~Client Preliminary Information~

Full Planning Outlook

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_, 2024 `

Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ M / F

Birth State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approx. Net Worth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Many Years: \_\_\_\_\_\_\_

Net Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Existing Life Insurance: Yes / No • Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: WL, UL, IUL, Term, VUL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you Replacing: Yes / No • Death Benefit: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Misc Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_’\_\_\_\_\_” Weight: \_\_\_\_\_\_\_ lbs

List Any Health Issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Smoker Yes / No

Amount of Life Insurance Seeking: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married: Yes / No • Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse work outside the home? Yes / No

# of Children: \_\_\_\_\_\_\_\_\_ Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Grandchildren: \_\_\_\_\_\_\_\_\_ Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary Information: Primary or name of Trust \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_

ContingentBeneficiary (ies) Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_

15 / 30 year mortgage:  Approximate loan balance $\_\_\_\_\_\_\_\_\_ 2d $\_\_\_\_\_\_\_\_\_\_ Approximate home value $ \_\_\_\_\_\_\_\_\_\_

Monthly Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you making extra payments?  Yes  /  No     How much? $ \_\_\_\_\_\_\_\_\_\_\_

Approximate Annual Household Expenses $\_\_\_\_\_\_\_\_\_\_\_\_

Date you are planning to retire or stop working \_\_\_\_\_ mo \_\_\_\_\_yr

Please see next page…

How much money are you putting away each month for your retirement & where?   $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_>>

Savings Accts \_\_\_\_\_\_\_\_\_\_\_\_\_ /  Bal \_\_\_\_\_\_\_\_\_\_\_\_\_ •     CD’s \_\_\_\_\_\_\_\_\_\_\_\_\_/  Bal \_\_\_\_\_\_\_\_\_\_\_\_\_

Money Market \_\_\_\_\_\_\_\_\_\_\_\_\_ /  Bal \_\_\_\_\_\_\_\_\_\_\_\_\_ •     Stocks \_\_\_\_\_\_\_\_\_\_\_\_\_ /  Bal \_\_\_\_\_\_\_\_\_\_\_\_\_

IRA \_\_\_\_\_\_\_\_\_\_\_\_\_ /  Bal \_\_\_\_\_\_\_\_\_\_\_\_\_ • Pension Plans \_\_\_\_\_\_\_\_\_\_\_\_\_ /  Bal \_\_\_\_\_\_\_\_\_\_\_\_\_

Annuities: \_\_\_\_\_\_\_\_\_\_\_\_\_ /  Bal \_\_\_\_\_\_\_\_\_\_\_\_\_ •     Life Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_ / Cash Value \_\_\_\_\_\_\_\_\_\_\_\_\_

401K \_\_\_\_\_\_\_\_\_\_\_\_\_/  Bal \_\_\_\_\_\_\_\_\_\_\_\_\_ Company Match \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special plans for the money besides retirement?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you usually receive a tax refund each year? Yes / No     If so, how much?    $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any credit card debt? Yes / No  $ \_\_\_\_\_\_\_\_\_\_   Making extra payments?  Yes / No   How much? $ \_\_\_\_\_\_

Are you worried about running out of money in retirement? \_\_\_\_\_\_\_\_\_\_

Please tell us what is the absolute most important thing you would like us to accomplish for you.

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When would you be available for an Online Meeting: Date & Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and alt Date & Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_

~If you need more space simply feel free to attach another page~

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