

Agent Name: Brian Hyde
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Name: M F _____

Desired Retirement Age: _____

Spouse Name: M F _____

Desired Retirement Age: _____

Number of Children: _____ Ages _____, _____, _____, _____, _____

State of Issue: _____

Birth Date: ___/___/___

Birth Date: ___/___/___

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 | |

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)
 Fixed Term (30 year, 15 year, etc.) ARM (5 yr, 7 yr, 10 yr, etc.) Interest Only

Other Property Owned:

Mortgage Payment (P&I only) \$ _____
Outstanding Mortgage \$ _____ Term Remaining _____ years Interest Rate: _____%
Type of Mortgage (check one & circle applicable term)
 Fixed Term (30 year, 15 year, etc.) ARM (5 yr, 7 yr, 10 yr, etc.) Interest Only

Debt Related

Please list any outstanding debts other than mortgages

| Name | Amount Owed | Interest Rate | Minimum Payment | Actual Payment |
|-------|-------------|---------------|-----------------|----------------|
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ | \$ _____ |

Insurance

Husband Life Insurance

General Health: _____

Preferred Standard Non-tobacco: Tobacco:

Permanent or Term

Yearly Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term

Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Wife Life Insurance

General Health: _____

Preferred Standard Non-tobacco: Tobacco:

Permanent or Term

Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term

Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Income & Expenses

MONTHLY Gross Income **Husband**

Wife

| | | | |
|---------------------|-----------------|--|-----------------|
| 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"/> |

Any Asset not listed: _____

