

CLIENT FINANCIAL INVENTORY

Client Profile Tab - Basic Information

PLEASE CHOOSE WHETHER THE CLIENT IS SINGLE OR MARRIED

SINGLE
 MARRIED

Contact Information

	Client	Spouse
First Name		
Last Name		
Birth Date	____/____/____	____/____/____
Phone		
Email		
Street Address		
City, State, Zip		

Client Profile Tab - Additional Information

Professional Contact Information

Profession	Name	Email Address	Telephone
Accountant			
Estate Planning Attorney			
Other			

Other Information

Question	Yes	No	Updated
Do you own health insurance?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you own disability insurance?	<input type="radio"/>	<input type="radio"/>	____/____/____
Have you named your beneficiaries?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a will?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a trust?	<input type="radio"/>	<input type="radio"/>	____/____/____

Any transaction that involves a recommendation to liquidate a securities product, including those within an IRA, 401(k) or other retirement plan, for the purchase of an annuity or for other similar purposes, can be conducted only by individuals currently affiliated with a properly registered broker/dealer or registered investment adviser. If your financial professional does not hold the appropriate registration, please consult with your own broker/dealer representative or investment adviser representative for guidance on your securities holdings.

Client Profile Tab - Additional Information Continued

Family Information

Name	Relationship	Date of Birth	Spouse's Name
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	

Client Profile Tab - Goals

Goals

Date	Description
___/___/___	
___/___/___	
___/___/___	
___/___/___	

Client Profile Tab - Notes

Retirement Assets Continued						
Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond, etc	Allocation	Account Value	Monthly Contributions
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$	\$
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$	\$
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$	\$

Additional Assets			
Owner	Company	Description	Value
			\$
			\$

Single Premium Immediate Annuities								
Owner	Company	Tax Classification	Payout	Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Guaranteed Income Benefit Annuities								
Owner	Company	Tax Classification	Payout	Payout Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Additional Information	
	Amount
Projected Before Retirement Rate of Return	%
Projected After Retirement Rate of Return	%
Minimum Retirement Funds	\$

Software Tab 3 - Expenses

Monthly Expenses

Current Monthly Expenses After Tax	Projected Inflation Rate
\$	%

Software Tab 3 – Advanced Monthly Budget Worksheet

Household

Description	Monthly Amount	Inflation %	Start Date	End Date
Mortgage Principal & Interest	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Real Estate Taxes	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Homeowners Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Home Equity Loan	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Association Dues	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Rent	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Renters Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Utilities – Gas – Electric	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Water – Sewer	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Cable – Phone – Internet	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Maintenance & Improvement	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
House Cleaning	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Daily Living

Description	Monthly Amount	Inflation %	Start Date	End Date
Food	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Dining Out	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Clothing	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Personal Care	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Healthcare & Insurance

Description	Monthly Amount	Inflation %	Start Date	End Date
Health Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Prescriptions	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Life Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Long Term Care Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Disability Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Veterinarian	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Transportation

Description	Monthly Amount	Inflation %	Start Date	End Date
Auto Loans	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Auto Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Fuel	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Repairs	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Software Tab 3 – Advanced Monthly Budget Worksheet Continued

Debt & Obligations

Description	Monthly Amount	Inflation %	Start Date	End Date
Credit Cards	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Tuition – Student Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Alimony	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Child Support	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Entertainment

Description	Monthly Amount	Inflation %	Start Date	End Date
Parties & Events	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Sports – Hobbies – Lessons	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Membership Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Vacation & Travel	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Miscellaneous

Description	Monthly Amount	Inflation %	Start Date	End Date
Charitable Donations	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Gifts	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Other	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Liabilities

Owner	Company	Description	Value
			\$
			\$
			\$
			\$

Future Cash Flows

Owner	Description	Mode (Annual/Monthly)	Type (Outflow/Inflow)	Taxation (Taxable/Non-Taxable)	Amount	% Change	Start Date	End Date
					\$	%	___/___	___/___
					\$	%	___/___	___/___
					\$	%	___/___	___/___
					\$	%	___/___	___/___

Software Tab 6 - Red Line Solutions Ranking

The analysis may show you running out of money during retirement. If this were to occur, how would you rank taking the following steps to help alleviate the red line? Use a scale of 1-6 where 1 would be the most desirable step and 6 the least desirable step.

Red Line Solutions Steps – Rank from 1-6	Ranking
Work Longer, Retire at a Later Date.	
Work a Second or Part Time Job After Retirement.	
Reduce Monthly Expenses.	
If Not Yet Retired, Increase Contributions to Retirement Savings.	
Look for Other Income Alternatives.	

Software Tab 7 - Life Insurance

Health Information

Client	Smoker	Health Concerns
	Yes or No	
	Yes or No	

Existing Life Insurance Information

Owner	Company	Type (Term/Permanent)	Death Benefit	Monthly Premium	Cash Value	Policy End Date
			\$	\$	\$	<input type="checkbox"/> Life or ___/___
			\$	\$	\$	<input type="checkbox"/> Life or ___/___
			\$	\$	\$	<input type="checkbox"/> Life or ___/___

Software Tab 8 - Long Term Care

Existing Long-Term Care Coverage Information

Owner	Company	Type (Cash/Reimbursement)	Start Date	Daily Benefit	Years	Inflation (Simple/Compound)	Inflation %	Monthly Premium
			___/___/___	\$			%	\$
			___/___/___	\$			%	\$

Client Signatures

I hereby attest that the information on this Client Financial Inventory form has been provided by me and to the best of my knowledge is accurate. I further understand that the information provided will be used with your retirement software to create my retirement analysis. I understand fixed-only licensed insurance agents may not suggest the sale of an insurance product based upon the sale or liquidation of securities products. Proper registered registrations are required for such recommendations and sales. The information gathered with this form will be used for the sole purpose of helping create a financial strategy for your retirement. The financial professional providing the analysis does not provide tax or legal advice. Prior to making any financial decisions consumers should obtain tax or legal advice from a qualified professional.

Client: _____ Date: _____

Client: _____ Date: _____

Agent: _____ Date: _____