

## Confidential Needs Analysis Worksheet

Date: \_\_\_/\_\_\_/\_\_\_ Referred By: \_\_\_\_\_ Became Client:  Yes  No  
 Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ MD: \_\_\_\_\_

The following confidential information will be reviewed with a financial professional to develop a plan for you.

### General Information

|                 |       |                    |     |
|-----------------|-------|--------------------|-----|
| Client's Name:  |       | Spouse Name:       |     |
| Client's DOB:   | / /   | Spouse DOB:        | / / |
| Address:        |       |                    |     |
| City, State Zip |       |                    |     |
| Email Address:  |       |                    |     |
| Home Phone:     | ( ) - | Child's Name & DOB |     |
| Mobile Phone:   | ( ) - | Child's Name & DOB |     |
| Mobile Phone:   | ( ) - | Child's Name & DOB |     |
| Work Phone:     | ( ) - | Child's Name & DOB |     |
| Other Phone:    | ( ) - | Child's Name & DOB |     |

### Goals & Dreams

If we could help you achieve your top financial goals, what would they be?

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> Make a Major Purchase</li> <li><input type="radio"/> Buy a New Home within 3-5 Years</li> <li><input type="radio"/> Pay Off All Credit Cards</li> <li><input type="radio"/> Reduce or Pay Off Mortgage</li> <li><input type="radio"/> Build Emergency Fund for Unexpected Expenses (auto repairs, medical bills, etc.)</li> <li><input type="radio"/> Help Support Aging Parents</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Find an Alternate Source of Income</li> <li><input type="radio"/> Finance College/Weddings for Children</li> <li><input type="radio"/> Finance Church Missions (Retirement / Children)</li> <li><input type="radio"/> Build Retirement Wealth</li> <li><input type="radio"/> Reduce Taxes</li> <li><input type="radio"/> Other: _____</li> <li><input type="radio"/> Other: _____</li> </ul> |
|--|---|

What other goals, financial or otherwise, do you have? \_\_\_\_\_

### Step 1: Increase Cash Flow

Client's Employer: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Client's Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

| Monthly Gross Income          | Client | Spouse |
|-------------------------------|--------|--------|
| Monthly Salary / Wages        |        |        |
| Commissions / Bonus           |        |        |
| Rental Income                 |        |        |
| Interest & Dividends          |        |        |
| Pension / SSI                 |        |        |
| Tax Free/Child Support Income |        |        |
| <b>Total Monthly Income</b>   |        |        |

*Monthly Discretionary Income = Money left over after bills, expenses and obligations are paid each month.*

|                               |                              |                                |
|-------------------------------|------------------------------|--------------------------------|
| Total Combined Monthly Income | Minus Total Monthly Expenses | = Monthly Discretionary Income |
|                               |                              |                                |

- How would you rate your cash flow position?  Excellent  Good  Fair  Poor  I don't know
- Did you receive a tax refund in the last three years?  Yes  No 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- How many exemptions do you claim on your W-4? (C) \_\_\_\_\_ (S) \_\_\_\_\_ ★ **Would you adjust them?**  Yes  No
- Since last tax season, have you: Had any new children?  No  Yes Bought or sold a home?  No  Yes  
 Had a major increase in income?  No  Yes Had a major decrease in income?  No  Yes
- What is your current Federal Income Tax Rate?  10%  15%  25%  28%  33%  35%

## Step 2: Manage Debt

Do you have a current plan for getting out of debt?  Yes What is it? \_\_\_\_\_  No

| Debts & Liabilities                   | Outstanding Balance | Interest Rate | Min. Payment | Actual Payment | Extra |
|---------------------------------------|---------------------|---------------|--------------|----------------|-------|
| Auto Loan                             |                     |               |              |                |       |
| Auto Loan                             |                     |               |              |                |       |
| Credit Card / Revolving               |                     |               |              |                |       |
| Credit Card / Revolving               |                     |               |              |                |       |
| Credit Card / Revolving               |                     |               |              |                |       |
| Credit Card / Revolving               |                     |               |              |                |       |
| Other Debt (Co-signer / Student loan) |                     |               |              |                |       |
| Other Debt (Co-signer / Student loan) |                     |               |              |                |       |
| <b>Totals</b>                         |                     |               |              |                |       |

### First Mortgage

Outstanding Balance: \$ \_\_\_\_\_  
 Monthly Payment: \$ \_\_\_\_\_  
 Includes  
 Taxes \$ \_\_\_\_\_  
 Hazard Insurance \$ \_\_\_\_\_  
 PMI \$ \_\_\_\_\_  
 Interest Rate:  
 Fixed \_\_\_\_\_%  
 Variable \_\_\_\_\_ Term: \_\_\_\_\_  
 How old is this mortgage? \_\_\_\_\_ years \_\_\_\_\_ months  
 Pre-payment Penalty:  No  Yes \_\_\_\_\_

### Second Mortgage / HELOC (Circle one)

Outstanding Balance: \$ \_\_\_\_\_  
 Monthly Payment: \$ \_\_\_\_\_  
 Interest Rate:  
 Fixed \_\_\_\_\_%  
 Variable Term: \_\_\_\_\_  
 How old is this mortgage? \_\_\_\_\_ years \_\_\_\_\_ months  
 Prepayment Penalty:  No  Yes \_\_\_\_\_  
 Original Purchase Price of Home: \$ \_\_\_\_\_  
 When Purchased: \_\_\_\_\_ / \_\_\_\_\_ Year Built: \_\_\_\_\_  
 Appraised Value: \$ \_\_\_\_\_ When: \_\_\_\_\_ / \_\_\_\_\_

Have you had a 30-day late on your mortgage in the last 12 months?  No  Yes Why? \_\_\_\_\_  
 Have you filed a bankruptcy in the last 7 years?  No  Yes Discharge Date: \_\_\_\_\_ / \_\_\_\_\_ Chapter? 7 or 13  
 How long are you planning to live in your home? \_\_\_\_\_ years Are you considering refinancing?  Yes  No  
 How would you rate your credit?  Excellent  Good  Fair  Poor  Don't Know FICO: (C) \_\_\_\_\_ (S) \_\_\_\_\_

## Step 3: Emergency Fund

Emergency Fund Balance: \$ \_\_\_\_\_ Account Type: \_\_\_\_\_ Current Interest Rate: \_\_\_\_\_%  
 Is this enough to cover one month of expenses?  Yes  No Plus three months of income?  Yes  No  
 Current Monthly Emergency Fund Contribution: \$ \_\_\_\_\_ Target: \$ \_\_\_\_\_

## Step 4: Ensure Proper Protection

How would you rate your family's ability to maintain the same standard of living after the loss of a breadwinner?  
 Don't Know  Poor  Fair  Good  Excellent  
 What portion of current total income would survivors need upon loss? Client's: \_\_\_\_\_% Spouse's: \_\_\_\_\_%

| Life Insurance          | Policy 1 | Policy 2 | Policy 3 | Policy 4 | Policy 5 |
|-------------------------|----------|----------|----------|----------|----------|
| Insured                 |          |          |          |          |          |
| Owner                   |          |          |          |          |          |
| Type                    |          |          |          |          |          |
| Death Benefit           |          |          |          |          |          |
| Policy Year             |          |          |          |          |          |
| Premium / Mode          |          |          |          |          |          |
| Cash Value              |          |          |          |          |          |
| Loan Balance            |          |          |          |          |          |
| Surrender Value         |          |          |          |          |          |
| Rider/Benefit (OIR/CIR) |          |          |          |          |          |
| Rider/Benefit (OIR/CIR) |          |          |          |          |          |
| Ins. Co. Name           |          |          |          |          |          |

What are your plans if your health changes and you need long term care? \_\_\_\_\_  
 Have you used tobacco in the last 5 years? Client:  No  Yes When \_\_\_\_\_ / \_\_\_\_\_ Spouse:  No  Yes When \_\_\_\_\_ / \_\_\_\_\_  
 Do you have any personal or family health history that might affect insurance rates?  
 Client:  No  Yes \_\_\_\_\_ Spouse:  No  Yes \_\_\_\_\_

## Steps 5 & 6: Long-Term Asset Accumulation & Preserve Your Estate

### Education / Wedding / Mission Funds

|                         |  |                         |  |
|-------------------------|--|-------------------------|--|
| Name                    |  | Name                    |  |
| Years to Fund           |  | Years to Fund           |  |
| Current Fund Balance    |  | Current Fund Balance    |  |
| Current Monthly Deposit |  | Current Monthly Deposit |  |
| Rate                    |  | Rate                    |  |
| Months Until Needed     |  | Months Until Needed     |  |
| Inflation Rate          |  | Inflation Rate          |  |

### Retirement Goals

|   | Client | Spouse |
|---|--------|--------|
| Retirement Age  |        |        |
| Include Social Security?                                  |        |        |
| SS Cost of Living Factor                                  |        |        |
| Life Expectancy   |        |        |
| Monthly Contribution                                      |        |        |
| Employer's Match  |        |        |
| How Much Monthly Income in Today's Dollars Will You Need? |        |        |
|   | \$     | \$     |

### Projected Social Security Income Benefits

|     | Monthly<br>Amount<br>Client | Monthly<br>Amount<br>Spouse |
|-----|-----------------------------|-----------------------------|
| Age |                             |                             |
| 62  |                             |                             |
| 65  |                             |                             |
| 67  |                             |                             |
| 70  |                             |                             |

### Retirement Income – Client

|                       | Future Income | Begins at Age | Duration |
|-----------------------|---------------|---------------|----------|
| Civil / Military      |               |               |          |
| Pension               |               |               |          |
| Other Income          |               |               |          |
| Part-Time Wages       |               |               |          |
| Rental Income / Other |               |               |          |

Post-Retirement Income Benefits Available for Survivors: \_\_\_\_\_%

### Retirement Income – Spouse

|                       | Future Income | Begins at Age | Duration |
|-----------------------|---------------|---------------|----------|
| Civil / Military      |               |               |          |
| Pension               |               |               |          |
| Other Income          |               |               |          |
| Part-Time Wages       |               |               |          |
| Rental Income / Other |               |               |          |

Post-Retirement Income Benefits Available for Survivors: \_\_\_\_\_%

### Current Account Tax Status

| Taxed Now    |                         |     |                 | Tax Deferred         |                         |     |                 | Tax Advantaged       |                         |     |                 |
|--------------|-------------------------|-----|-----------------|----------------------|-------------------------|-----|-----------------|----------------------|-------------------------|-----|-----------------|
| Account Type | Current Balance & Plan* | ROR | Monthly Deposit | Account Type         | Current Balance & Plan* | ROR | Monthly Deposit | Account Type         | Current Balance & Plan* | ROR | Monthly Deposit |
| Savings      |                         |     |                 | IRA                  |                         |     |                 | Roth IRA             |                         |     |                 |
| Checking     |                         |     |                 | IRA                  |                         |     |                 | Roth IRA             |                         |     |                 |
| CDs          |                         |     |                 | 401k, 403b, 457, TSP |                         |     |                 | Municipal Bonds      |                         |     |                 |
| Mutual Funds |                         |     |                 | 401k, 403b, 457, TSP |                         |     |                 | VUL                  |                         |     |                 |
| Stocks       |                         |     |                 | Variable Annuities   |                         |     |                 | Single Pay Whole/VUL |                         |     |                 |
| Bonds        |                         |     |                 | Fixed Annuities      |                         |     |                 | Annual Pay VL        |                         |     |                 |
| Treasuries   |                         |     |                 | Savings Bonds        |                         |     |                 | Annual Pay Whole/VUL |                         |     |                 |
| Other        |                         |     |                 | Other                |                         |     |                 | Annual Pay Whole/VUL |                         |     |                 |
| Total        |                         |     |                 | Total                |                         |     |                 | Total                |                         |     |                 |

\*Plan: E = Emergency Fund, C = College Fund, R = Retirement, P = Pass on to heirs

## Steps 5 & 6: Long-Term Asset Accumulation & Preserve Your Estate (Continued)

| Other Assets                      |       |              |                |
|-----------------------------------|-------|--------------|----------------|
| For Net Worth Calculation         |       |              |                |
| Asset Name                        | Owner | Market Value | Rate of Return |
| Total From 'Taxed Now'            |       |              |                |
| Total From 'Tax Deferred'         |       |              |                |
| Total From 'Tax Advantaged'       |       |              |                |
| Real Estate                       |       |              |                |
| Autos, Boats, RVs, etc.           |       |              |                |
| Business Interests                |       |              |                |
| Personal Property (i.e., jewelry) |       |              |                |
| Furnishings                       |       |              |                |
|                                   |       |              |                |

Do you have any inactive retirement plans (i.e. 401k, etc.) from former employers?  No  Yes \_\_\_\_\_

Do you want to maximize your tax credits?  Yes  No      Do you have an estate plan?  Yes  No

Do you have a living trust?  Yes  No      Has property been transferred to it?  Yes  No

Do you have a will?  Yes  No      When was the last year it was executed? \_\_\_\_\_

Are you expecting an inheritance?  Yes  No Amount \$ \_\_\_\_\_

### Review

1. If you were to have us help you with one thing, what would that be? \_\_\_\_\_
  2. Above and beyond what you are already saving and spending, how much could you comfortably set aside long term each month to reach your Goals & Dreams?  
 \$25     \$50     \$100     \$150     \$200     \$300     \$ 400     \$500     \$ \_\_\_\_\_
  3. When we get back together, if we can offer you recommendations that are better for you and your family in every way, can we do business with one another?  Yes  No \_\_\_\_\_
  4. We want you to feel comfortable and understand that our recommendations are better for you and your family. When you feel comfortable we'll be completing an application and collecting a check.
  5. Do you have anyone you would review this information with before making a decision?  Yes  No  
 Who: \_\_\_\_\_ Can we call them to ask if they can be present at our next meeting?
  6. Would you be kind enough to refer our services to 8-10 people like yourself?  Yes  No
- Date of our next meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ CAREER SEMINAR: \_\_\_\_/\_\_\_\_/\_\_\_\_

| Additional Notes |  |            |          |           |
|------------------|--|------------|----------|-----------|
| Sources:         |  | Short Term | Mid Term | Long Term |
| Taxes            |  |            |          |           |
| Mortgage/Debt    |  |            |          |           |
| Insurance        |  |            |          |           |
| Retirement       |  |            |          |           |
| Discretionary    |  |            |          |           |
| Total            |  |            |          |           |
|                  |  |            |          |           |
|                  |  |            |          |           |
|                  |  |            |          |           |
|                  |  |            |          |           |

### Our Mission: No Family Left Behind

#### The Tranont Difference:

- Our associates are trained to take a strategic approach, not just sell a product.
- We create a personalized plan that could help you reach your goals.
- From our diversified product portfolio, we'll help identify some of the best financial products the industry has to offer.