

# Financial Needs Analysis Input Sheet

Agent:

Client		Spouse	
Name	<input type="text"/>	Name	<input type="text"/>
D.O.B.	<input type="text"/> <input type="radio"/> Male <input type="radio"/> Female	D.O.B.	<input type="text"/> <input type="radio"/> Male <input type="radio"/> Female
Phone	<input type="text"/>	Phone	<input type="text"/>
	Email	<input type="text"/>	



Life Insurance

## Basics

In the event of an untimely death, a wise life insurance purchase is like buying a substitute for your income. It helps maintain a family's current standard of living to avoid financial disaster.

Do you currently own any life insurance? ☐ Yes ☐ No

If no, when there is a need for coverage, there are typically three reasons people do not own it. What best describes you?

- ☐ Didn't see a need for it  
☐ Didn't think you could afford it  
☐ Never got around to it

## Existing

What is your total life insurance coverage (personal and group)?

Client	Spouse	Children
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

What are your current monthly premiums?

### About Group Coverage

If you have group coverage through work, you generally lose it when you leave your employer. We recommend you don't rely on group insurance for your family's protection in case you change jobs, lose your job, or your company changes benefits. Would it make sense to own your own program that's portable, you control and you can take with you no matter where you go. ☐ Yes ☐ No

Is the agent that sold you your policy a close friend or relative?

☐ Yes ☐ No

If I can put together a better program, would you be open to changing?

☐ Yes ☐ No

Can you get your policies so we can analyze them to find out if we can help?

☐ Yes ☐ No

Do you use tobacco or nicotine in any form?

**Client**  
☐ Yes ☐ No

**Spouse**  
☐ Yes ☐ No

Have you ever had any issues qualifying for life insurance in the past or had any major health issues in the past 10 years?

☐ Yes ☐ No ☐ Yes ☐ No

Percentage of each other's income you depend on?

What is that monthly?

## Additional Protection Management

### Auto & Home

Do you currently have the right auto and home coverage?

☐ Yes ☐ No ☐ Not Sure

Are you paying too much?

☐ Yes ☐ No ☐ Not Sure

Current Premium

Primerica Secure

### Legal Protection

Do you currently have access to affordable legal counseling and services to help protect your family from legal problems?

☐ Yes ☐ No

How much do you spend on this?

Would you like to have a legal plan? ☐ Yes ☐ No

### Emergency Fund

Do you currently have an emergency fund? ☐ Yes ☐ No

Amount saved

Monthly contribution

How much would you like to have in an emergency fund?

By what date?



## Saving For Retirement

Based on your current retirement plan, do you know at what age you will retire? ☐ Yes ☐ No

At what age would you realistically like to retire?

Client

Spouse

What is your current gross monthly income (pre-tax)?

Client

Spouse

How much monthly household income would you like during retirement?

(on average, its recommended you'll need 80% of your current income)

\$

OR

%

## Benefits

Include Social Security benefits (typically only include if you are 55 or older)?

Client

☐

Spouse

☐

Monthly Benefit Amount in today's \$ (if known, or we can use computer estimates)

\$

\$

If you have a pension, what will the monthly benefit be?

\$

\$

## Assets

How much have you currently saved for retirement?

Client

Spouse

Joint

Are any of these savings from an old job, 401k or IRA?

☐ Yes ☐ No

☐ Yes ☐ No

Have you rolled them over to a personal account yet?

☐ Yes ☐ No

☐ Yes ☐ No

How much do you contribute monthly?

How much does your employer contribute monthly?



## Debt Elimination

Do you have debt you are trying to pay off? ☐ Yes ☐ No

Do you know when you will be debt free? ☐ Yes ☐ No

Debt Name	Current Balance	Minimum Pmt	Additional Pmt	% Rate	Fixed	Revolving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>



## Let's Do This

Amount that can be set aside each month for retirement/debt/life insurance?

\$

We are going to put effort into creating a game plan that uses this specific dollar amount.

☐ Yes ☐ No

Is this a dollar amount that you feel totally comfortable with?

Would you like to know how much money to invest monthly to pay for your children's college?

☐ Yes ☐ No

Age of children

If we can improve your situation, is there any reason why you would not let us help you when we come back?

☐ Yes ☐ No

Is there anyone you need to consult with first?

☐ Yes ☐ No