

Needs Analysis 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? _____

Current Income and Expenses

Current Income	Client	Spouse
Annual Salary / Commissions:		
Bonus:		
Interest, Dividends:		
Rental Income:		
Child support:		
Other:		

Estimated Income Taxes
Federal income tax rate:
State income tax rate:

Payroll Deductions	Client	Spouse
How often are you paid?		
Pretax401(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

Monthly Savings
IRA / Roth IRA
Private Retirement Funds
Other