AGENTS FIRST
INSURANCE

INVESTMENT PROFILE QUESTIONNAIRE

This comprehensive, personal financial summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing your financial future, and it is our goal to help you make the right decisions for your financial future. The information you provide in this questionnaire will assist us in making sound recommendations with confidence.

AGENT INFORMATION

First Name | Last Name | Email Address | Mobile Phone

CLIENT INFORMATION (Please Include both Spouses names)

Client First Name | Last Name | Age | Birth Date

Spouse First Name | Last Name | Age | Birth Date

Resident Address | City | State | Zip

Home Phone | Cell Phone | Email Address

How did you hear about us?

OCCUPATION

Client Job Title | Employer (last if retired) | # of years | Desired Retirement Date

Spouse Job Title | Employer (last if retired) | # of years | Desired Retirement Date

FAMILY ASSETS

* Indicate whether the assets is owned by you, a second person, or jointly.

** Indicate whether the purpose of the asset is for cash reserves, education, an accumulation goal, or retirement.

Personal	**Owner***	**Current Value**
Primary Residence		$
Vacation home/Second Residence		$
Rental Property		$
TOTAL PERSONAL ASSETS		$ 0

Liquid And Investments	Owner*	Purpose**	Current Value
Checking/Savings/Money Makret			$
C.D.s			$
Life Insurance (Cash Value)			$
Life Insurance (Cash Value)			$
Brokerage Account (Non-Q)			$
Brokerage Account (Non-Q)			$
TOTAL LIQUID AND INVESTMENT ASSETS			$ 0

Retirement	Owner*	Purpose**	Current Value
Current Employer 401(k), 403(b), 457(b)			$
Current Employer 401(k), 403(b), 457(b)			$
IRA 401(k), 403(b), 457(b), self-directed			$
IRA 401(k), 403(b), 457(b), self-directed			$
IRA 401(k), 403(b), 457(b), self-directed			$
IRA 401(k), 403(b), 457(b), self-directed			$
Annuities			$
Annuities			$
Other Retirement Assets			$
Other Retirement Assets			$
TOTAL RETIREMENT ASSETS			$ 0
TOTAL ASSETS – (equals total of liquid assets and retirement assets)			$ 0

FAMILY LIABILITES

*** Indicate whether the debtor of the liability is you, a second person, or both.

	Original Balance	Current Balance
Mortgage on First Residence	$	$
Mortgage on Second Residence	$	$
Charge/Credit Cards	$	$
Other Liabilities	$	$
Total Liabilities		$ 0

RETIREMENT INCOME

ANNUAL INCOME	CLIENT	SPOUSE
Employment (wages, salaries, bonuses)	$	$
Self-Employment/Business Income	$	$
Social Security Benefits	$	$
Other Government Benefits	$	$
Taxable Investment Income (I.E. RMD's, Dividends)	$	$
Rental Income	$	$
Pensions	$	$
Other Income	$	$
Other Income	$	$
TOTA L ANNUAL INCOME	$ 0	$ 0

COMBINED $ 0

APPROXIMATE MONTHLY HOUSEHOLD EXPENSES

Fixed	$
Variable	$
TOTAL	$ 0

RISK PROFILE

How much money would you be willing to lose next year and still be comfortable?

Name - ______________________ $ ______________________ %

Name - ______________________ $ ______________________ %

DESIRED INCOME

What is theneeded amount of income annually? When ideally would client want to start receiving?

Annual Amount - $ ______________________ Estimated Date of Income - ______________________

CONCERNS

Please list any concerns you may have:

AGENT NOTES

Please provide information that would assist us with designing the proper benefit plan (I.E. If they want to start Guaranteed Lifetime Income):