



PRIMERICA

Financial Needs Analysis

Building Your Financial Security

On a scale of 1 to 10, 10 being the highest, how would you rate your desire for becoming properly protected, debt free and financially independent?

Client's First Name	MI	Last Name	Birth Date	Sex					
Spouse's First Name	MI	Last Name	Birth Date	Sex					
<u>CHILDREN'S INFO (if applicable)</u>									
Last	First	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Last	First	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date
Last	First	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Last	First	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date
Last	First	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Last	First	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date
<u>MAILING ADDRESS AND CONTACT INFO</u>									
Address	City	State	Zip	Yrs at address					
Home Phone ()	Cellular ()	Spouse Cellular ()							
Client's e-Mail	Spouse's e-Mail								
Client Employer	Start Date / /	Work Number ()							
Spouse Employer	Start Date / /	Work Number ()							

Financial Needs Analysis - Confidential Questionnaire

1. INCOME AND RETIREMENT

INCOME SOURCES

	<u>CLIENT</u>	<u>SPOUSE</u>
Monthly Gross Income	\$ _____	\$ _____
Other Monthly Income	\$ _____	\$ _____

INCOME TAXES Do you usually receive an income tax refund? Yes No
 How much was your last tax refund? \$ _____ What did you do with it? _____
 If we can use your tax refund to help you reach your financial goals and dreams more quickly vs. giving the government an interest free loan, would you do it? Yes No

RETIREMENT PLANS

Would you say you are Not Motivated Motivated – or – Highly Motivated – to retire well?

Based on your **current retirement plan** at what age will you be able to retire?

At what **age** would you like to **Retire**? _____

- EMPLOYER SPONSORED RETIREMENT PLANS

Do either of you have a pension plan? Yes No

Monthly Benefit a month	\$ _____	\$ _____
Age Benefits Begin	_____	_____

Are you in any type of retirement currently involved plan though work?

Yes No Yes No

What type? (401k, 457, 403b, ESOP, SEP, etc..) _____

Current Balance \$ _____ \$ _____

How much do you contribute monthly? \$ _____ \$ _____

Does your employer **match** retirement contributions? Yes No Yes No

\$ for \$ or % Limit? _____ Do you Max that Limit? \$ _____% \$ _____%

- OTHER RETIREMENT PLANS

Client

Spouse

Do you have retirement assets from a **previous employer**? Yes No Yes No

Have you rolled this over into a personal account yet? Yes No Yes No

What are the balances on these accounts? \$ _____ \$ _____

Do you have ROTH IRAs? Yes No Monthly Contribution \$ _____ \$ _____
 Current Total balance \$ _____ \$ _____

Do you have Traditional IRAs? Yes No Monthly Contribution \$ _____ \$ _____
 Current Total balance \$ _____ \$ _____

2. NON-RETIREMENT ASSETS

Total Balance

Bank Checking & Savings \$ _____
 CDs, Bonds \$ _____
 Stocks, Mutual Funds, Annuities \$ _____

Emergency Fund \$ _____
 Future Inheritance \$ _____
 Other \$ _____

3. DEBT MANAGEMENT DATA



Home Mortgage (1st)

Mortgage Company: _____

Current Mortgage Balance \$ _____

Interest Rate _____%

When did you get your current mortgage? _____

Current Home Value? \$ _____

Payment Details

Principle & Interest \$ _____

Additional

Monthly Property Taxes \$ _____

Principal Payment \$ _____

Mo/ Homeowners Ins. \$ _____

Private Mortgage Insurance(PMI) \$ _____

Total Monthly Mortgage Payment \$ _____

Consumer Debt

Name	Balance	Min Payment	Actual Payment	Fixed	Rev	Interest Rate
2 nd Mortgage	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Car #1 _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Car #2 _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Credit Card #1 _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Credit Card #2 _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Credit Card #3 _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Personal Loan _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Student Loan _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Other _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Total Consumer Debts	\$ _____					

NOTE: If car is leased, do not list as a debt – it is a living expense. If you have more debts than space provided, combine the smaller similar rates and payment types

PLPP/ ID Theft Defense

Do you have a Will? Living Will? Power of Attorney?

Is ID Theft a concern to your family?

Auto and Home Owners insurance?

4. INCOME PROTECTION

Life Insurance Coverage

	<u>Client</u>	<u>Spouse</u>	<u>Children</u>
Do you have Group Life Ins at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amt of coverage paid by EmployER	\$ _____	\$ _____	\$ _____
Additional coverage paid by EmployEE	\$ _____	\$ _____	\$ _____
How much premium do you pay per month	\$ _____	\$ _____	\$ _____

What happens to your employer paid group coverage if or when you leave your employer?
(generally, this is lost if you lose job due to layoff or extended illness) _____

	<u>Client</u>	<u>Spouse</u>	<u>Children</u>
Do you own life insurance outside of work? <i>(pick up policies)</i>			
Company Name?	_____	_____	_____
What are your current monthly premiums?	\$ _____	\$ _____	\$ _____
What is the face amount?	\$ _____	\$ _____	\$ _____
How much cash value is in your policy?	\$ _____	\$ _____	\$ _____
When did you buy it?	_____	_____	_____

- What was the primary reason that you bought your current policy?
 Protection Savings Both Other _____
- If you were to consider a change, what would interest you most?
 Lower Cost More protection More savings (check all that apply)
- What is your relationship with your current agent? _____
- If we put together a program that improves your current situation would you change? Yes No
- Do either of you use tobacco in any form? Yes No
- Do either of you have any significant past medical history? Yes No

IF NONE: So Typically what I find with somebody in your situation, who doesn't have a Life Insurance, normally I find it is one of the following reasons:

- A. They didn't think they could afford it. B. They never got around to it. C. They did not see the need for it.
 Which one of these reasons describes your family best?

Would you say it's - Unimportant Important -or- Very Important
 - to properly protect and secure your family's financial future if you **were to die prematurely**?

- Do either of you use tobacco in any form? Yes No
 Do either of you have any significant past medical history? Yes No

	Solution A	Solution B	Solution C
Client			
Spouse			
Child(ren)			
Monthly Premium			

q A

q B

q C

5. "PAY YOURSELF FIRST"

At this point you certainly have some financial goals and priorities that require some effort to achieve. How much money could you set aside on a weekly basis in order to reach those goals? We find that most of our clients can free up \$50 per week. However, there are a fortunate few who can free up \$125 or more. And we have some on a fixed or limited budget that can only free up \$25 per week. Which category describes you?

- \$25 per week \$50 per week \$125 or more per week

6. WORKING WITH ME

1. What type of relationship are you looking to have with the financial professional that you choose to work with?
2. If we worked together for the next 5 years, and you were totally happy with the work that I had done for you, what did I do to make you happy?

7. FOLLOW UP APPOINTMENT

Next Appointment: _____, _____ / _____ / _____ at ____:____ (am / pm)

Day of week Date Time of Day

8. REVIEW HOMEWORK

Now, we both have homework to do. My homework is to... (REVIEW WHAT THE FNA WILL DO). My homework will take me 5 to 8 hours. On the other hand your homework will take you 20 minutes. Your homework is to get those 7-10 Pre-called Introductions. Your homework is not to set an appointment or to get anyone to meet with me. Your homework is to get them to take a 5 minute phone call.

Additional Notes: