



# Financial Needs Analysis



## Cash Flow

- Earn additional income
- Manage expenses



## Debt Management

- Consolidate debt
- Strive to eliminate debt



## Emergency Fund

- Save at least 3-6 months' income
- Prepare for unexpected expenses



## Proper Protection

- Protect against loss of income
- Protect family assets



## Build Wealth

- Strive to outpace inflation and reduce taxes



## Preserve Wealth

- Reduce taxation
- Build a family legacy

Client 1 Name \_\_\_\_\_ Client 2 Name \_\_\_\_\_

Agent Name \_\_\_\_\_ Date \_\_\_\_\_

**Household Information**

**Client 1 Name** \_\_\_\_\_ Preferred Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

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

Work Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Please Check Preferred)

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

(Please Check Preferred)

Personal Email \_\_\_\_\_

Business Email \_\_\_\_\_

Alternate Email \_\_\_\_\_

**Client 2 Name** \_\_\_\_\_ Preferred Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

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

Work Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Please Check Preferred)

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

(Please Check Preferred)

Personal Email \_\_\_\_\_

Business Email \_\_\_\_\_

Alternate Email \_\_\_\_\_

**Dependents**

Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Years Ed. \_\_\_\_\_

Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Years Ed. \_\_\_\_\_

Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Years Ed. \_\_\_\_\_

Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Years Ed. \_\_\_\_\_

To help guide our meeting today, I'd like to first discuss the personal, professional and financial goals that are most important and of greatest value/worth to you.

**Goals**

	<b>Short-term 1-3 years</b>	<b>Mid-Range 3-7 years</b>	<b>Long-Term 7+ years</b>
<input type="checkbox"/> Make a Major Purchase .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Retirement Wealth .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buy a New Home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Savings for Unexpected Expenses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reduce or Pay Off Mortgage .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education Funding .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alternative Income in Case of Disability or Death .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Help Support Aging Parents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pay Off Credit Cards/Debts .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Start a Business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When was the last time you reviewed your family's financial goals? \_\_\_\_\_

Do you have an established monthly budget?  Yes  No

Do you have a regular savings plan?  Yes  No

Is there a particular topic you want to make sure we cover in our time together today?

\_\_\_\_\_

\_\_\_\_\_

**Income**

**Current Income**

(Include salary, bonuses, commissions, rental income, interest and dividends, alimony and child support, annuity or pension income, and any other income sources)

Owner/Recipient	Source	Gross Amount	Frequency	Net Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Client 1 Total Income \_\_\_\_\_ Client 2 Total Income \_\_\_\_\_

Total Combined Gross Household Income \_\_\_\_\_

Current estimated combined effective tax rate \_\_\_\_\_  
Did you receive a tax refund last filing?  Yes  No

Did you have to pay taxes at your last filing?  Yes  No  
Refund amount \_\_\_\_\_

**Anticipated Future Income**

(include military or civil retirement, annuity or pension income, and any other retirement income sources)

Owner/Recipient	Source	Gross Amount	Start Age/Year	Frequency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you want to calculate including Social Security benefits? Client 1  Yes  No Start Age \_\_\_\_\_  
Client 2  Yes  No Start Age \_\_\_\_\_

If yes, what is your current estimated monthly benefit? \_\_\_\_\_

**Employment**

	Client 1	Client 2
What is the name of your employer?	_____	_____
How long have you worked there?	_____	_____
What is your job title?	_____	_____
What are your specific job duties?	_____	_____
Describe the nature of the business	_____	_____
Who owns the business?	_____	_____
What is the business structure?	_____	_____
Do you see yourself retiring there?	_____	_____
What are your future career plans?	_____	_____

**Emergency Fund**

Number of months to provide Emergency Funds \_\_\_\_\_

Provide for:  All expenses  Only non-discretionary expenses

OR: How much do you need monthly in case of an emergency? \_\_\_\_\_

How much do you currently have saved in a dedicated emergency fund? \_\_\_\_\_

**Expenses**

	Amount	Discretionary?		Amount	Discretionary?
<b>Auto &amp; Transportation</b> .....	_____	<input type="checkbox"/>	<b>Mortgage/Rent Payment</b> .....	_____	<input type="checkbox"/>
Fuel.....	_____	<input type="checkbox"/>	Homeowners Insurance.....	_____	<input type="checkbox"/>
Insurance.....	_____	<input type="checkbox"/>	Principal & Interest.....	_____	<input type="checkbox"/>
Loan/Lease Payment.....	_____	<input type="checkbox"/>	Property Taxes.....	_____	<input type="checkbox"/>
Parking Tolls.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
Public Transportation.....	_____	<input type="checkbox"/>	<b>Other Debt Service Payments</b> .....	_____	<input type="checkbox"/>
Service.....	_____	<input type="checkbox"/>	Credit Cards.....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Personal Loans.....	_____	<input type="checkbox"/>
<b>Food</b> .....	_____	<input type="checkbox"/>	Student Loans.....	_____	<input type="checkbox"/>
Dining Out.....	_____	<input type="checkbox"/>	<b>Other Monthly Expenses</b> .....	_____	<input type="checkbox"/>
Groceries.....	_____	<input type="checkbox"/>	Alimony & Child Support.....	_____	<input type="checkbox"/>
<b>Health/Medical</b> .....	_____	<input type="checkbox"/>	Subscriptions/Memberships.....	_____	<input type="checkbox"/>
Insurance Premiums.....	_____	<input type="checkbox"/>	Tithe/Charity.....	_____	<input type="checkbox"/>
Prescriptions.....	_____	<input type="checkbox"/>	Travel & Entertainment.....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
<b>Household</b> .....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
Child Care.....	_____	<input type="checkbox"/>	<b>Utilities</b> .....	_____	<input type="checkbox"/>
Cleaning Services.....	_____	<input type="checkbox"/>	Cable.....	_____	<input type="checkbox"/>
Clothing.....	_____	<input type="checkbox"/>	Electric.....	_____	<input type="checkbox"/>
Educational.....	_____	<input type="checkbox"/>	Gas.....	_____	<input type="checkbox"/>
Gifts.....	_____	<input type="checkbox"/>	Internet.....	_____	<input type="checkbox"/>
Landscape Service.....	_____	<input type="checkbox"/>	Mobile Phones.....	_____	<input type="checkbox"/>
Personal Care.....	_____	<input type="checkbox"/>	Phone.....	_____	<input type="checkbox"/>
Pet Care.....	_____	<input type="checkbox"/>	Trash Collection.....	_____	<input type="checkbox"/>
Sports and Lessons.....	_____	<input type="checkbox"/>	Water.....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>

**Total Monthly Expenses:** \_\_\_\_\_

**Total Non-Discretionary Expenses:** \_\_\_\_\_

**Debts**

Description	Lender	Original Term	Year	Balance	IR	Current Payment	Minimum Payment
Mortgage 1.....	_____	_____	_____	_____	_____%	_____	_____
Mortgage 2 or HELOC.....	_____	_____	_____	_____	_____%	_____	_____
Auto Loan.....	_____	_____	_____	_____	_____%	_____	_____
Student Loans.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Credit Card.....	_____	_____	_____	_____	_____%	_____	_____
Personal Loan.....	_____	_____	_____	_____	_____%	_____	_____
Personal Loan.....	_____	_____	_____	_____	_____%	_____	_____
Other Loan.....	_____	_____	_____	_____	_____%	_____	_____
Other Loan.....	_____	_____	_____	_____	_____%	_____	_____



**Other Assets** (Real estate, automobiles, boats, collectibles, antiques, etc.)

Description	Current Market Value	Cost Basis
_____	_____	_____
_____	_____	_____

**Preserve Wealth**

Do you have a Will?  Yes  No Last update: \_\_\_\_\_  
Do you have a Trust?  Yes  No If yes, what kind: \_\_\_\_\_ Purpose of Trust \_\_\_\_\_  
Do you expect to receive any lump sums or inheritance in the near future?  Yes  No

**Other Trusted Advisors** (include accountant, attorney, etc.)

Name	Role
_____	_____
_____	_____

What is your biggest financial concern? \_\_\_\_\_

Please rate the following on a scale of 1 to 10 with respect to their importance and urgency.

\_\_\_ Cash Flow                      \_\_\_ Proper Protection                      \_\_\_ Retirement  
\_\_\_ Emergency Fund                      \_\_\_ Debt                      \_\_\_ Estate Preservation

How much on a monthly basis do you feel you can save towards your goals? \_\_\_\_\_

If, when we get back together, I can offer you solutions that may help you and your family reach your goals, is there any reason we could not do business and get you started right away?  Yes  No

Reason \_\_\_\_\_

Let's look at our schedules and find a date and time to get back together.

**Next Appointment** \_\_\_\_\_

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