FNA Input Form

Personal Data

First Name		Last Name		Birtl	h Date	Age	Sex		
Client				/	/				
Spouse				/_	/				
Name	Birth Date	Age	Sex						
Child 1	/ /	C		Address					
Child 2				City					
Child 3	/ /			State	ZIP				
Child 4	/ /								
Child 5	/ /			Your En	mployer				
				Spouse	Employer				
Income and Taxes									
Are you currently retired?	O Yes	O No		Taxes					
	V	ou	Spouse	Monthly Income	Toyac (You	Spouse \$		
Monthly Gross (Pretax) Inco		ou \$	Spouse	Wiontiny income	Taxes \$_		Φ		
Other Monthly Income	\$	 \$		Do you normally	receive a tax i	refund? Y	es No		
(Child support, Re	ntal income, etc)			If yes, how much			\$		
Retirement Assets									
Retirement Asssumptions:				Include	Social Securit	iv? OY	es No		
Retirement Age									
•	per mo	onth or	% of cu	rrent income	Other assets a	available at retir	rement:		
Retirement Assets and Cont	1					S			
Do you have a retirement pl	an? (IRA, 401k,	previous emp	loyer, etc)	Yes C	No Expl	ain:			
J		1	3 , ,						
If an what is the belone?	You	Spouse		Do you have a Do	omaiom?	O Vag O N	Ja		
If so, what is the balance? Total retirement balance	\$ \$	\$ \$		•	Do you have a Pension? Yes No If so, what is the monthly benefit?				
Monthly contributions	· — · · · · · · · · · · · · · · · · · ·								
Income Protection Inform	ation			_					
Life Insurance Coverage:	ation			Other I	nsurance Prem	ninme:			
	O Vac O	N NI o		Other II			Φ.		
Do you have a will?	O Yes O	No No				nce premiums			
Darganal Cavaraga Amount		ou	S	Spouse	Other Non	-Retirement Ass	sets:		
Personal Coverage Amount Amount you pay per month:	· · · · · · · · · · · · · · · · · · ·		\$ \$	 Checkir	ng or Savings a	ects:	\$		
Group Coverage from Employer: \$ \$				Stocks, CD's, Mutual Funds: \$					
Group Coverage paid by yo	u: \$		\$	Other A	assets:		\$		
Policy Details:	s Policy available	e for review?		Yes O No					
Company - Policy #	Insi	ured	Type	Coverage Ar	nount M	onthly Cost	Cash Value		
				\$			\$		
				_ \$			5		
				Φ		· · · · · · · · · · · · · · · · · · ·	D		
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Immediate Cash Needs:				Survivor	Income Goal		
Pay off Mortgage	If You Die	If Spouse Die	es	If you die today, your survivors will need:		If spouse dies today, you will need:	
Pay off Consumer Debt Fund Childrens Education				\$ 1	per month	\$	_ per month
Cover Funeral Costs				You would child is 18	8.	10 years	or until youngest
Debt Management Data					Years		_ Years
Home Mortgage							
Mortgage Company:		Cur	rent Balance	S		Interes	t Rate
Year Home Purchased	Origi	nal Purchase Am		Ψ	Curren	— Theres	\$
Payment Details			<u> </u>				·
Principal & Interest Payment Monthly Property Taxes Monthly Homeowners Ins. Monthly Private Mort Ins. Total Monthly Payment	\$ Homeowners Insurance Compa			•	\$		
Consumer Debt Curren	nt Balance	Min. Payment	Actual I	Payment	Loan Type		Int. Rate
\$\$ \$\$ \$\$ \$\$ \$		\$\$ \$\$ \$\$ \$\$ \$	\$\$ \$\$ \$\$ \$\$ \$\$		Fix. O Rev.		
Education Data							
Child's First Name Age When School Starts Number of Years in School Name of School Percentage You Intend To Pay Current Education Savings Balance Current Monthly Contribution		Child 1	Child 2	Chil	d 3 C	hild 4	Child 5

FNA Input Form

Other Goals and Dreams									
Goal or Dream Name		_	_	_					
Current Cost	rent Cost		\$	_ \$	_ \$				
Monthly Payment Required	ayment Required \$ \$				\$	_ \$			
Date Wanted	//	//	//	//	/_	_/			
Other Information									
Do You Have a Checking Accou	int?		O Yes () No					
Do You Have Life Insurance Policies Available for Analysis? O Yes O No									
Do You Have Mortgage Docume	Do You Have Mortgage Documents Available for Analysis?								
Do You Have a Will?									
Do You Use Tobacco in any Form? O Yes O No									
Budget Information									
How much per month, if anythin financial future using the FNA?	•	•			ing to go tov	wards your			
People with average debt and income can usually set aside about 10% of their total income. 10% \$									
People with above average income or low debt can usually set aside 15%and,						\$			
for people that are just	5%	\$							
Which of these	e would you say be	est describes you?	(circle the choice	ce and fill in the do	ollar amoun	t)			
(Remember, th	ney're not going to	be held accountab	le to this, it just giv	es us something to	o work with)				
Return Date									
When would be a good time to g	get back together to	deliver your FNA	.? We usually try to	o get back within 2	2 - 5 days.				
Follow-up visit schedul	ed for:	//	Time::_	am/pm					
"If we can put together a plan us needs and we can keep it within	O	•	•		in?"	r long-term Yes 🔘 No			
Representative Reminders									
Did you set the return appointme	ent for 2-5 days ou	t?							
Did you leave an Auto and Home	owners insurance l	orochure?							