



Needs Analysis Data Form

CLIENT INFORMATION

Client Name: _____ DOB: _____
Annual Income: \$ _____
Spouse Name: _____ DOB: _____
Annual Income: \$ _____
Other Income Sources (Commissions, Dividends, Child Support, etc.): \$ _____ per year
\$ _____ per year
Number of Children: _____ Ages: _____

Contact Information

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Email: _____
Evening Phone: _____ Email: _____

DEBT MANAGEMENT

Mortgage and Rent: _____ Term: _____ Balance: \$ _____ Payment: \$ _____
Interest Rate: % _____
Current Home Value: \$ _____

Other Loans (Cars/Boats/Credit Cards, etc.)

Type: _____	Term: _____	Balance: \$ _____	Payment: \$ _____	Interest Rate: _____ %
Type: _____	Term: _____	Balance: \$ _____	Payment: \$ _____	Interest Rate: _____ %
Type: _____	Term: _____	Balance: \$ _____	Payment: \$ _____	Interest Rate: _____ %
Type: _____	Term: _____	Balance: \$ _____	Payment: \$ _____	Interest Rate: _____ %
Type: _____	Term: _____	Balance: \$ _____	Payment: \$ _____	Interest Rate: _____ %

Do you plan on buying, selling or refinancing a home in the near future? _____

EMERGENCY FUND

Checking Balance: \$ _____ Savings Acct. Balance: \$ _____ Money Market Balance: \$ _____
How much money would you need to cover your basic living expenses each month in an emergency? \$ _____

Emergency Fund Goal

\$ _____ X 3 = \$ _____ covers 3 months of expenses.
\$ _____ X 12 = \$ _____ covers 12 months of expenses.

PROTECTION

Life Insurance

Company	Insured	Policy Type	Face Amount	Cash Value	Premium/Year	Living Benefits?
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

Additional Coverage

Have any life changes occurred since you purchased life insurance?

When is the last time your beneficiaries have been reviewed? _____

Describe your disability insurance coverage.

Describe your Long-term Care coverage.

Additional Information:

RETIREMENT FUNDS

Long-Term Savings (CD, 401(k), IRA, Retirement Annuities, etc.)

Type of Asset	Market Value	Monthly Contributions	Rate of Return	Downside Protection?	Risk Level?	Lifetime Income?
			%			
			%			
			%			
			%			
			%			

Retirement Goals

Tell me about your current retirement plan.

What is your monthly retirement goal? \$ _____

How much additional money will you need to set aside each month to achieve your financial goals? \$ _____

What else should I know about your personal or financial situation?

RECOMMENDATIONS
