

Client No:

1. PAGE

FINANCIAL ASSESSMENT

The following survey pertains to your current financial status.
Please answer all that applies.

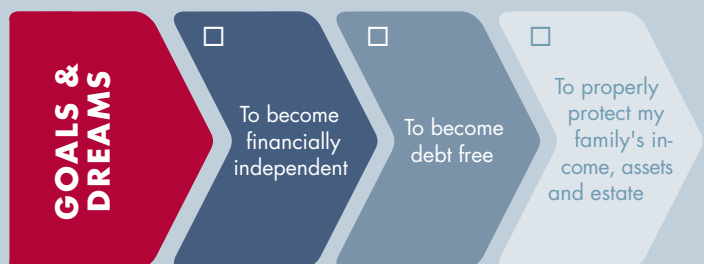
GENERAL QUESTIONS

	CLIENT	SPOUSE
What are your current career(s)?	<input type="text"/>	<input type="text"/>
How long have you been in your current career?	<input type="text"/>	<input type="text"/>
Do you see yourself retiring from your current career?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If time and money weren't an issue, what are some of the things you would do differently? (Joint answer)

Will your current career allow you to live the life you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If I can show you how to produce the income you need to accomplish some of the goals you have for your family without having to leave your current career, would you have an interest in getting more information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why did you decide to contact VauntCourier Financial Advisory Services? (Joint answer)



Do you currently have a financial advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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INCOME SOURCE

	CLIENT	SPOUSE
Monthly gross (pretax) income	\$ <input type="text"/>	\$ <input type="text"/>
Other monthly income	\$ <input type="text"/>	\$ <input type="text"/>
Monthly income taxes	\$ <input type="text"/>	\$ <input type="text"/>
Do you normally receive an income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much was your last tax refund?	\$ <input type="text"/>	\$ <input type="text"/>

If we can use your tax refund to help you reach your financial goals more quickly vs. giving the government an interest free loan, would you do it? *(Joint answer)*

Yes No

EMPLOYER SPONSORED RETIREMENT PLANS

	CLIENT	SPOUSE
Are you currently involved in any type of employer retirement plan? <i>(401k, 457, 403b, ESOP, SEP, Pension, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Current Total Balance	\$ <input type="text"/>	\$ <input type="text"/>
How much do you contribute monthly?	\$ <input type="text"/>	\$ <input type="text"/>
Does your employer match your retirement contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much?	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
At what age would you like to retire ?	<input type="text"/>	<input type="text"/>
How much monthly income would you like to receive at retirement in today's dollars? <i>(i.e. \$ or 80% of current income)</i>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %

Is **retiring well** important enough that you would **commit** to setting aside money **every month**? *(Joint answer)*

Yes No

If I can help you retire at your preferred age, would you implement that plan?	Age <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	Age <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
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OTHER RETIREMENT ASSETS

	CLIENT	SPOUSE
Do you have any other funds for retirement? <i>(TSP, IRA's, Retirement Plans from Previous Employer, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the balances in these accounts?	\$ <input type="text"/>	\$ <input type="text"/>
Monthly contribution	\$ <input type="text"/>	\$ <input type="text"/>
If there is a better solution for these accounts, would you be willing to move them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other assets? <i>(real estate, cars, jewelry, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the value?	\$ <input type="text"/>	\$ <input type="text"/>

NON-RETIREMENT ASSETS

	CLIENT	SPOUSE
Bank savings, checking	\$ <input type="text"/>	\$ <input type="text"/>
Stocks, mutual funds CD's, bonds	\$ <input type="text"/>	\$ <input type="text"/>
Total balance	\$ <input type="text"/>	\$ <input type="text"/>
Monthly contribution	\$ <input type="text"/>	\$ <input type="text"/>

If there is a savings program that is better than your current plan, is there any reason you wouldn't change?

Yes No *(Joint answer)*

If yes, explain why:

EMERGENCY FUND

	CLIENT	SPOUSE
Do you have an emergency fund other than savings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current balance	\$ <input type="text"/>	\$ <input type="text"/>
Monthly contribution	\$ <input type="text"/>	\$ <input type="text"/>
Have there been times where an emergency fund would have helped out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to start one if possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROTECTION INFORMATION

*LTC = Life Term Coverage

	CLIENT	SPOUSE
Do you have a current will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No and it were affordable, would you like to have one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Insurance Payments	Auto \$ <input type="text"/>	Auto \$ <input type="text"/>
	Health \$ <input type="text"/>	Health \$ <input type="text"/>
	Dental \$ <input type="text"/>	Dental \$ <input type="text"/>
	*LTC \$ <input type="text"/>	*LTC \$ <input type="text"/>
	Other \$ <input type="text"/>	Other \$ <input type="text"/>
Would you like to see if you could save money on your car insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIFE INSURANCE COVERAGE

	CLIENT	SPOUSE	CHILDREN
Do you use tobacco in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any reason you would not qualify for life insurance? <i>(Medical history)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	CLIENT	SPOUSE	CHILDREN
Do you have any life insurance coverage at work? <i>(SGLI included)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Group coverage amount paid for by employer	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Amount of employee paid coverage	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
How much of the premium do you pay per month?	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<p>What happens to your group coverage if or when you leave your employer? <i>(Joint answer)</i></p> <p>i Generally, this is lost if you leave due to layoff, extended illness or military separation.</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>			
Do you own personal life insurance other than through work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No , what are the reasons? <i>(Joint answer)</i>	<input type="checkbox"/> Did not see the need <input type="checkbox"/> Could not afford it <input type="checkbox"/> Never got around to it <input type="checkbox"/> Other <input type="text"/>		
If Yes , how do you feel about the current set-up? <i>(Joint answer)</i>	<input type="checkbox"/> Over-insured <input type="checkbox"/> Under-insured <input type="checkbox"/> Don't know		
What type of policy do you currently have?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the face amount?	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
What are your current monthly premiums?	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
When did you buy it?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Why did you buy your existing plans?	<input type="checkbox"/> Protection <input type="checkbox"/> Savings <input type="checkbox"/> Both	<input type="checkbox"/> Protection <input type="checkbox"/> Savings <input type="checkbox"/> Both	<input type="checkbox"/> Protection <input type="checkbox"/> Savings <input type="checkbox"/> Both
If you were to consider a change in benefits, what interests you most?	<input type="checkbox"/> Lower cost <input type="checkbox"/> More protection <input type="checkbox"/> More savings	<input type="checkbox"/> Lower cost <input type="checkbox"/> More protection <input type="checkbox"/> More savings	<input type="checkbox"/> Lower cost <input type="checkbox"/> More protection <input type="checkbox"/> More savings

	CLIENT	SPOUSE
When was the last time you spoke with the agent who sold you this insurance policy?	<input type="text"/>	<input type="text"/>
If you were to die prematurely would you want your...		
consumer debt paid off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
mortgage paid off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
children's education Paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
funeral & final expenses paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If all of these were paid off how much monthly income would your family need?	\$ <input type="text"/>	\$ <input type="text"/>
For how many years?	<input type="text"/> years	<input type="text"/> years
If you have protection: If there's a plan that improves your current plan, would you change if it were better? <i>(Joint answer)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have no protection: If there's a plan that will protect your family & it's within your budget, would you agree to it? <i>(Joint answer)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION DATA

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
School choice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
% you intend to pay	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Current savings balance	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Current monthly contributions	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Are you contributing to a 529 plan? <i>(Joint answer)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

OTHER GOALS AND DREAMS

Are there any major purchases that you're planning to make in the next 2-3 years? *(Joint answer)*

i New home, car, vacation, etc.

HOME MORTGAGE DATA

Original purchase price	\$	<input type="text"/>
Current mortgage balance	\$	<input type="text"/>
Interest rate (note)		<input type="text"/>
When did you buy your home?		<input type="text"/> (YYYY/DD/MM)
Amount of down payment	\$	<input type="text"/>
How much could you sell your home for?	\$	<input type="text"/>
Payment Details:		
Principal & interest payment	\$	<input type="text"/>
Additional principal payment	\$	<input type="text"/>
Monthly property taxes	\$	<input type="text"/>
Monthly homeowners insurance	\$	<input type="text"/>
Private mortgage insurance (PMI/MIP)	\$	<input type="text"/>
Total monthly mortgage payment	\$	<input type="text"/>
Mortgage Company		<input type="text"/>
Homeowner's Insurance Company		<input type="text"/>
Do you currently Escrow?		<input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY LIVING EXPENSES

Rent (if applicable)	\$	<input type="text"/>
Home & cell phone	\$	<input type="text"/>
Utilities & water	\$	<input type="text"/>
Cable television	\$	<input type="text"/>
Gas for cars	\$	<input type="text"/>
Food	\$	<input type="text"/>
Entertainment	\$	<input type="text"/>
	\$	<input type="text"/>
	\$	<input type="text"/>
	\$	<input type="text"/>

The standard rate of savings for financial & retirement planning success is 10% of our monthly gross income!

	CLIENT	SPOUSE
10% of your monthly income is?	\$ <input type="text"/>	\$ <input type="text"/>
Is this an amount that you could feel comfortable setting aside each month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No , how much of the 10% would you feel comfortable with on a monthly basis?	\$ <input type="text"/>	\$ <input type="text"/>

How would you like to be contacted?

*Required fields

First name*:
 Last name*:

Cell phone:
 Work phone:

Email:
 Best day time: : AM PM
(Between 09:30 - 18:00)