



General Data:

Name: _____ Spouse Name: _____

Date of Birth: _____ Date of Birth: _____

Number of Children: _____ Ages: _____

Do you intend to send your child/children to college? ☐ Yes ☐ No

Current Concerns: ☐ Debt Elimination ☐ Retirement ☐ Tax Reduction ☐ Increased Savings
☐ College Planning ☐ Legacy/Estate ☐ Long-Term Care ☐ Health Care Expense

4 Ways to Fail to Meet Financial Goals:

Fail to Get Started; DEBT; Investment Losses; and Death/Disability

Long-Term Debt - 10 Years or More (Mortgage, Student Loans, Personal Loans, etc.):

Personal Residence

Mortgage Payment (P&I Only): \$ _____ Outstanding Balance: \$ _____

(Taxes): \$ _____ Interest Rate: _____%

(Insurance): \$ _____ Mortgage Type: ☐ Fixed ☐ ARM ☐ Interest Only

Other Loans

<u>Debt Name</u>	<u>Amount Owed</u>	<u>Interest Rate</u>	<u>Min. Req'd. Pymt.</u>	<u>Actual Pymt.</u>
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____

Short-Term Debt - Less than 10 Years (Credit Cards, Auto Loans, HELOC, medical bills, etc.):

<u>Debt Name</u>	<u>Amount Owed</u>	<u>Interest Rate</u>	<u>Min. Req'd. Pymt.</u>	<u>Actual Pymt.</u>
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____
_____	\$ _____	_____%	\$ _____	\$ _____

Please Submit Completed Form to: Email: _____ Agent: _____ - (____) ____-_____

Insurance & Benefits:

Your Life Insurance

General Health: _____

Smoker: ☐ Yes ☐ No

Type: ☐ Permanent ☐ Term ☐ Employer

Premium: \$ _____

Death Benefit: \$ _____

Cash Value: \$ _____

Type: ☐ Permanent ☐ Term ☐ Employer

Premium: \$ _____

Death Benefit: \$ _____

Cash Value: \$ _____

Spouse Life Insurance

General Health: _____

Smoker: ☐ Yes ☐ No

Type: ☐ Permanent ☐ Term ☐ Employer

Premium: \$ _____

Death Benefit: \$ _____

Cash Value: \$ _____

Type: ☐ Permanent ☐ Term ☐ Employer

Premium: \$ _____

Death Benefit: \$ _____

Cash Value: \$ _____

Health Insurance: ☐ Standard Co-Pay ☐ High Deductible Health Plan ☐ Health Savings Account

Are you contributing to an FSA or HSA? ☐ Yes ☐ No Annual Contribution: \$ _____

Disability Insurance: ☐ Yes ☐ No

Long Term Care Insurance: ☐ Yes ☐ No

Auto Insurance: ☐ Yes ☐ No

Homeowner Insurance: ☐ Yes ☐ No

Income:

Monthly Income Type

You

Spouse

Wages / Salary: \$ _____

\$ _____

Social Security: \$ _____

\$ _____

Pension: \$ _____

\$ _____

Rental Income: \$ _____

\$ _____

Other Income: \$ _____

\$ _____

Total Income: \$ _____

\$ _____

Desired Retirement Income: \$ _____

\$ _____

Desired Retirement Age: _____

Have you considered cost-of-living, inflation, and increased medical expenses? ☐ Yes ☐ No

Do you expect a significant income or cash flow change in the near future? ☐ Yes ☐ No

If "Yes," please explain: ☐ Bonus: \$ _____

☐ Tax Refund: \$ _____

☐ Gifts: \$ _____

☐ Inheritance: \$ _____

☐ Other: \$ _____

Please Submit Completed Form to: Email: _____ Agent: _____ - (____) ____-_____

Accounts (Savings, Checking, 401(k), 403(b), 457, 529, IRA, Roth IRA, UTMA/UGMA, etc.):

<u>Financial Institution</u>	<u>Account Type</u>	<u>Account Value</u>	<u>Monthly Contribution</u>	<u>Available</u>
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you postpone retirement savings if you could eliminate debt sooner and end up with more in retirement? ☐ Yes ☐ No

Miscellaneous Questions:

What significant expenses do you plan on having each year?

- | | |
|---|---|
| <input type="checkbox"/> Fall Break Trip: \$ _____ | <input type="checkbox"/> Spring Break: \$ _____ |
| <input type="checkbox"/> Summer Vacations: \$ _____ | <input type="checkbox"/> Other Vacations: \$ _____ |
| <input type="checkbox"/> Private School Tuition: \$ _____ | <input type="checkbox"/> Travel Sports Fees: \$ _____ |
| <input type="checkbox"/> Art, Music, Athletic Lessons: \$ _____ | <input type="checkbox"/> Other: \$ _____ |

Do you have a Will, Living Will, General Power of Attorney and Healthcare Power of Attorney?

You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Do you own more properties than just your personal residence? ☐ Yes ☐ No

Notes:



Financial Information Checklist

In order for us to properly design a Your Family Bank program for you (and your family), please provide the "unchecked" information within the next 48 hours (by or before _____):

- ☐ W-2 Forms or other records of income earned in the most recent tax year.
- ☐ Most recent Federal Income Tax Return (IRS Form 1040, 1040A, or 1040EZ).
- ☐ Current pay stub(s).
- ☐ Records of untaxed income, such as:
 - ☐ Child support;
 - ☐ Social Security;
 - ☐ Aid to Families with Dependent Children or Aid for Dependent Children; and,
 - ☐ Veteran benefits.
- ☐ Current bank statements (checking, savings, and HSA, if applicable).
- ☐ Current mortgage statement, including:
 - ☐ Original purchase price of the home, current market value, interest rate, and balance owed;
 - ☐ Amount of monthly payment, including taxes and insurance; and,
 - ☐ Other properties and investments.
- ☐ Records of consumer debts, including outstanding balance(s), interest rate(s), and minimum monthly payment(s) for:
 - ☐ Credit cards;
 - ☐ Auto loans;
 - ☐ Student loans;
 - ☐ Medical bills;
 - ☐ Home Equity Line of Credit (HELOC); and,
 - ☐ Any other short-term debt you carry.
- ☐ Declaration page for your homeowner insurance coverages.
- ☐ Declaration pages for all auto insurance coverage and, for all licensed drivers, the:
 - ☐ Dates of birth, and
 - ☐ Driver's license numbers.
- ☐ Any life insurance policies you own, whether term, whole life, or universal life.
- ☐ Benefit statements (or Summary Plan Descriptions) for all employer-provided benefits, including:
 - ☐ Retirement plans (e.g., 401k, 403b, 457, IRA, Roth IRA, pension);
 - ☐ Rollover IRAs;
 - ☐ Health insurance; and,
 - ☐ Any other employer-provided benefit.
- ☐ Business (self-employment) and/or farm records.
- ☐ Records of stocks, bonds, and other investments.