

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 _____

\$ _____ CREDIT CARDS

\$ _____ BUSINESS LOANS

HOMEOWNER INSURANCE PROVIDER _____

\$ _____ STORE CARDS

\$ _____ TAX DEBT

\$ _____ VALUE OF HOME

\$ _____ PERSONAL BANK LOANS

\$ _____ CAR LOANS

\$ _____ MORTGAGE AMOUNT

\$ _____ STUDENT/ EDUCATION LOANS (FEDERAL)

\$ _____ STUDENT/ EDUCATION LOANS (PRIVATE)

\$ _____ MORTGAGE MONTHLY PAYMENT

\$ _____ SAVINGS/ CDS

\$ _____ MUTUAL FUNDS/ STOCKS

\$ _____ 401K/ IRA/ ANNUITIES

\$ _____ NET WORTH

Any Health Concerns? Major Operations? Hospitalization last 5 yrs? Medications?

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

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?

PHONE NUMBER _____

BEST CONTACT TIME: MORNING EVENING

Email form to greensheet@bacapitalmanagement.com

Client Signature _____

Date _____

Email _____