

# YOUR FINANCIAL PICTURE

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

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

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

ADDRESS \_\_\_\_\_

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

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

\$ \_\_\_\_\_ INCOME YES NO

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

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

YOU

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

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

ADDRESS \_\_\_\_\_

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

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

\$ \_\_\_\_\_ INCOME YES NO

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

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

YOUR SPOUSE

HOME OWNER? YES NO

LENDER \_\_\_\_\_

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

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

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

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

AUTO LOAN? YES NO

LENDER \_\_\_\_\_

AUTO INSURANCE PROVIDER \_\_\_\_\_

\$ \_\_\_\_\_ PAYMENT AMOUNT

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

\$ \_\_\_\_\_

SAVINGS/ CDS

\$ \_\_\_\_\_

MUTUAL FUNDS/ STOCKS

\$ \_\_\_\_\_

401K/ IRA/ ANNUITIES

\$ \_\_\_\_\_

NET WORTH

FINANCIAL

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

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?*

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

BEST CONTACT TIME: MORNING EVENING

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

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

Date \_\_\_\_\_

Email \_\_\_\_\_