

CHURCH INFORMATION:

Church:				
Phone:		Email:		
Name:			Birthdate:	
Desired Retirement Age:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Spouse/Other Name:			Birthdate:	
Desired Retirement Age:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Number of Children:	Ages:			Resident State:

CURRENT CONCERNS:

<input type="checkbox"/> Controlling Spending	<input type="checkbox"/> Creating your own Family Bank
<input type="checkbox"/> Eliminating Debt	<input type="checkbox"/> Wills/Trust
<input type="checkbox"/> Reducing Taxes	<input type="checkbox"/> Asset Protection
<input type="checkbox"/> Providing for children's or grandchildren's education	<input type="checkbox"/> Estate Planning
<input type="checkbox"/> Maximizing Savings	<input type="checkbox"/> Other: _____

FUTURE EXPENDITURES:

REAL ESTATE:

Personal Residence Information:			
Mortgage Payment (P&I only):			
Outstanding Mortgage:	Term Remaining:	years	Interest Rate: %
Type of Mortgage: (check one & circle applicable term) <input type="checkbox"/> Fixed Term (30 year, 15 year, etc.) <input type="checkbox"/> Interest Only <input type="checkbox"/> ARM (5 yr, 7 yr, 10 yr, etc.)			
Other Property Owned:			
Mortgage Payment (P&I only):			
Outstanding Mortgage:	Term Remaining:	years	Interest Rate: %
Type of Mortgage: (check one & circle applicable term) <input type="checkbox"/> Fixed Term (30 year, 15 year, etc.) <input type="checkbox"/> Interest Only <input type="checkbox"/> ARM (5 yr, 7 yr, 10 yr, etc.)			

DEBT RELATED:

Please list any outstanding debts other than mortgages

[illegible]

INSURANCE:

Primary Insurance

Yearly Premium:	Death Benefit:	Cash Value:
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Other Insurance

Premium:	Death Benefit:	Cash Value:
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Spouse / Partner Insurance

Yearly Premium:	Death Benefit:	Cash Value:
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Other Insurance

Premium:	Death Benefit:	Cash Value:
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INCOME & EXPENSES:

Monthly Gross Income	Primary	Partner
Wages/Salary	\$	\$
Social Security	\$	\$
Pension	\$	\$
Investment Income	\$	\$
Rental Income	\$	\$
Other Income	\$	\$
Total Income	\$	\$
Desired Retirement Income	\$	\$

Do you expect a significant change in cash flow in the near future?

☐ Yes

☐ No

If yes, please explain:

INVESTMENT ACCOUNTS: NON-QUALIFIED ACCOUNTS, QUALIFIED ACCOUNTS, SAVINGS ACCOUNTS

List account type IRA, Roth, 401K, 403b, 457, Savings, etc.

Check the box if the account value, contributions, or both are available

Financial Institution	Account Type	Account Value	Available?	Monthly Contribution	Available?
		\$	<input type="checkbox"/>		<input type="checkbox"/>
		\$	<input type="checkbox"/>		<input type="checkbox"/>
		\$	<input type="checkbox"/>		<input type="checkbox"/>
		\$	<input type="checkbox"/>		<input type="checkbox"/>
		\$	<input type="checkbox"/>		<input type="checkbox"/>
		\$	<input type="checkbox"/>		<input type="checkbox"/>
		\$	<input type="checkbox"/>		<input type="checkbox"/>
		\$	<input type="checkbox"/>		<input type="checkbox"/>
		\$	<input type="checkbox"/>		<input type="checkbox"/>
		\$	<input type="checkbox"/>		<input type="checkbox"/>

ACCELERATOR PAYMENT:

Please estimate the amount that could be allocated from your current spending without significantly impacting your essential expenses. If you are unable to allocate any discretionary payment at this time, we recommend working with a spending planner and budget to identify potential funds for accelerating debt paydown in the future.