Purchase	___	___	Other Goals

Any other Goals or Dreams not mentioned above?____
____
____

Have you completed a past 3 months review of your bank statements? ____ Yes ____ No
If Yes, did you figure out how much money are you spending on unnecessary items per month? $ _________

From 1 to 10 what is your Risk Tolerance? 1- Extremely Tolerant (taking extreme risks) 10 – Very Conservative

1 ___ 2___ 3___ 4___ 5___ 6___ 7___ 8 ___ 9 ___ 10 ___

DEBTS

Description	Lender	Interest Rate	Months Left	Min. Payment	Orig. Amount	Balance
Mortgage						
Auto Loan						
Auto Loan						
Student Loans						
Credit Card						
Credit Card						
Credit Card						
Credit Card						
Personal Loan						
Personal Loan						

INSURANCE

Client
Do you have Life Insurance? Y / N
Provider ______________________________ Type ___________________________
Premium _______________ Term ________ Death Benefit ___________________
Year Purchased _________________ Any Riders ______________________________
Do You Have Health Insurance? Y / N
Provider ______________________________ Type ___________________________
Premium _______________ Term ________ Group ____ Individual ____
HMO____ PPO ____ Other _____________

Spouse
Do you have Life Insurance? Y / N
Provider ______________________________ Type ___________________________
Premium _______________ Term ________ Death Benefit ___________________
Year Purchased _________________ Any Riders ______________________________
Do You Have Health Insurance? Y / N
Provider ______________________________ Type ___________________________
Premium _______________ Term ________ Group ____ Individual ____
HMO____ PPO ____ Other _____________

CURRENT INVESTMENTS

TAXABLE			TAX DEFERRED			TAX ADVANTAGED		
Investment/ Asset Name	Balance	Monthly Contrib	Investment/ Asset Name	Balance	Monthly Contrib	Investment/ Asset Name	Balance	Monthly Contrib
Mutual Funds			401 K or Other Qualified Plans			Roth IRA		
Stocks			IRA / SEP IRA			Cash Value Life Insurance		
Bank Savings / CD			Annuities (Fixed / Variable / Indexed)					
Bonds / Treasuries			Savings Bonds					

Other Investments ____

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Notes ____

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Be prepared to answer the following questions.

Will your beneficiaries have a need for life insurance death benefits at your demise? Y______ N______

Do you mind paying taxes in your retirement or you would like to build a tax free retirement?
I would like a tax free retirement _______ I don't mind paying taxes _______

How much money can you afford to save monthly? $ ___________

Do you have a lump sum that you would like to protect and grow with an insurance product? Y______ N______
If Yes, How Much? $ ________

If you have a lump sum is it into another product or it is saved in a bank?
Other Product _________ In the bank or cash ________

Are you looking to get a loan against the cash value sometime before your retirement? Y ________ N ________

Do you want to save money for your retirement or for your children?
My retirement __________ My children __________

Can you pass a medical exam? Y_______ N_________ Don't Know ________