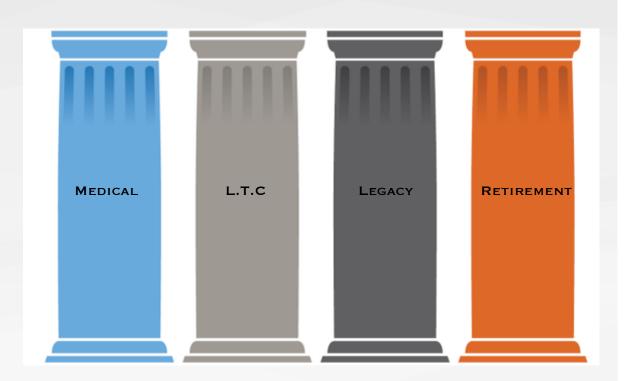
CONFIDENTIAL NEEDS ASSESSMENT



Name		D.O.B/_	/	A GE	TOBACCO YES/NO
SPOUSE		D.O.B/_	/	AGE	Tobacco yes/no
Address		Сітү		ST	ZIP
PHONE ()		EMAIL			
CHILDREN		AGE			AGE
			GRANDCHI		AGE
DO YOU MAKE YOU	IR OWN FINANCIAL D	ecisions? Yes / N	IO IF NOT TH	EN WHO	
NAME	HEALTH ISS	uE/DIAGNOS	SES	PRESCRI	PTIONS
		ICAL EXPENS		ORY	
MANY PEOPLE ARE CONCE CURRENTLY HAVE?	ERNED ABOUT THEIR HEALTH	I AND HIGH HEALTH CARE	COST, WHAT	TYPE OF HEALT	H INSURANCE DO YOU
	PLAN RX	PREMIUM	SPOUSE		PLAN
Rx					
IF YOU COULD CHANGE A	NYTHING ABOUT YOUR CURR	ENT COVERAGE WHAT WO	ULD IT BE?		
	E A SUPPLEMENTAL CANCER		LICY? YES/NO	IF NO, HOW WOULD	YOU PAY FOR TRAVEL,
EXPERIMENTAL MEDICATION	ON, COPAYS/DEDUCTIBLES? _		ECTION		
Do you have LTC cover	RAGE? YES / NO IF YES, COM	ASSET PROT		COVERAGE	PREMIUM
	DU KNOW HAD A LTC EXPERI				
	LTC EVENT?				
		Life Insur	ANCE		
WHO IS YOU CURRENT LI	FE INSURANCE WITH?				
Insured	Ins. Co	FACE AMT	TYPE	Cash Val	PREMIUM

FINAL EXPENSES

DO YOU HAVE A FINAL EXPENSE POLICY OR A PRE-PAID BURIAL POLICY? YES / NO

IF YES, WHICH DO YOU HAVE?__

DO YOU HAVE A WILL OR A TRUST? WILL / TRUST

HAVE YOU DONE ANY ESTATE PLANNING? YES/ NO

IF YES FOR WHAT

PURPOSE? ___

MEDICAL EXPENSE / HISTORY

TALK TO ME ABOUT YOUR CURRENT INCOME AND EXPENSES...

Іпсоме				EXPENSES			
Name	Source	Amount		Name	Source	Amount	
					200.00	7	
AT THE END OF THE	MONTH ARE YOU ABLE T	O SAVE MONEY? YES / N	10	IF YES, HOW MUCH? _			
WHAT VEHICLES ARE	YOU CURRENTLY USING	G TO GROW YOUR RETIR	EMENT?				
ACCOUNT (COMPANY AN	MOUNT SUR	%	SUR AMT F	R/R Q/N	IQ TYPE	

 ACCOUNT
 COMPANY
 AMOUNT
 SUR %
 SUR AMT
 R/R
 Q/NQ
 TYPE

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ADDITIONAL INFORMATION/FOLLOW UP NOTES
HAT ARE YOUR BIGGEST CONCERNS WITH REGARDS TO RETIREMENT?
O YOU CONSIDER YOURSELF A RISK TAKER?
S IT IMPORTANT TO LEAVE MONEY TO YOUR FAMILY?
AFTER CONSIDERING THE PRESENTATION AND CAREFUL ASSESSMENT OF MY INSURANCE
NEEDS, I AM ELECTING NOT TO APPLY FOR COVERAGE AT THIS TIME.
DATE CLIENT SIGNATURE