

# Financial Needs Analysis

Trainer:

Representative:

## PROFILE #1 INFORMATION

|                           |            |                                |                 |                                      |                  |                |
|---------------------------|------------|--------------------------------|-----------------|--------------------------------------|------------------|----------------|
| Title:                    | First Name | MI                             | Last Name       | SS#                                  | DOB (mm/dd/yyyy) |                |
| Address:                  |            |                                | City            | State                                | Zip Code         | How Long?      |
| Age:                      |            | Gender:                        |                 |                                      | Marital Status:  |                |
| Contact #:                |            |                                | E-Mail Address: |                                      |                  |                |
| Occupation:               |            |                                |                 | Dates of Employment:<br>From:<br>To: |                  | Years Employed |
| Wages, salary and tips:   |            | Interest on savings, CDs, etc: |                 |                                      | Dividends:       |                |
| Social security benefits: |            | Alimony, child support:        |                 |                                      | Pensions:        |                |
| Other income:             |            |                                |                 |                                      |                  |                |
| Driver's License #:       |            | State DL issued:               |                 |                                      |                  |                |

## PROFILE #2 INFORMATION

|                           |            |                                |                 |                                      |                  |                |
|---------------------------|------------|--------------------------------|-----------------|--------------------------------------|------------------|----------------|
| Title:<br>Mrs             | First Name | MI                             | Last Name       | SS#                                  | DOB (mm/dd/yyyy) |                |
| Address:                  |            |                                | City            | State                                | Zip Code         | How Long?      |
| Age:                      |            | Gender:                        |                 |                                      | Marital Status:  |                |
| Contact #:                |            |                                | E-Mail Address: |                                      |                  |                |
| Occupation:               |            |                                |                 | Dates of Employment:<br>From:<br>To: |                  | Years Employed |
| Wages, salary and tips:   |            | Interest on savings, CDs, etc: |                 |                                      | Dividends:       |                |
| Social security benefits: |            | Alimony, child support:        |                 |                                      | Pensions:        |                |
| Other income:             |            |                                |                 |                                      |                  |                |
| Driver's License #:       |            | State DL issued:               |                 |                                      |                  |                |

Total Combined Monthly Income:

I would like a FINANCIAL NEEDS ANALYSIS in the following areas

|                    |  |                          |  |
|--------------------|--|--------------------------|--|
| Expense Management |  | Debt Management          |  |
| Income Protection  |  | Asset Protection         |  |
| Wealth Management  |  | Education Management     |  |
| Loan Modification  |  | Short Refinance          |  |
| Disability Income  |  | Auto Loan Modification   |  |
| Bi-Weekly Mortgage |  | Church Loan Modification |  |

## MONTHLY EXPENSES

|                         |  |                          |  |                          |  |
|-------------------------|--|--------------------------|--|--------------------------|--|
| Charitable donations    |  | Mortgage payment or rent |  | Vacation home (mortgage) |  |
| Federal income taxes    |  | State income taxes       |  | FICA (social sec taxes)  |  |
| Real estate taxes       |  | Other taxes              |  | Utilities                |  |
| Household repairs/maint |  | Food                     |  | Clothing and laundry     |  |
| Educational expenses    |  | Child care               |  | Automobile expenses      |  |
| Other transportation    |  | Life insurance premiums  |  | Homeowners insurance     |  |

### Monthly Expenses Continued

|                       |  |                           |  |                          |  |
|-----------------------|--|---------------------------|--|--------------------------|--|
| Automobile insurance  |  | Medical, dental insurance |  | Entertainment and dining |  |
| Recreation and travel |  | Club dues                 |  | Hobbies                  |  |
| Gifts                 |  | Major home improvements   |  | Professional services    |  |
| Other expenses        |  |                           |  |                          |  |

Combined Monthly Expenses:

#### REVOLVING DEBT

| Name of Credit | Company Issuing Credit | Credit Balance | Interest Rate | Monthly Payment |
|----------------|------------------------|----------------|---------------|-----------------|
|                |                        |                |               |                 |
|                |                        |                |               |                 |
|                |                        |                |               |                 |
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|                |                        |                |               |                 |

#### INSTALLMENT DEBT

| Name of Credit | Company Issuing Credit | Credit Balance | Interest Rate | Monthly Payment |
|----------------|------------------------|----------------|---------------|-----------------|
|                |                        |                |               |                 |
|                |                        |                |               |                 |
|                |                        |                |               |                 |
|                |                        |                |               |                 |
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#### Additional Payments

|               |  |                  |                                |        |       |
|---------------|--|------------------|--------------------------------|--------|-------|
| Extra payment |  | One-time payment | Date:                          | Month: | Year: |
| Debt ordering |  |                  | Interest earned on new savings |        |       |

#### PROPERTY INFORMATION

|  |                           |  |
|--|---------------------------|--|
| Purchase Price   | Down Payment              | Fair Market Value  |
| 1 <sup>st</sup> Mortgage Current Balance:                | Monthly Mortgage Payment: | Tax & Ins Included?  |
| 1 <sup>st</sup> Mortgage/Lienholder (name & address)     |                           |  |
| 2 <sup>nd</sup> Mortgage Current Balance:                | Monthly Mortgage Payment: | Tax & Ins Included?  |
| 2 <sup>nd</sup> Mortgage/Lienholder (name & address)     |                           |  |
| Date Purchased:  | Yrs. at Current Residence | Total Monthly Payment  |
| Has this property been offered for sale?<br>If so, when? |                           | Has this home been refinanced within the past 12 months?<br>If so, when? |
| Is the property owner occupied?                          | House:                    | Condo:      Townhouse:      Mobile:                                      |

### Property Information Continued

|   |                      |  |  |                      |   |
|---|----------------------|--|--|----------------------|---|
| Year Built  | Square Footage       | Style (Ranch, 1 Story, 1.5 Story, 2 Story, Split Level, etc)                         |  |                      |   |
| Roof Type (Most are Asphalt)<br>asphalt   |                      | Construction Type: (Frame, Brick, Stucco, Siding)                                    |  |                      |   |
| Is the property: Investment Property?<br>Tenant Occupied?   |                      | Amount of rental income received per month?  |  |                      |   |
| Garage (Attached, Basement, Built In, Carport)  |                      | Number of Cars Garage Can Hold:  |  |                      |   |
| Foundation: Concrete Slab %    Crawl Space %    Basement %    Basement Finished %                 |                      |  |  |                      |   |
| Baths: # of Full Baths:    # of Half Baths:   |                      | Fireplace?    How Many?  |  |                      |   |
| Deck  | Sq. Footage          | Enclosed Porch   | Open Porch   | Sq. Footage          | Pool    Self Locking Gate    Trampoline |
| Is the property: Occupied by Tenants?<br>If vacant, how long?                                     |                      | Is this a purchase?    (If yes, attach purchase contract.)<br>Expected closing date: |  |                      |   |
| Do you conduct any business on premises?<br>If so, what type?                                     |                      | Do you have a flood policy currently?  |  |                      |   |
| List any past claims/losses in last 5 yrs (Date of loss & amount paid out)                        |                      |  |  |                      |   |
| Mortgage Refinancing  |                      |  |  |                      |   |
| Current loan balance  |                      | Interest rate  |  | Term in Months       |   |
| Proposed Loan Information   |                      |  |  |                      |   |
| Interest rate   | %                    | Term in Months   |  | Origination fee      |   |
| Other fees/discount points  | %                    | Other fees   |  |                      |   |
| Homeowner Coverage Limits   |                      |  |  |                      |   |
| Please attach a copy of your current Homeowners Insurance Declaration page and skip this section: |                      |  |  |                      |   |
| Current Insurance Carrier: Progressive  |                      |  | Monthly Premium:   |                      |   |
| Homeowner Deductible Amt (\$500, \$1000):   |                      | Personal Liability Limits (\$100k 300k, 500k):                                       |  |                      |   |
| Dwelling:   |                      | Other Structures:  |  | Loss of Use:         |   |
| Medical Payments (\$1k, \$2k, \$5k):  |                      | Personal Property of Value (furs, jewelry, guns, etc...):                            |  |                      |   |
| Policy Credits  |                      |  |  |                      |   |
| Homeowners Association Fees No Amount:  |                      |  | Non-Smoking Household Credit?  |                      |   |
| Deadbolt Credit?  | Smoke Detector?      |  | Fire Extinguisher?   | 24 Hr Security Guard |   |
| Monitored Burglar Alarm   | Monitored Fire Alarm |  | Account Credit Amount<br>(Car Insurance, Umbrella Ins, Boat Insurance) |                      |   |
| Vehicle Coverage  |                      |  |  |                      |   |
| Please attach a copy of your current Auto Insurance Declaration page and skip this section:       |                      |  |  |                      |   |
| Name of Current Auto Ins Co:  |                      |  | Exp date of current policy:  |                      |   |
| Vehicle Description   |                      | VIN#   |  |                      |   |
| 1)  |                      |  |  |                      |   |
| 2)  |                      |  |  |                      |   |
| 3)  |                      |  |  |                      |   |
| 4)  |                      |  |  |                      |   |
| Coverages Requested   |                      |  |  |                      |   |
| Single Limit Liability  |                      |  |  |                      |   |

**Vehicle Coverage Continued**

|                           |  |  |
|---------------------------|--|--|
| Bodily Injury Liability   |  |  |
| Each Person               |  |  |
| Each Accident             |  |  |
| Property Damage Liability |  |  |
| Each Accident             |  |  |
| Medical Payments          |  |  |
| Uninsured Motorist        |  |  |
| Comprehensive Deductible  |  |  |
| Collision Deductible      |  |  |
| Towing                    |  |  |
| Rental                    |  |  |

**Resident & Driver Information (List all residents and dependents)**

| Name (As it appears on license) | Sex | Marital Status | Relationship to Applicant |
|---------------------------------|-----|----------------|---------------------------|
| 1)                              |     |                |                           |
| 2)                              |     |                |                           |
| 3)                              |     |                |                           |
| 4)                              |     |                |                           |
| 5)                              |     |                |                           |

**List Accidents/Violations last 5 years**

| Violation Type | Date |
|----------------|------|
|                |      |
|                |      |
|                |      |
|                |      |
|                |      |

**Life Insurance**

Please attach a copy of your current Life Insurance Policy and skip this section:

|   |   |   |
|---|---|---|
| Proposed Primary / 1 <sup>st</sup> Insured's Name   | Current life insurance in force:  | Monthly Premium   |
|   | \$  | \$  |
| Businessowner:<br>Business Name/Type:   | Retired Military:<br>If "yes," are you on flying status or receiving hazardous duty pay?<br>Type of Duty or aircraft:         | Active Duty:  |
| Do you use tobacco in any form?<br>If "yes," what form?<br># per day?<br>If "No," date stopped: | Annual inflation adjustment: %<br>Return on insurance proceeds: %<br>Federal marginal tax bracket: %<br>Replacement income: % | Amortization schedule:<br>Desired retirement age:<br>Life expectancy age:<br>Include SocSec Benefits: |
| Applicant / Owner Name / SS#<br>(If different from insured or if under age 15)                  | Address:  | Relationship to Proposed Insured:   |

## Life Insurance Continued

|   |   |                                  |  |         |     |     |     |
|---|---|----------------------------------|--|---------|-----|-----|-----|
|   |   | Current annual savings amount:   | Current annual savings increases:  |         |     |     |     |
| Complete only if Spouse/Children (must be full time student if over 19) are Proposed for Insurance: |   |                                  |  |         |     |     |     |
| First, Middle Initial and Last Name   | Social Security #   | Relationship to Proposed Insured | Birth Date   | Age     | Sex | Ht. | Wt. |
|   |   |                                  |  |         |     |     |     |
|   |   |                                  |  |         |     |     |     |
|   |   |                                  |  |         |     |     |     |
|   |   |                                  |  |         |     |     |     |
| Spouse's Occupation:  | Spouse's Birthplace (state)   |                                  | Spouse's Annual Income Needs   |         |     |     |     |
|   |   |                                  |  |         |     |     |     |
| Spouse's Driver's license Number & State of Issue:  | Do you use tobacco in any form?<br>If "yes," what form?<br># per day?<br>If "No," date stopped: |                                  | Do all family members for proposed insurance live with the Proposed Insured? |         |     |     |     |
|   |   |                                  |  |         |     |     |     |
| Family members for proposed insurance not living with proposed insured                              |   |                                  |  |         |     |     |     |
| Name  | Contact info  |                                  |  | Comment |     |     |     |
|   |   |                                  |  |         |     |     |     |
|   |   |                                  |  |         |     |     |     |
|   |   |                                  |  |         |     |     |     |

### ASSETS

|                                 |  |                     |  |              |  |              |  |
|---------------------------------|--|---------------------|--|--------------|--|--------------|--|
| Tangible Assets                 |  |                     |  |              |  |              |  |
| Residence                       |  | Vacation Home       |  | Furnishings  |  | Automobiles  |  |
| Rentals                         |  | Art, Jewelry, other |  |              |  |              |  |
| Equity Assets Value             |  |                     |  |              |  |              |  |
| Stocks                          |  | Variable Annuities  |  | Partnerships |  | Business inv |  |
| Fixed-Principal Assets Value    |  |                     |  |              |  |              |  |
| Trusts                          |  | Fixed Annuities     |  | Other assets |  |              |  |
| Fixed-Rate Assets Value         |  |                     |  |              |  |              |  |
| U.S. Bonds                      |  | Municipal bonds     |  | Corporate    |  | Certificates |  |
| Mutual Funds                    |  |                     |  |              |  |              |  |
| Cash and Cash Equivalents Value |  |                     |  |              |  |              |  |
| Checking                        |  | Money market        |  | Savings      |  | CD           |  |
| Cash Reserve                    |  |                     |  |              |  |              |  |

### ADDITIONAL CONSIDERATIONS

|    |  |  |
|----|--|--|
| a) | Have you had a credit card or loan for at least 6 months?  |  |
| b) | How many years ago did you get your first credit card or loan?   |  |
| c) | Checkmark each type of credit account or loan that you have on your credit report, whether open or closed. | Mortgage<br>Credit Card<br>Auto Loan<br>Student Loan<br>Other Loan<br>Consumer Finance |
| d) | What is your total credit limit?   |  |
| e) | What is your current total credit balance?   |  |
| f) | How many times have you applied for credit in the last year?   |  |
| g) | When did you last miss a payment on any of your credit accounts?   |  |

### Additional Considerations Continued

|  |   |  |
|--|---|--|
| h)   | Have you ever had any of the following negative events on your credit report?<br>(Bankruptcy, Foreclosure, Repossession of property, Tax lien, Collection agency referral, Other negative report) |  |
| i)   | Please indicate how long ago the most recent negative event occurred.   |  |
| j)   | Are you planning any major purchases?   |  |
| <p>A Financial Freedom Accelerator is an amount of money you will add to the monthly payment of one bill after another, until they are all paid off. As each bill is eliminated, the amount of that monthly payment is added to the Financial Freedom Accelerator, creating a snowball effect and accelerating your bill payoff.</p> |   |  |

### SAVING FOR COLLEGE

|                   |     |                      |       |                  |  |  |  |
|-------------------|-----|----------------------|-------|------------------|--|--|--|
| Annual inflation  |     | Amount saved         |       |                  |  |  |  |
| Before-tax return |     | Marginal tax bracket |       | Annual increases |  |  |  |
| Name              | Age | School Age           | Years | Amount           |  |  |  |
|                   |     |                      |       |                  |  |  |  |
|                   |     |                      |       |                  |  |  |  |
|                   |     |                      |       |                  |  |  |  |
|                   |     |                      |       |                  |  |  |  |
|                   |     |                      |       |                  |  |  |  |
|                   |     |                      |       |                  |  |  |  |

### Investment Risk Tolerance Quiz

|  |
|--|
| <b>1. What is your age?</b>  |
| <ul style="list-style-type: none"> <li><input type="radio"/> 35 Years or under</li> <li><input type="radio"/> 36-54</li> <li><input type="radio"/> 55 or above</li> </ul>  |
| <b>2. What do you expect to be your next major expenditure?</b>  |
| <ul style="list-style-type: none"> <li><input type="radio"/> Buying a house</li> <li><input type="radio"/> Paying for a college education</li> <li><input type="radio"/> Capitalizing a new business</li> <li><input type="radio"/> Providing for retirement</li> </ul>  |
| <b>3. When do you expect to use most of the money you are now accumulating in your investments?</b>  |
| <ul style="list-style-type: none"> <li><input type="radio"/> At any time now...so a high level of liquidity is important</li> <li><input type="radio"/> Probably in the future...2-5 years from now</li> <li><input type="radio"/> In 6-10 years</li> <li><input type="radio"/> Probably in 11-20 or more years from now</li> </ul>  |
| <b>4. Over the next several years, you expect your annual income to:</b>   |
| <ul style="list-style-type: none"> <li><input type="radio"/> Stay about the same</li> <li><input type="radio"/> Grow moderately</li> <li><input type="radio"/> Grow substantially</li> <li><input type="radio"/> Decrease moderately</li> <li><input type="radio"/> Decrease substantially</li> </ul>  |
| <b>5. Due to a general market correction, one of your investments loses 14% of its value a short time after you buy it. What do you do?</b>  |
| <ul style="list-style-type: none"> <li><input type="radio"/> Sell the investment so you will not have to worry if it continues to decline</li> <li><input type="radio"/> Hold on to it and wait for it to climb back up</li> <li><input type="radio"/> Buy more of the same investment...because at the current lower price, it looks even better than when you bought it</li> </ul> |

## Risk Tolerance Quiz Continued

### 6. Which of these investing plans would you choose for your investment dollars?

- You would go for maximum diversity, dividing your portfolio among all available investments, including those ranging from highest return/greatest risk to lowest return/lowest risk
- You are concerned about too much diversification, so you would divide your portfolio among two investments with historically high rates of return and moderate risk
- You would put your investment dollars in the investment with the highest rate of return and most risk

### 7. Assuming you are investing in a stock mutual fund, which one do you choose?

- A fund of companies that may make significant technological advances that are still selling at their low initial offering price
- A fund that only invests in established, well-known companies that have a potential for continued growth
- A fund devoted to highly diversified 'blue chip' stocks that pay dividends

### 8. Assuming you are investing in only one bond, which bond do you choose?

- A high-yield (junk) bond that pays a higher interest rate than the other two bonds, but also gives you the least sense of security with regard to a possible default
- The bond of a well-established company that pays a rate of interest somewhere between the other two bonds
- A tax-free bond, since minimizing taxes is your primary investment objective

### 9. You expect inflation to return and it has been suggested that you invest in 'hard' assets such as real estate and cable TV, which have historically outpaced inflation. Your only financial assets are long-term bonds. What do you do?

- Ignore the advice and hold on to the bonds
- Sell the bonds, putting half the proceeds in 'hard' assets and the other half in money market funds
- Sell the bonds and put all the proceeds in 'hard' assets
- Sell the bonds, put the proceeds in 'hard' assets, and borrow additional money so you can buy even more 'hard' assets

### 10. You have just reached the \$10,000 plateau on a TV game show. Now you must choose between quitting with the \$10,000 in hand or betting the entire \$10,000 in one of three alternative scenarios. Which do you choose?

- The \$10,000 -- you take the money and run
- A 50 percent chance of winning \$50,000
- A 20 percent chance of winning \$75,000
- A 5 percent chance of winning \$100,000

### List Three (3) References

| Name | Address | Telephone Number | Best Time to Call |
|------|---------|------------------|-------------------|
|      |         |                  |                   |
|      |         |                  |                   |

Comments:

Best time to contact me:      Best phone number to contact me:

I understand that I may be referred to a financial services company that will assist in creating a comprehensive financial plan for me. This referral may result in my being contacted by one or more companies. These companies may analyze my credit to help in determining which strategy suits my needs. This questionnaire does not imply nor intend to imply that I have been solicited or approved for any financial program. This is merely a questionnaire that helps determine your suitability and tolerance level for a sound financial plan. (Initial) \_\_\_\_\_

Diversified Financial Concepts is a diversified financial services company specializing in debt management, income and asset protection, and a wide range of consumer and commercially-oriented products. We offer a solution based approach to solving the financial needs of the consumer.

Diversified Financial Concepts is not a mortgage company, a company that negotiates debt payments, a company that pays creditors, nor are we financial advisors.

\_\_\_\_\_  
Profile #1 Signature                      Date

\_\_\_\_\_  
Profile #2 Signature                      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

*800-827-1914 Fax*