YOUR FINANCIAL PICTURE

AGENT #

YOU

YOUR NAME

AGE | HEIGHT ' / | WEIGHT | TOBACCO YES NO

RETIRED YES NO | DATE RETIRED /

EMPLOYER | LENGTH /

INCOME $ | STATE OF RESIDENCE

YOUR SPOUSE

SPOUSE'S NAME

AGE | HEIGHT ' / | WEIGHT | TOBACCO YES NO

RETIRED YES NO | DATE RETIRED /

EMPLOYER | LENGTH /

INCOME $ | STATE OF RESIDENCE

FINANCIAL

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

MORTGAGE AMOUNT $

MORTGAGE MONTHLY PAYMENT $

YOU

LIFE POLICIES (FACE VALUE) $

LIFE POLICY TYPE *(CHECK ALL THAT APPLY)*

TERM WHOLE IUL

YOUR SPOUSE

LIFE POLICIES (FACE VALUE) $

LIFE POLICY TYPE *(CHECK ALL THAT APPLY)*

TERM WHOLE IUL

SAVINGS/ CDS $

MUTUAL FUNDS/ STOCKS $

401K/ IRA/ ANNUITIES $

NET WORTH $

We will talk more about retirement in detail later. The reason I ask is I have a financial specialist 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?

PERSONAL

Any Health Concerns? Major Operations? Hospitalization last 5 yrs? Medications?

What Type of Health Issue: ______________________

____

____

Children: ______________________

Med: ______________ Reason for taking: ______________

Med: ______________ Reason for taking: ______________

Med: ______________ Reason for taking: ______________

Med: ______________ Reason for taking: ______________

Med: ______________ Reason for taking: ______________

Med: ______________ Reason for taking: ______________

Any criminal or driving record concerns? YES NO

PREFERRED #

CELL NUMBER - -

HOME NUMBER - -

BEST CONTACT TIME: MORNING EVENING

____

Client Signature *Date*

____

Agent Signature *Date*

Email form to ***greensheet@bacapitalmanagement.com***