

What are some of the things that are important to you that cost money?

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

How much income would it take to live the life you just described? \$ _____

How long will it take before you will earn the income you need to live that life? _____

If your job/profession won't allow you to realize your dream life, what's more important to you ... staying in your job/profession or leading your ideal life?

GENERAL INFORMATION

Client Name: Name _____ M/F Age: _____ DOB ____ / ____ / ____ SS# _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Work Address: _____ City _____ State _____ Zip _____

Work Phone: _____ Fax: _____ E-mail: _____

Spouse Name: _____ M/F Age: _____ DOB ____ / ____ / ____ SS# _____

Work Address: _____ City _____ State _____ Zip _____

Work Phone: _____ Fax: _____ E-mail: _____

Dependents:

Name _____ M/F DOB ____ / ____ / ____ Name _____ M/F DOB ____ / ____ / ____

Name _____ M/F DOB ____ / ____ / ____ Name _____ M/F DOB ____ / ____ / ____

GOALS & DREAMS

If I could help you reach your top financial goals, what would they be?

Short-term (1-3 yrs.)

- car furniture boat family vacation Build retirement wealth Buy a new home Alternate income in case of death or disability
- Build savings for unexpected expenses (emergency fund) Reduce or pay off mortgage College for child(ren) Pay off credit cards Help support aging parents

Mid-term (3-7 yrs.)

- car furniture boat family vacation Build retirement wealth Buy a new home Alternate income in case of death or disability
- Build savings for unexpected expenses (emergency fund) Reduce or pay off mortgage College for child(ren) Pay off credit cards Help support aging parents

Long-term (7 yrs. +)

- car furniture boat family vacation Build retirement wealth Buy a new home Alternate income in case of death or disability
- Build savings for unexpected expenses (emergency fund) Reduce or pay off mortgage College for child(ren) Pay off credit cards Help support aging parents

Of the goals discussed above, which is the most important to you? _____

What are you doing today to accomplish these goals? _____

How much do you believe you can comfortably set aside each month to achieve these goals? \$ _____

EMPLOYMENT & INCOME

Client Employer: _____ Yrs _____
 Client Occupation: _____
 Spouse Employer: _____ Yrs _____
 Spouse Occupation: _____
 Do you see yourself retiring there? Y / N
 When was the last time you reviewed your family's financial goals? _____
 Do you have an established monthly budget? Y / N
 Savings Plan? Y / N

	Client	Spouse
Current Income		
Annual Salary	_____	_____
Net Take Home Salary	_____	_____
Bonus, Commission	_____	_____
Rental Income	_____	_____
Interest, Dividends	_____	_____
Alimony/Child Support	_____	_____
Annuity/Pension Income	_____	_____
Other Income	_____	_____
Last Year's Tax Refund:	_____	_____
Future Income		
Military/Civil Retirement	_____	_____
Social Security/Pension	_____	_____

EXPENSES (Monthly Breakdown)

Food	\$ _____	Property Ins./Taxes	\$ _____	Internet	\$ _____	Entertainment	\$ _____
Rent	\$ _____	Utilities: Gas & Electric	\$ _____	Gym Membership	\$ _____	Monthly Education	\$ _____
Mortgage	\$ _____	Utilities: Cable	\$ _____	Newspaper/Magazine	\$ _____	Monthly Savings	\$ _____
Auto Gas & Maintenance	\$ _____	Utilities: Phone	\$ _____	Gifts/Holidays	\$ _____	Other:	\$ _____
Auto Insurance	\$ _____	Utilities: Water	\$ _____	Tithe/Charity	\$ _____	Total	\$ _____
		Cell Phone	\$ _____	Clothes	\$ _____		

INSURANCE

In addition to covering your final expenses, what tasks do you want your insurance to accomplish (education savings for children, fund retirement, surviving spouse fund)? _____

Client:

Do you have Life Insurance? Y / N	Provider: Monthly Premium:	Death Benefit: How did you arrive at that number? Insured: Riders:
Do you have Health Insurance? Y / N	Provider: Monthly Premium:	Group Individual HMO PPO Other:

Spouse:

Do you have Life Insurance? Y / N	Provider: Monthly Premium:	Death Benefit: How did you arrive at that number? Insured: Riders:
Do you have Health Insurance? Y / N	Provider: Monthly Premium:	Group Individual HMO PPO Other:

DEBT

	Lender	Balance	Interest Rate	Monthly Payment
Mortgage - 1 st	_____	_____	_____	_____
Mortgage - 2 nd or HELOC	_____	_____	_____	_____
Mortgage (Investment Property)	_____	_____	_____	_____
Auto Loan	_____	_____	_____	_____
Auto Loan	_____	_____	_____	_____
Student Loan	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Personal/Signature Loan	_____	_____	_____	_____
Other Loan	_____	_____	_____	_____

ASSET ACCUMULATION (Retirement Goals)

Desired Income: _____ At what age would you like to be in a financial position to retire? _____

TAXABLE				TAX DEFERRED					TAX EXEMPT			
Assets are generally positioned for current or short-term needs that can best be served with highly liquid investment instruments.				Assets are earmarked for long-term needs, such as college funding and retirement. Invested in less-liquid investments where any growth or interest is ultimately taxable at distribution.					Assets are positioned for the future since they receive preferential tax treatment during accumulation and at distribution.			
Investment/ Asset Name	Balance	Monthly Contrib.	RoR	Investment/ Asset Name	Balance	Monthly Contrib.	Employ Match	RoR	Investment/ Asset Name	Balance	Monthly Contrib.	RoR
Mutual Funds				401(K)/403(B) or other Qualified Plans					Roth IRA			
Stocks				IRA/SEP-IRA					Cash Value Life Insurance			
Bank Savings/CDs				Annuities (Fixed/Variable)					Please note the following: Certain events & distributions may be subject to taxation and individuals would be responsible for the appropriate liability. This piece provides general information regarding the Internal Revenue Code and does not take into consideration specific state laws. World Financial Group and World Group Securities, Inc. do not provide tax advice and strongly recommend that clients consult a tax advisor concerning any tax issues relating to their investments.			
Bonds/Treasuries				Savings Bonds								

ASSET ACCUMULATION (Preserve Your Estate)

Do you have a Will? Y / N Last Update? _____

Do you have a Trust? Y / N If Yes, what kind: _____ Purpose of Trust _____

Do you expect any lump sums or inheritance in the near future? Y / N

	Asset Description	Market Value	Cost Basis
Real Estate Owned Free & Clear;	_____	_____	_____
Unencumbered automobiles, boats, etc.;	_____	_____	_____
Collectibles; antiques; jewelry, etc.	_____	_____	_____

ASSET ACCUMULATION (Education Goals)

Plan Name	Balance	Monthly Contrib.	RoR	Name of Dependent