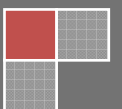
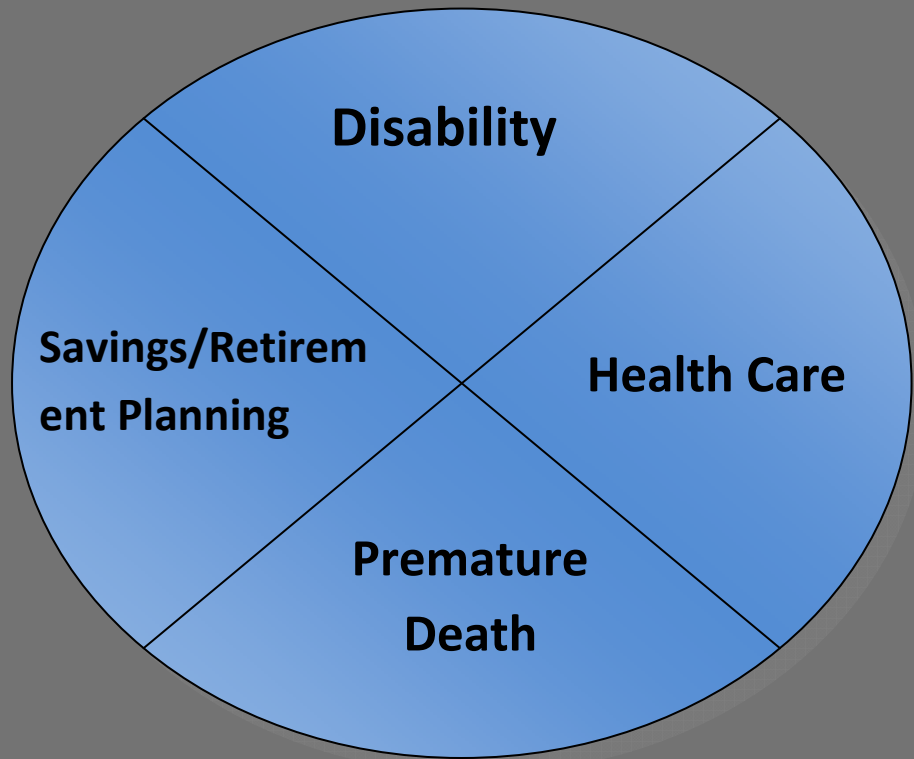


2009

# FINANCIAL REALITIES

Affecting Your Working Life



<b>Name:</b>		<b>Date of Birth:</b>	
<b>Spouse:</b>		Date of Birth:	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Employer:</b>		<b>Spouse Employer:</b>	
<b>Position</b>		<b>Position:</b>	
<b>Children:</b>			<b>Date of Birth</b>
<b>Children:</b>			<b>Date of Birth:</b>
<b>Children:</b>			<b>Date of Birth:</b>
<b>Children:</b>			<b>Date of Birth</b>

***Let's talk about the financial realities affecting your working life.***

*(Note: Be sure to collect facts on both husband and wife.)*

<b>When was the last time you sat down and did some planning?</b>	
<b>What were your reasons for planning?</b>	
<b>What action did you take?</b>	

**HEALTH CARE**

<b>Many people are concerned about the high cost of health care. How do you feel about it?</b>	
<b>What personal Experience have you had recently with the high cost of health care?</b>	
<b>What are your health insurance benefits?</b>	
<b>Do you have cancer insurance?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Dow you have accident insurance?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Maximum out of pocket expense?</b>	
<b>How much do you contribute towards the cost?</b>	
<b>Dental Coverage?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Vision?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Who is in charge of the employee benefits where you work?</b>	
<b>Many people are concerned with the gaps in their health insurance. Would you like me to review your health insurance with you?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

## LIFE INSURANCE

<b>How do you feel about your life insurance?</b>	
<b>Why did you purchase your last life insurance policy?</b>	
<b>If you were to purchase more life insurance, would it be for the same reason or a different one?</b>	
<b>If you died tomorrow, how much life insurance would you leave for your family?</b>	
<b>Face Amount: \$</b>	Kind: <input type="checkbox"/> Term <input type="checkbox"/> Whole <input type="checkbox"/> Universal
<b>Premium: \$</b> <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Quarter	Loans
<b>How did you arrive at this amount?</b>	
<b>If (either of) you died tomorrow, how much life insurance would you need?</b>	
<b>Many people wonder if they have too much life insurance or not enough. Would you be interested in going over your life insurance needs? (Form#12671-insert)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PLANNING

*Let's talk about goals and plans for a minute.*

What is your most important Goal? \_\_\_\_\_

## ADVISORS

As a Professional, I am interested in working with other professionals in your life.

<b>Who is your Family Doctor?</b>	
<b>Who is your lawyer?</b>	
<b>Who is your accountant?</b>	
<b>Who handles your other insurance?</b>	
<b>Is there anyone else you consult when you make a financial decision?</b>	
<b>Who turns to you for advice?</b>	

*Let's talk for a minute about your non-working life*

<b>What do you do to relax?</b>	
<b>What are your hobbies?</b>	
<b>Are you involved in any clubs or organizations? Which ones?</b>	

## DISABILITY

<b>If you were unable to work for a long period of time due to disability, how much monthly income would your family need?</b>		
<b>What provisions have you made to cover disability?</b>		
<b>DI Monthly Benefits?</b>		
<b>How do you feel about this Benefit Amount?</b>		
<b>Elimination Period?</b>	<b>Benefit Period?</b>	<b>Premium?</b>
<b>How would your future employment be affected by a major accident or illness?</b>		
<b>Would your employer accommodate you if you needed to work fewer hours or take a less stressful job?</b>		
<b>Is there any history in your family of a hereditary disease such as cancer, stroke or heart attack?</b>		
<b>How would your family's income be affected if you were hospitalized for a long period of time?</b>		
<b>Suppose you had a way not to worry about the financial impact of a critical illness or accident, how would this help you?</b>		

## SAVINGS/RETIREMENT PLANNING

<b>Do you plan to do the same type of work until retirement, or would you consider a career change?</b>
<b>At what age do you wish to retire?</b>
<b>What are your plans for retirement?</b>
<b>Many people are concerned that Social Security will not provide a comfortable retirement income. How do you feel about Social Security?</b>

*Share with me how your savings are invested and how you would rate their performance.*

<b>Savings Account</b>	<b>Money Market</b>	<b>C.D.'s</b>
<b>Life Insurance</b>	Annuities	IRA's
<b>Real Estate</b>	Pension	Bonds
<b>Mutual Funds</b>	Stocks	Other
<b>How Much of this is earmarked for retirement planning?</b>	For college expenses?	
<b>What is your annual income?</b>	What Percentage of your income are you currently Saving?	
<b>In your opinion, what percentage of income should be saved?</b>	Is this an area of concern for you? <input type="checkbox"/> YES <input type="checkbox"/> NO	