Confidential Financial Review

1st Meeting _________
2nd Meeting _________
3rd Meeting _________

Family Name ___________________________

Client _____________________________B.D.__________
Spouse ___________________________B.D.__________
Address ____
City, State, Zip____________________________________
Home Phone _______________________________________
Business / Cell ____________________________________
Spouse Bus./ Cell __________________________________
Children ____
____
____
____
____

Life Expectancy (C) __________ (S) __________

Questions / Primary Concerns?

- How much would you like to have in todays dollars, if you were retiring right now? $ ________________ Retirement Age (C) ____ (S) _____
- How much could you contribute $ _______________
- If I could help you accomplish anything financially, what would it be? ____ ____
- When thinking about money what are you most concerned about? ____
- What are you hoping to gain from this meeting together? ____ ____
- What are some of your other financial dreams that you would love to accomplish? ____ ____
- ____

Client Information	Client Priority	Suggestions for Implementation

1. Increase Cash Flow

- Employer (C) ____________________ (S) ____________________
- Client ________________________ Family Dependency ________%
- Spouse ________________________ Family Dependency ________%
- Monthly Expenses ___________________ ____________________
- Tax Refunds? Last Yr.______ This Yr. ______ Next /Yr. ______
- Current Monthly Savings Plan ________ Lump Sum ________

2. Debt Management

- **Mortgage(s)** Years Left _________ Or **Rent** __________

Home Value __________ Balance ___________ Rate______% F/V
Pmt. 1st ________ Extra Principal? ________
2nd Mort. Balance ________ Rate ______% F/V Pmt. 2nd _________

- **Credit Cards / Revolving Debt**

Amount __________ Pmt. ________ Min. Pmt. _______ Rate ____%

- **Auto Loans**

Veh. _____________ Balance ________ Pmt. _______ Rate ____%
Veh. _____________ Balance ________ Pmt. _______ Rate ____%

- **Other Loan**

Amount ___________ Balance ________ Pmt. _______ Rate ____%

3. Emergency Fund

- **Amount** _______ **Monthly Contribution** _________**Rate** ___
- Where ____

4. Proper Protection

- **Life (C)** ____________ ______ **(S)** _____________ _____

Coverage Type Coverage Type

_______ _______ _______ _______

Other (C) ____________ ______ (S) _____________ _____

Coverage Type Coverage Type

_______ _______ _______ _______

____

5. Long Term Saving

Retirement Plans	$ Value	Vested Y/N	Matching %	$ Contrib. Mo.
(C) ___________	_______	_________	__________	____________
(C) ___________	_______	_________	__________	____________
(S) ___________	_______	_________	__________	____________
(S) ___________	_______	_________	__________	____________

- College Savings ______________________________
- Other Investments ____________________________________
- Inheritances / Settlements________________________________

6. Estate Preservation

- Will Y/N Date ___________ Trust Y/N Date ____________

cs

Tranont Life

Client Referrals

Name Relationship Phone
Notes

Name Relationship Phone
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Name Relationship Phone
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Name Relationship Phone
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