

Combination Needs Questionnaire

General Information

Client Name: _____ Age: _____ Spouse Name: _____ Age: _____
Gender: _____ Gender: _____
Name Shown on Reports: _____ Version: _____
Employer: _____ Employer: _____
Occupation: _____ Occupation: _____
Home Address: _____ Work Address: _____
Home phone: _____ Work phone: _____
Cellular: _____ Work FAX: _____
Agent Name: _____ Plan Date: _____ Review Date: _____

Education Funding Information

Child(ren)'s Name	Age - DOB	Years in College	Annual Cost Of College Today	Current Education Fund Balance	Monthly Savings Contribution

Annual growth rate of education costs: _____

Annual growth rate of education savings and funds: _____

Taxes

Pre-Retirement	Retirement
Federal income tax rate:	
State income tax rate:	

Additional Notes: What are your career plans?

How long have you lived at this address?

With whom do you consult before making important money decisions?

How do you feel about your children's college education?

What is the most important thing to you in the world today?

Policies

Life Insurance Information

Please place additional policy information on a separate sheet of paper.

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insured					
Owner					
Beneficiary					
Death Benefit					
Cash Value					
Insurance Type					
Group Policy *					
Policy Number					
Insurance Carrier					
Anniversary Date					
Policy Year					
Modal Premium					
Payment Mode					
Loan Balance					

* Group Policies (1 = No, 2 = Yes)

Disability Insurance Information

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insured					
Monthly benefit					
Benefit period (years)					
Waiting period (days)					
Policy Number					
Insurance Carrier					
Group Policy (Y/N)					
Anniversary Date					
Modal Premium					
Payment Mode					

Additional Notes: When did you buy your last policy?

From whom did you buy it?

How did you arrive at the amount of life insurance you have now?

What do you want your life insurance to do?

Any family medical problems that could affect your plans?

Are you obligated to do business with anyone else?

Net Worth

[illegible]

Asset Class:

- 1) Cash/Liquid
- 2) Emergency Fund
- 3) Income Funds
- 4) Other Assets
- 5) Personal Assets
- 6) Real Estate
- 7) Residence
- 8) Retirement Funds

Owner:

- 1) Client
- 2) Joint
- 3) Spouse

Usage on death/disability:

- 1) Spend Down the Asset
- 2) Live on the interest only
- 3) Not used

Usage on retirement:

- 1) Spend Down the Asset
- 2) Live on the interest only
- 3) Not used

Liabilities	Balance
Mortgage	
Credit cards	
Consumer loans	
Auto and other secured loans	
Other home loans	
Unpaid bills	
Personal debt	
Investment liabilities	
Other	
Grand Total	

Current Income and Savings

Current Income	Client	Spouse
Annual Salary / Commission:		
Bonus:		
Interest and dividends:		
Rental income:		
Child support:		
Other:		
Company Matching (percent):		

Monthly Savings

IRA / Roth IRA

Private Retirement Funds

Other:

Annual Increase (raise): _____

Monthly Expenses

Payroll Deductions	Client	Spouse
How often are you paid?		
Pretax 401(k)/403(b):		
FICA withholding:		
Medicare withholding:		
Federal Tax withholding:		
State and local withholding:		
Medical / Disability premiums:		
Other withholdings:		

Estimated Monthly Expenses

Mortgage / Rent payment:

Credit Cards(s) / Revolving Debt:

Auto Loan(s):

Other Loan(s)

Food / Clothing:

Car maintenance / Gas:

Utilities:

Property / Other Insurance:

Entertainment / Gifts:

Personal expenses:

Other

Assumptions

Growth rate used for lump sum retirement and estate calculations _____

Savings growth rate (education, retirement) _____

Long-term inflation rate _____

Retirement	Client	Spouse
Planned retirement age		
Portion of total income needed at retirement		
Social Security available	(none,50%,75%,100%)	

Annual Retirement Income - Client	Beginning at Age	Duration
Civil, military *		
Pension plan *		
Other income		
Part-time wages		
Rental income		

*What benefits are available for your survivors? _____

What is your estimate of the annual growth rate of your retirement income? _____

Annual Retirement Income - Spouse	Beginning at Age	Duration
Civil, military *		
Pension Plan *		
Other income		
Part-time wages		
Rental income		

*What benefits are available for your survivors? _____

What is your estimate of the annual growth rate of your retirement income? _____

Life/Disability

Client	Spouse
Life expectancy	
Portion of total income needed at death of spouse	
Number of years income needed	N/A
Portion of income needed thereafter	
Portion of total income needed after disability	

Immediate Cash Needs at Death

Final expenses

Administrative costs

Immediate cash needed

Emergency fund

Child care costs

Pay off mortgage? (Yes/No)

Prepay future college costs?

Charities - client

Charities - spouse

Additional Assumptions

Long-Term Care

Client's retirement age

Confinement beginning age

Annual cost of nursing home today

Estimated length of stay

Annual growth rate of costs

Asset growth rate in confinement

Wealth Accumulation	Solve for:	<input type="checkbox"/> Future Value	<input type="checkbox"/> Periodic Deposits
Current amount invested:		Future value	
Periodic deposits:		Solve for year	
Deposit frequency:		Growth rate	
Years of Deposit:		Estimated income tax rate:	

Estate Liquidity

Assume first death in _____ years and the second _____ years later

Administrative expense

Funeral expense

State death tax assumption Use the 2001 Credit - or - No State Death Tax

Client

Spouse

Assets to charities

Client's portion of total debt (0-100%)

Life insurance growth rate

Additional Notes: Do you save and invest systematically?

What percentage of your income should be saved?

Are you pleased with what you have accumulated thus far?

Do you have any family members in a nursing home?

If there was a financial goal that you wanted to achieve, how much could you set aside, per month, on a regular basis?

Do you anticipate receiving and inheritances in the next few years?

Do you have a current will? or Trust?

Have you designated custodians for your children?

Who have you legally assigned to make potential health care decisions for you?