

FINANCIAL CHECK UP

Names:

First Name: Joe Last: Sample DOB: _____

Occupation: _____ How long?: _____ Marital Status: _____ Age: _____

First Name: _____ Last: _____ DOB: _____ Age: _____

Occupation: _____ How long?: _____ How many kids? _____ Ages: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: Cell _____ Atl: _____

What is your income, expenses and monthly budget?

Monthly Income: \$ _____ 401K: _____ Mo. Contribution \$ _____ Match: Y or N **No**

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Mutual Fund: \$ _____ Bank Savings: \$ _____ Annuity: \$ _____

Rent or Own? Payment: \$ _____ Interest Rate: _____%

Monthly Car Payments: \$ _____ Total Owed on Credit Cards: \$ _____ Total Monthly CCard Payments:: \$ _____

Life Insurance: Face Amount: \$ _____ Mo. Premium: \$ _____ Cash Value: \$ _____

(S) Life Insurance: Face Amount: \$ _____ Mo. Premium: \$ _____ Cash Value: \$ _____

Health Issues - Last 5 Year **No** Do you use tobacco? Type: _____

How many months would your assets last if you were to suffer a critical illness or disability tomorrow? _____

Are you expecting a windfall or inheritance? **Y/N** Approximate amount: \$ _____

Are you expecting a Tax Refund? **Y/N** How Much? \$ _____

Are you a W-2 Employee? **Y/N** Exemptions Claimed on your W-4 Form? _____

Are you Paying Extra on you Mortgage each month? **Y/N** How Much? \$ _____

Do you have an existing IRA? **Y/N** Mo. Contributions : \$ _____ Balance : \$ _____

Do you have Auto Insurance? **Y/N** Mo. Payment? \$ _____ Amount of Deductible? _____

Do you have Homeowners Insurance? **Y/N** Mo. Payment: \$ _____ Amount of Deductible? _____

Do you have Health Insurance? **Y/N** Mo. Payment: \$ _____ Amount of Deductible? _____

Do you have Long Term Care Insurance? **Y/N** Mo. Payment: \$ _____

Cell Phone Monthly Payment? \$ _____ Monthly Subscriptions? \$ _____

How much do you spend each month at Starbucks, the movies, Premium Cable Channels, eating out, etc...?? \$ _____

Do you have a Financial Planner? **Y/N**

WHAT'S YOUR NUMBER? \$ _____ (Amount you need/want monthly to retire comfortably)

How much can you comfortably afford to save each month towards reaching your Dreams & Goals?

\$250 \$500 \$1000 or \$ _____

If when we meet again we are able to show you a plan that is better in every way and you are the sole judge is there any reason you would not be able to do business?

We do not charge a fee for our FNA, but we do ask that if we do business, you refer us to a minimum of 5 families like yourself who can possibly benefit from reading our book, How Money Works?

Additional Comments:

Trainer/Broker: _____ Financial Professional: _____