



Agent Name: _____
Phone: _____
Email: _____

Phone (904) 940-9555

Name: M F _____

Birth Date: ___ / ___ / ___

Desired Retirement Age: _____

Spouse Name: M F _____

Birth Date: ___ / ___ / ___

Desired Retirement Age: _____

Number of Children: _____ Ages _____, _____, _____, _____, _____

State of Issue: _____.

Current Concerns

- Controlling Spending
- Eliminating Debt
- Reducing Taxes
- Providing for children's or grandchildren's education
- Maximizing Savings
- Creating your own Family Bank
- Wills/Trust
- Asset Protection
- Estate Planning

Future Expenditures: _____

Real Estate

Personal Residence Information:

Mortgage Payment (P&I only) \$ _____
 Outstanding Mortgage \$ _____ Term Remaining _____ years Interest Rate: _____%
 Type of Mortgage (check one & circle applicable term)
 Fixed Term (30 year, 15 year, etc.) ARM (5 yr, 7 yr, 10 yr, etc.) Interest Only

Other Property Owned:

Mortgage Payment (P&I only) \$ _____
 Outstanding Mortgage \$ _____ Term Remaining _____ years Interest Rate: _____%
 Type of Mortgage (check one & circle applicable term)
 Fixed Term (30 year, 15 year, etc.) ARM (5 yr, 7 yr, 10 yr, etc.) Interest Only

Debt Related

Please list any outstanding debts other than mortgages

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

Insurance

Husband Life Insurance

General Health: _____

Preferred Standard Non-tobacco: Tobacco:

Permanent or Term

Yearly Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term

Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Wife Life Insurance

General Health: _____

Preferred Standard Non-tobacco: Tobacco:

Permanent or Term

Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term

Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Redirected Money

Monthly Over-Payments from Debts	_____
Monthly Contribution to Investments	_____
Spending Planner (Found discretionary money)	_____
Amount to Pull from Qualified Accounts (5% to 10% a year or 72T)	_____
Amount to Pull from non-Qualified Accounts	_____
1035 Exchange	_____
Life Ins. Premium Being Replaced Monthly	_____
Other Available Money (Future)	_____
Total:	_____

Producer's thoughts on case: