

# Client Confidential Detail Sheet

## I. Agent Name

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

## II. Client Information

Date: \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

### Permanent Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Client Information (please check one)

Are you a US citizen?                      Y    N                      Use tobacco in other form? if  
Do you smoke?                              Y    N                      yes, please specify: \_\_\_\_\_  
Do you have any health issues?        Y    N

Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

## III. Objectives/Goals

What are your short-term financial goals (0 to five years)? Please list and prioritize (e.g., reduce debt, buy car, college funding).

\_\_\_\_\_

What are your long-term financial goals (five years through retirement)? Please list and prioritize (e.g., buy second home, special gifts for children/grandchildren, retire early – please note planned retirement age).

\_\_\_\_\_

What monthly income do you need to meet your lifestyle expectations? Do you foresee any changes in current income?

\_\_\_\_\_

What are your primary concerns/Issues?

\_\_\_\_\_

## Beneficiaries

	Name	Beneficiary of	Date of Birth	Allocation %	Relationship
1					
2					
3					
4					
5					
6					
7					
8					

Agent Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

**IV. Financials**

<b>Assets</b>		<b>Liabilities</b>	
Cash on hand & unrestricted in banks	\$	Notes payable to banks	\$
Notes Receivable	\$	Credit Cards	\$
Cash surrender value life insurance (Do not deduct loans) ---Schedule 1	\$	Loan(s) against life insurance---Schedule 1	\$
Listed (AMEX,NYSE) stocks, bonds, US Govt Securities---Schedule 2	\$	Margins Accounts	\$
Real Estate at cost or market value---Schedule 3	\$	Taxes accrued but unpaid	\$
Qualified Retirement Plans (defined benefit,401(k), etc.)	\$	Mortgage payable on real estate ---Schedule 2	\$
Other Assets	\$	Other Liabilities	\$
<b>Total Assets</b>	\$	<b>Total Liabilities =</b>	\$
<b>Income Information</b> <b>Monthly</b> <b>Annual</b> Alimony, child support or separate maintenance income need not be revealed if		<b>Total Net Worth (total assets- total liabilities) =</b>	\$
Estimated Income (Salary Gross)	\$	What is your investing philosophy?	1    2    3    4 Conservative                      Aggressive
Earned Income (bonus & commission)	\$		
Portfolio Income (dividends, interest, etc.)	\$	How Concerned are you with the funding of your retirement?	1    2    3    4 not Concerned                      Concerned
Passive Income (real estate etc.)	\$		
Other Income-itemize	\$	How well are your assets being protected?	1    2    3    4 Not Concerned                      Concerned
<b>Total Income =</b>	\$		

**I. Financials**

**Financials Cont.**

	Owner	Type	Amount	% Return	Company Custodian	High Value	Qualified Funds Y/N?
Annuity							
Annuity							
Annuity							
Mutual Funds							
Mutual Funds							
Mutual Funds							
Stocks							
Stocks							
Stocks							
Other							
Other							

Agent Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

## II. Supplementary Schedules

(Attach additional pages if necessary)

### Income

Client		Spouse	
Income (W-2)		Income (W-2)	
Income 1099		Income 1099	
Business Income		Business Income	
Social Security		Social Security	
Disability		Disability	
Pension		Pension	
Interest Income		Interest Income	
Rental Income		Rental Income	
Other		Other	

### Insurance

Owner	Type	Company	Face Amount	Monthly Premium	Net Cash Value	Purchase Date	Included In Estate	Second to Die

### Legal Documents

	Client	Spouse	
Testamentary Will (regular will)			
Health Care Power of Attorney			
Durable POA for Finance			
Living Will			
Testamentary Pour-Over Will			
Revocable Living Trust			
Irrevocable Trust			

### Homes/Real Estate

Home	Value	Balance	Term	% Rate	Payment
Primary					
Second Mortgage					
Secondary Property					
Third Mortgage					
Third Property					
Fourth Mortgage					
Fourth Property					

Agent Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

**Medical History/Prescriptions**


**Program Design**

Needs:	Income	Wealth Accumulation	Death Benefit	
Insured:	Spouse 1	Spouse 2		Both
Policy Type:	EIUL	Whole Life	Single Life	Survivorship
Pay Premium: \$	7 Years	10 Years		
Pay Interest Out of Pocket?	Yes	No		
Repay Loan from Policy Value?	Yes	No		
Start Income at Age:				
End Income at Age:				
Special Needs?	Yes	No		

**Notes**

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Agent Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_