

THE PREMIUMLIFE™ PLAN

Your Personal & Business Financial Planning Guide

For a thorough review, it is best to bring with you the following:

1. Last Year's Tax Return
2. All Brokerage Statements
3. All Life Insurance & Annuity Policies
(most recent statements)
4. All Trusts, Wills, & Directives
5. All IRA & Retirement Statements

PERSONAL QUESTIONS:

Name: _____ Date of Birth _____

Spouse's Name: _____ Date of Birth _____

Address: _____ Phone: _____

_____ Email: _____

CHILDREN

Name	Age	State of Residence	Spouse Name	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GRANDCHILDREN

Name	Age	Child of
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any special family dynamics to be aware of such as concerns with any beneficiaries handling money, existing marital concerns with your children/grandchildren (pending/imminent divorce), or any children/grandchildren with special needs? _____

YOUR PERSONAL FINANCIAL PLANNING GUIDE

Date: _____ Consultant Name: _____ Referral Source: _____

PERSONAL QUESTIONS:

1. Do you have a will? Yes No Name of Executor: _____
2. Do you have a revocable living trust? Yes No Name of Trustee: _____
3. Do you have an irrevocable trust? Yes No Name of Trustee: _____
4. Do you expect to care for a child or parent? Yes No Explain: _____
5. What is the name of your Financial Advisor? _____
 - What do you like or dislike about them? _____
6. What is the name of your attorney? _____
7. What is the name of your accountant? _____
 - What do you like or dislike about them? _____
8. Do you expect an inheritance (if so, how much)? _____
9. Do you currently have a long term care plan in place (please explain)? _____
11. What percentage of your investments would you be comfortable losing? < 10% 10-20% > 20%
12. What keeps you up at night? _____

REAL ESTATE:

Property Type	Estimated Value	Mortgage	Net Value	Monthly Income
Primary Residence	\$	\$	\$	\$
Secondary Residence	\$	\$	\$	\$
Rental Property	\$	\$	\$	\$
Commercial Property	\$	\$	\$	\$

1. Do you have plans to buy or sell any of your real estate (provide details, to include time frame)? _____

FINANCIAL PLANNING OBJECTIVES: Rank the following to your level of concern Not Concerned to Very Concerned

Arranging assets to be passed to your children and/or grandchildren	1	2	3	4	5
Reducing your current income taxes	1	2	3	4	5
Increasing your current income	1	2	3	4	5
Reducing risk on current investments	1	2	3	4	5
Making sure your Estate Plan is in good order and performing as intended	1	2	3	4	5
Having a professional manage your assets	1	2	3	4	5
Positioning your assets for maximum growth	1	2	3	4	5
Positioning your assets for combined growth & income	1	2	3	4	5
Strategizing with the goal of reducing current fees	1	2	3	4	5
Protecting current assets	1	2	3	4	5
Planning for guaranteed income	1	2	3	4	5
Arranging for charitable inclinations	1	2	3	4	5

YOUR PERSONAL FINANCIAL PLANNING GUIDE

Account Type	Asset Description	Current Value	Cost Basis
Savings		\$	\$
CD's		\$	\$
Stocks		\$	\$
Mutual Funds		\$	\$
Bonds		\$	\$
Annuity		\$	\$
Life Insurance		\$	\$
401(k)		\$	\$
IRA/SEP		\$	\$
Defined Benefit		\$	\$
Other:		\$	\$
Other:		\$	\$

DESIRED SPENDABLE CASH FLOW

Current Needs	Annual After-Tax	From Age	To Age	Optional Inflation
Living Expenses	\$			%
Major Purchases	\$			%
Other:	\$			%
Other:	\$			%

Future Needs	Annual After-Tax	From Age	To Age	Optional Inflation
Living Expenses	\$			%
Major Purchases	\$			%
Other:	\$			%
Other:	\$			%

EXPECTED SPENDABLE CASH FLOW

Current Needs	Annual After-Tax	From Age	To Age	Optional Inflation
Client Employment	\$			%
Client Social Security	\$			%
Client Pension	\$			%
Work After Retirement	\$			%
Other:	\$			%

Future Needs	Annual After-Tax	From Age	To Age	Optional Inflation
Spouse Employment	\$			%
Spouse Social Security	\$			%
Spouse Pension	\$			%
Work After Retirement	\$			%
Other:				%

ADDITIONAL NOTES:

THE PREMIUMLIFE™ PLAN

for the Business Owner

Business Name: _____ Est. _____

Industry: _____ Website: _____

Address: _____ Primary Contact: _____

TYPE OF ORGANIZATION:

Sole Proprietorship General Partnership LLC Non-Profit

Subchapter S-Corp Subchapter C-Corp Professional Corp Professional Service Corp

Total Employees: _____ Part Time: _____ Full Time: _____ Key Employees: _____

Accountant Name: _____

What do you like or dislike about them? _____

How involved are they in your financial and/or business decisions? Minimal Moderate Major

As a business owner, rank the following to your level of concern.

Not Concerned to Very Concerned

Leaving business debt that my family has to pay	1	2	3	4	5
Revenue loss in the event a key person unexpectedly leaves or passes away	1	2	3	4	5
Having capital to recruit and/or train a replacement of a key employee	1	2	3	4	5
Employees' perception of the financial stability of the company	1	2	3	4	5
Providing benefits with tax deductible dollars	1	2	3	4	5
Providing attractive retirement benefits to encourage employees to stay	1	2	3	4	5
Utilizing strategies that have minimal impact on your balance sheet	1	2	3	4	5
Being able to efficiently transfer my business interest	1	2	3	4	5
Protecting my family's income in the event of my death	1	2	3	4	5
Receiving a fair price for my business interest	1	2	3	4	5
Equitable distribution of assets to my children who are not involved in my business	1	2	3	4	5

What will happen to the business upon the owner's:

Disability? _____

Retirement? _____

Death? _____

Do you currently have a buy-sell agreement in place? Yes No

If so, how is it funded? _____

BUSINESS VALUATION ESTIMATE:

Value \$ _____ As of: _____

Assets: \$ _____ Liabilities: \$ _____

Earnings: \$ _____ EBITA: \$ _____

Long-Term Debt: \$ _____

Insured Debt: \$ _____

Average Net Income: \$ _____