

# YOUR FINANCIAL PICTURE

AGENT # \_\_\_\_\_

YOUR NAME \_\_\_\_\_

DOB \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ TOBACCO \_\_\_\_\_ YES NO

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ LENGTH \_\_\_\_\_

\$ \_\_\_\_\_ INCOME YES NO RETIRED \_\_\_\_\_ EXP. RETIREMENT AGE \_\_\_\_\_

\$ \_\_\_\_\_ LIFE POLICIES (FACE VALUE) TERM \_\_\_\_\_ WHOLE \_\_\_\_\_ IUL \_\_\_\_\_ (CHECK ALL THAT APPLY)

HEALTH INSURANCE PROVIDER \_\_\_\_\_

YOUR SPOUSE \_\_\_\_\_

DOB \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ TOBACCO \_\_\_\_\_ YES NO

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ LENGTH \_\_\_\_\_

\$ \_\_\_\_\_ INCOME YES NO RETIRED \_\_\_\_\_ EXP. RETIREMENT AGE \_\_\_\_\_

\$ \_\_\_\_\_ LIFE POLICIES (FACE VALUE) TERM \_\_\_\_\_ WHOLE \_\_\_\_\_ IUL \_\_\_\_\_ (CHECK ALL THAT APPLY)

HEALTH INSURANCE PROVIDER \_\_\_\_\_

HOME OWNER? YES NO

TYPES OF DEBT

Other Assets that you have available to offset the mortgage if something happens to you?

LENDER \_\_\_\_\_

HOMEOWNER INSURANCE PROVIDER \_\_\_\_\_

\$ \_\_\_\_\_ CREDIT CARDS

\$ \_\_\_\_\_ BUSINESS LOANS

\$ \_\_\_\_\_ STORE CARDS

\$ \_\_\_\_\_ TAX DEBT

\$ \_\_\_\_\_ PERSONAL BANK LOANS

\$ \_\_\_\_\_ CAR LOANS

\$ \_\_\_\_\_ STUDENT/ EDUCATION LOANS(FEDERAL)

\$ \_\_\_\_\_ STUDENT/ EDUCATION LOANS(PRIVATE)

\$ \_\_\_\_\_ SAVINGS/ CDS

\$ \_\_\_\_\_ MUTUAL FUNDS/ STOCKS

\$ \_\_\_\_\_ 401K/ IRA/ ANNUITIES

\$ \_\_\_\_\_ NET WORTH

\$ \_\_\_\_\_ VALUE OF HOME

\$ \_\_\_\_\_ MORTGAGE AMOUNT

\$ \_\_\_\_\_ MORTGAGE MONTHLY PAYMENT

Any Health Concerns? Major Operations? Hospitalization last 5 yrs? Medications? (Use the back of this page if you need more room)

What Type of Health Issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Med: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Med: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Med: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Med: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Med: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Children: \_\_\_\_\_

Any criminal or driving record concerns? YES NO

Would you like us to complete Application? YES NO

PERSONAL

We will talk more about retirement in detail later. The reason I ask is I have a partner that helps my clients meet their goals. All I ask is that when he calls you, please give him the same courteous attention that you gave me. Can you do that for me? To book an appointment with my partner we will go to this webpage: <http://burlingtonalliancecm.simplybook.me>.

PHONE NUMBER \_\_\_\_\_

BEST CONTACT TIME: MORNING EVENING

Email form to [greensheet@bacapitalmanagement.com](mailto:greensheet@bacapitalmanagement.com)

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_