

FNA Data Input Guide

Develop relationships,
Plant seeds for referrals, identify potential lines of business opportunities & Build your
TEAM with new excited IBAs

Financial Needs Analysis Questionnaire
(the involvement of ALL decision makers are required for an accurate assessment)

Primary: <input type="text"/> D.O.B. <input type="text"/>		Spouse / Partner: <input type="text"/> D.O.B. <input type="text"/>	
Address: <input type="text"/>			
Primary's Cell phone: <input type="text"/>		Spouse / Partner Cell phone: <input type="text"/>	
Primary's e-mail: <input type="text"/>		Spouse / Partner's e-mail: <input type="text"/>	
Height: <input type="text"/>	Weight: <input type="text"/>	Any form of tobacco use? <input type="checkbox"/>	Any form of tobacco use? <input type="checkbox"/>
Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. <input type="text"/>	Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. <input type="text"/>
Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. <input type="text"/>	Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. <input type="text"/>
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Anyone now under any medical treatment or advisement? If yes please explain: <input type="text"/>		Anyone now under any medical treatment or advisement? If yes please explain: <input type="text"/>	

1. WHAT CONCERNS YOU MOST REGARDING YOUR FINANCES? Check all that apply.
 Debt Budget Saving for Retirement Saving for college Protection Other, explain:

1a. IF WE IDENTIFY A SHORTFALL between your current monthly income and your family's future goals, which would you rather...
 REDUCE YOUR GOALS or GENERATE MORE INCOME?

2. GO-BACK APPOINTMENT; what is a good time and day to meet and review the reports findings?
 1st choice date:
 Alternate date:

3. REFERRALS

Name	Contact number	M	A	C	H	O
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Begin your visit spending time getting to know your hosts...work, ambitions, attitudes regarding finances, where did they grow-up? Is there family close by? What do they do in their “relax time” who do they “hang-out” with? Ask questions, Be willing to share your dreams, what excites you.

- N** What do you do for work? How long?
How are the schools in this area?
- E** What do you ENJOY about your job?
Do you enjoy this area, what do you like about this area?
- A** What would you change or ALTER?
- D** What DREAMS do you have with work?
What would the PERFECT’ areas you’d wouldn’t mind living in?
Could you SHARE with me, if money weren’t an issue...
If you had a plan designed to provide SOTIONS to support you achieving your dreams, would you follow it? WFA
- S** Great let’s get some information – because I don’t want to forget - what’s important to you, I’m going to jot down notes (get the FNA INPUT sheets out)

Typically the FNA process is a two step process, A two step process allows you to develop a strategy for the “CLOSING” process, it allows your client to NOT feel pressure and shows you care more about them – this matters when it comes to recruiting people

The order of the Input pages are based on the “Natural Flow” – Dream Items 1st, Debt Items, Protection, Budget.

Remember; throughout the gathering of data ask questions and LISTEN! Make notes, use **N.E.A.D.S.** – Be & act as a professional.

They will not remember most of the information you share, but they will remember if your time together was a good experience or a bad experience.

A key objective during the Input appointment; get the couple thinking about their financial future – while keeping it “Real & believable”. Important that you not “interrogate” them or show them “how much you know”. If you share your dreams of your future, how Primerica is making a difference for your goals – people will open up with you...that is the beginning of developing a relationship.

After the initial meeting, you should know the possible areas of business including whether they would be people open to joining your team.

Keep the INPUT appointment as brief as possible – DO NOT OVERSTAY your time – ideally 45 minutes to an hour.

BEGIN YOUR PRESENTATION WITH –

Explain you do not need their SSN or any account #s & what the FNA covers, explain that they “DESIGN” the report with their goals (as you QUICKLY show the sample FNA without getting into details of it’s content.)

A GREAT SERIOUS FIRST QUESTION:

“Building a strong financial house starts with a good solid fountain, do you have a will or trust in place?” WFA

- This tends to get them serious and gives you a possible referral. (S.T.E.A.M.)
- REMEMBER TO S.T.E.A.M. as you go through the INPUT process
- If you are a FIELD TRAINER, have the TRAINEE write-down the names that come up

ASK THE QUESTIONS PROVIDED ON THE INPUT SHEET -

This will provide you topics to focus on when you deliver & review the FNA

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Primary: <input type="text"/> DOB: <input type="text"/>		Spouse / Partner: <input type="text"/> DOB: <input type="text"/>	
Address: <input type="text"/>			
Primary's Cell phone: <input type="text"/>		Spouse / Partner Cell phone: <input type="text"/>	
Primary's e-mail: <input type="text"/>		Spouse / Partner's e-mail: <input type="text"/>	
Height: <input type="text"/>	Weight: <input type="text"/>	Any form of tobacco use?: <input type="text"/>	Height: <input type="text"/>
Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>	Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>
Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>	Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>
Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>	Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>
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 1st choice date: Date:
 Alternate date: Date:
 Time: Time:

3. REFERRALS

Name	Contact number	M	A	S	H	Q
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Do you get a tax refund? How much? Would you like to learn how to earn interest on your refund?

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4. INCOME:

PRIMARY	SPOUSE/PARTNER	Notes
Monthly pre-tax income:		If possible review paycheck stub; this will show what deductions are taken, i.e.: retirement contributions, medical benefits, union dues, charitable donations, etc.
Other income: [Rent, Trust, Alimony/Child Support, 2nd income]		
Monthly State & Federal tax: [Review pay check stubs]		
Tax Refund: If so, How much?	What do you do with it?	

5. RETIREMENT:

PRIMARY	SPOUSE/PARTNER	Notes
How motivated are you to retire? At what age would you <u>LIKE</u> to retire? How much monthly income would you like to receive in retirement?	Age: Desired Income:	1 Verify if client contributes to Social Security 2 If over age 60 include Social Security benefits in calculation, unless Public Employee, i.e., Teacher, Post-Responder
CURRENT EMPLOYMENT RETIREMENT PLANS: Are you involved in any type of retirement plan through work? <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457 Deferred Comp Monthly: Employer match: Balance:	<input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457 Deferred Comp Monthly: Employer match: Balance:	Other Retirement Benefits:
If so, How much do you contribute on a monthly basis and Does your employer match each month? If so, how much? (% or \$) What are the balances?	Do you have any Pension Plans? If so, at what age will you be eligible to receive your benefits?	
PENSIONS: What will be your monthly benefit? Is that in today's \$ or future \$	Age: Monthly Benefit: Today's \$ or Future \$	
PAST EMPLOYER ACCOUNTS: Do you have any retirement \$ currently with past employers? If so what are the balances? Have you Rollover that \$ into an IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where is that \$ now?	Past Employer Retirement \$: Name of Custodian Company	If over age 50: Would you like to learn how to protect the retirement \$ you've accumulated? <input type="checkbox"/> Yes <input type="checkbox"/> No
IRA ACCOUNTS: Do you have any IRAs? If so what type, Traditional or Roth? If so, are they at a Bank, 529, and Credit Union or in a mutual fund?	<input type="checkbox"/> B: <input type="checkbox"/> SAL: <input type="checkbox"/> CU: <input type="checkbox"/> MF: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth Contributions: Balance:	Other Retirement Assets Rental Property/Inheritance/Trust \$
6. OTHER ASSETS: Do you have any other appreciable assets other than your home? List as current value:	Personal Property, i.e., jewelry, cars, art/collectibles: Future Assets, Sale of Real Estate, etc.	Other Trust Accounts, etc.
7. NON-RETIREMENT ASSETS: Combined total value: Checking Accounts, Savings Accounts balances & contributions:	<input type="checkbox"/> Bank / 529 / CU <input type="checkbox"/> checking acct: <input type="checkbox"/> CD's <input type="checkbox"/> Bonds <input type="checkbox"/> MF <input type="checkbox"/> Stocks	

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- N** What is your monthly pre-tax income NOW?
- If possible ask for payroll stubs, other income may include; rentals, alimony, child support, part-time jobs, etc.
 - If tax information is unknown use 20% of monthly income.
- E** What do you ENJOY about your job? Is there anyone you LIKE hanging out with at work?
- A** What would you ALTER/CHANGE about your job if you could?
- D** What's the next step for you at your job? How do you move up and/or get promoted What would be their DREAM income?
- S** Briefly SHARE why you're doing Primerica

- N** when would you like to retire other than NOW?
When would you like to not HAVE TO work?
- E** What would you do in retirement? How would you ENJOY your retirement years?
- A** If you could ALTER your current retirement plan to improve performance – would co-workers want to know the same info? (referrals)
- D** What would be your DREAM trip/vacation in retirement?
- Gather old 401k \$ amounts, IRAs, this may be possible ROLLOVER ASSETS
- S** Share a little, you sharing of your dreams invites them to share their dreams

Gather approximate balances in checking/savings accounts, value of appreciable items; i.e. Jewelry, cars... "If you had a yard sale & sold everything...what would you walk away with?"

This will be part of their NET WORTH number.

Is any of the \$ in savings dedicated for college, emergencies or other goals, how much for each?

HINT!

As you gather information, you'll learn about their attitudes about the future. Are they hopeful, apathetic, given up, haven't given it serious thought or fearful to even discuss it.

Our mission; SHOW THEM THEIR DREAMS CAN COME TRUE!

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8. EMERGENCY FUND: Do you have an emergency account other than savings? If so, at a Bank, S&I, CU, MF, Other and the balance are? Primary: Balance: Spouse: Balance:

9. EDUCATION INFORMATION: Are you currently putting money away for college? If so what have you started? Where is it? Saving acct.; Mutual Fund; 529; Educational ESA Savings Bonds other _____

How much of their education would like to plan for;

100% Tuition, Books, Room & Board Specific School Average UC, T&B \$15,000 - R&B \$12,000
 Tuition & Books (T&B) only Average Public School Average CSU, T&B \$10,500 - R&B \$ 12,000
 Room & Board (R&B) only Average Private School

Child's Name:	School choice	Annual cost	% you intend to pay	Current savings balance:	Monthly savings amt:

10. OTHER GOALS & DREAMS Is there or are there things in the future that you are or would like to plan for? i.e., dream vacations, weddings, home improvements, 2nd home, down payment for a new home, etc.?

Goal	Total cost	Date wanted	Current savings balance	Monthly savings amt:

11. LEGAL SERVICES: Do you have a: Will Trust Nothing
Have thought about what/who you would want to take care of your family if something were to happen? YES NO
If NO, who would you want taking care of your children?
If it were affordable, would you like to have a will? YES NO Explain PLPP: _____

12. INSURANCE: What other monthly insurance premiums do you pay for other than Homeowners Insurance?

Auto / Motorcycle:	Provider:	Renters:	Earthquake / Flood:

Recent visitations? Last check date: Medical (Review payroll stubs) Disability / LTC: FSA (Check next slide) Other (property, Home Boat, etc.):
Provider: _____

13. AUTO & HOMEOWNERS INSURANCE: If we can reduce your Auto / Homeowners payments would you want to explore that option?
 AUTO HOMEOWNERS (Call Answer Financial on Go Back)

14. LONG TERM CARE: Are you familiar with Long Term Care Insurance? Yes No
Are your assets protected in the event of a de-habilitating injury or long term ailment? Yes No
How important is it to protect your family's financial security if you were become physically or mentally impaired?
 not very important important; very important.
Would you like to receive information on programs that would protect your assets? Yes No

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N Have you thought about college for your children?

E What would provide you the sense of pride that you did your part to help start their future?

A What kind of college would you like to plan for, state college or private college? Tuition & Books only or Dorms & food as well?

A If you could do more, what would you be open to changing things so you could do more?

D (Assuming they are currently saving \$) how did you DECIDE to invest your \$ there?

S Would you like to learn more about college savings plan options – they would SOLVE ‘keeping up with the cost of college, wouldn’t it?

Would you SHARE what you learn with friends your kids play with? (referrals)

NOTE;
Be sure to exclude dedicated \$ from Non-Retirement Assets listed on Retirement page. Failure to exclude these assets will increase the Net Worth of the client.

N Are you saving for anything significant NOW? 1st or 2nd house, dream vacation, kids wedding, new car, etc.

E What EXCITES you about accomplishing that goal?

A There are ALTERNATIVES to put away \$ in a bank...I can bring you information on that, would that be helpful?

D How did you DECIDE to save for that?

S Share a little, you sharing of your dreams invites them to share their dreams. Are there friends you’ve shared your goals with? (referrals)

Share your dreams & goals, be excited & have fun!

People connect with others having fun sharing their dreams.

Keep it brief...keep flowing

Financial Needs Analysis Questionnaire
(the involvement of ALL decision makers are required for an accurate analysis)

8. EMERGENCY FUND: Do you have an emergency account other than savings? If so, at a Bank; S&I; CU; MF; Other and the balance are? Primary: Balance: _____

9. EDUCATION INFORMATION: Are you currently putting money away for college? If so what have you started? Saving acct.; Mutual Fund; 529; Educational ESA; Savings Bond
 How much of their education would like to plan for; 100% Tuition, Books, Room & Board; Specific School; Average C; T&B \$15,000 - R&B \$12,000
 Tuition & Books (T&B) only; Average Public School; Average C; T&B \$10,500 - R&B \$ 12,000
 Room & Board (R&B) only; Average Private School; _____

Child's Name:	School choice	Annual cost	% you intend to pay

10. OTHER GOALS & DREAMS Is there or are there things in the future that you are or would like to plan for? (e.g. home improvements, 2nd home, down payment for a new home, etc.)

Goal	Total cost	Data wanted	Current savings balance	Monthly savings amt

11. LEGAL SERVICES: Do you have a: Will; Trust; Nothing
 Have thought about what/who you would want to take care of your family if something were to happen? YES; NO
 If NO, who would you want taking care of your children?
 If it were affordable, would you like to have a will? YES; NO Explain PLPP _____

12. INSURANCE: What other monthly insurance premiums do you pay for other than Homeowners Insurance?

Auto / Motorcycle	Provider	Renters

Recent visitations?	Last check rate:	FSA (Check/west/4)

 Provider: _____

13. AUTO & HOMEOWNERS INSURANCE: If we can reduce your Auto / Homeowners payments to _____
 AUTO; HOMEOWNERS (Call Answer Financial on Go Back)

14. LONG TERM CARE: Are you familiar with Long Term Care Insurance? Yes; No
 Are your assets protected in the event of a de-habilitating injury or long term ailment? Yes; No
 How important is it to protect your family's financial security if you were become physically or mentally impaired?
 not very important; important; very important.
 Would you like to receive information on programs that would protect your assets? Yes; No

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N Have you given any thought to the “WHAT Ifs” in life? Do you have a will or Trust?

E (EDUCATE them on probate & issues families face without a will)

A ASK – If you had a templet for developing a legal WILL – would that be useful?

D DELIVER the PLPP WILL Questionnaire when you return with the FNA

S SHARE your insights or experiences with families without a Will

You do not have to ask all these questions, you do want to get an agreement to move forward.

TO THE POINT QUESTIONS;

If something were to happen to both of you, who would you want to step in and make sure everything goes as YOU wish it would? WFA
 How would they know? – That’s what a WILLs do for you ...I’ll bring or email you a templet to help start you thinking about things...

N How do you have your Auto Insurance with NOW?

E How did you come to choose that company?

A

D

S Share a little, you sharing of your dreams invites them to share their dreams

First income possibility – after you get the data;

When was the last time you checked you auto insurance rates?

We work with ANSWER FINANCIAL, based in Encino. (Briefly describe AFI)

We can give them a call later & verify your current rates are acceptable, would that be okay?

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15. EMPLOYER PROVIDED LIFE INSURANCE: Y N Y N

If so, how much coverage do they provide?

Any additional life insurance through your employer?
What kind of coverage is it, Standard Accidental?
(If accidental, explain less than 1% claims are A.D&D. claims)
If so, how much coverage do you do you have & What is the monthly premium for your work plans?

16. INCOME PROTECTION NEEDS:
Have you something in place to care for your family if something were to happen to either one or the both of you? Do you have life insurance? Y N

IF NO, When a responsible family like yours doesn't have any life insurance outside of work, it's usually due to one of the following reasons. Which of the following applies to your situation:
 Didn't see the need for it Didn't think we could afford it Never got around to it

IF NO, How important is it to you to properly protect and secure your family's financial future if you were to die?
 Not important Important Very important

IF YES, Are you under insured or over insured?
 Under insured Over insured Don't know

17. PERSONAL LIFE INSURANCE:

Insured	Plan type: <input type="checkbox"/> RL <input type="checkbox"/> UL <input type="checkbox"/> VL <input type="checkbox"/> Term	Insured	Plan type: <input type="checkbox"/> RL <input type="checkbox"/> UL <input type="checkbox"/> VL <input type="checkbox"/> Term	Insured	Plan type: <input type="checkbox"/> RL <input type="checkbox"/> UL <input type="checkbox"/> VL <input type="checkbox"/> Term
Company:	Own issued	Company:	Own issued	Company:	Own issued
Face amount:	Premium:	Face amount:	Premium:	Face amount:	Premium:
Cash Value:		Cash Value:		Cash Value:	

Why did you buy your existing plans? Protection Savings Other (explain)
If you were to consider a change, what benefits are you most interested? Lower cost More coverage More savings
What is your relationship with the agent who sold your plan to you?

18. ESTIMATE COVERAGE NEEDS:
If you died prematurely, would you want your family's standard of living to be...?
Primary's The same Better Spouse / Partner's The same Better

What would you want your policy to cover?
 Mortgage paid Debt eliminated
 College paid for Funeral paid

What would you want your policy to cover?
 Mortgage paid Debt eliminated
 College paid for Funeral paid

Assuming you no longer have debt payments or a monthly mortgage and you no longer have to worry about college savings, how much monthly survivor income would you both need to keep things going? Would you continue to or go back to work? Who would care for the kids? Would you bring in help? A nanny or daycare runs about \$1,200 per month per child, would you want to cover that expense?
Primary: \$ _____ per mo. For _____ years Spouse: \$ _____ per mo. For _____ years

Do you use tobacco in any form? Primary Y N Spouse Y N
Have you ever been denied Life Insurance coverage? Primary Y N Spouse Y N
Have you ever been "Rated" due to a medical condition when applying for life insurance coverage? Primary Y N Spouse Y N

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N Do you have life insurance provided though your employer? How much coverage? Do you pay for any of the coverage? Will that amount of coverage take care of all your financial NEEDS?

E If something were to happen, have you given thought to the use of that benefit? Is it ENOUGH?

A (looking at the spouse) If you had to make a claim, do you know how to ACCESS it?

(if they purchased more coverage through their employer) Proper planning dictates to DIVIDE coverage with a personally owned program and your employer's plan. Insurance offered through work is a BENEFIT and could be changed or pulled without your input. If your health changes...you could be left uninsured, for that reason it may make sense to have a base plan of your own that is not dependent on your employer

S Share a little, you sharing of your dreams invites them to share their dreams

Gather data on all existing personally owned policies.
If they have CASH VALUE;
Review how CV works, if you're confident & can do so quickly -
If you're still building confidence;
Ask if you can take the policy to analysis/review the policy & return the policy when you come back with the FNA

If you could design a plan that takes care of those financial issues, what would you want your life insurance to do for the family – if only one of you were to pass, and in the worse case, you both were in an accident together

This section will give you an idea of their thoughts of “being responsible” – This section allows you to develop the “Cadillac” plan.

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19a: MORTGAGE:		19c: OTHER CURRENT CONSUMER DEBT					
Debt Item (Do not list a leased item)	Current Balance	Minimum monthly Payment	Actual monthly payment	Interest Rate	F	R	
1. First Mortgage Company:	First Mortgage balance:						
2. Purchase amount:	1 st Mortgage Interest rate:						
3. Year purchased your home?	Principal & Interest payment:						
4. Amount of Down payment?	Do you make additional payments to Principal? If so how much?						
5. How much could your home sell for today?	Current Total Monthly payment:						
6. What year did you get your current loan?	Escrow Account? Does Total Monthly payment include Taxes and insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PMI (if any) Property taxes per month or year						
7. Notes:	Homewoners insurance premium:						
	How do you make your monthly payments? <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly						
	Type of Mortgage: <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/> Negative Am. <input type="checkbox"/> Interest only <input type="checkbox"/> 15 year <input type="checkbox"/> 30 year <input type="checkbox"/> 40 year <input type="checkbox"/> other <input type="checkbox"/> Prepayment penalty						
8. _____							
9. _____							
10. _____							
11. _____							
12. _____							
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21. _____							
22. _____							
23. _____							
24. _____							
25. _____							
26. _____							

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N Do you have debt NOW?

E How do you pay your debt? – do you send the minimum required or do you add more?
 How's that working?

A The FNA will provide an ALTERNATIVE to your debt payment plan w/o adding more to your total debt payment plan, would that be helpful?

D

S Share a little, you sharing of your dreams invites them to share their dreams

N Let's look at where your \$ is going NOW?
 The number you provide only need to be close estimates. We need to know what you actually spend, not what you budget.

E

A

D

S

Once you are through the entire Budget sheet ask, "Are there any other expenses I have not asked you about, but come to your mind?"

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20. BUDGET-ACTUAL MONTHLY EXPENSES: List your actual monthly expenses, indicate if the payment method; cash vs. credit card (if paid by credit card, determine the impact to the DEBT SECTION of this report, as this may cause a monthly deficit each month)

	Payment method <input type="checkbox"/> Cash / Debit / Check <input type="checkbox"/> Credit Card		Payment method <input type="checkbox"/> Cash / Debit / Check <input type="checkbox"/> Credit Card
Housing		Transportation	
Rent	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Gas, Fuel	<input type="checkbox"/> C/D <input type="checkbox"/> CC
Home Phone / Mobile Phone	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Maintenance & Repairs; (Oil changes, tires, etc.)	<input type="checkbox"/> C/D <input type="checkbox"/> CC
Cable / Satellite / Internet	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Car Leases	<input type="checkbox"/> C/D <input type="checkbox"/> CC
Utilities; (gas, water, electric, trash)	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Other: (Taxes, Airfare, Metro, parking fees)	<input type="checkbox"/> C/D <input type="checkbox"/> CC
Home Improvements, Repairs & Maintenance	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Household Help; i.e., cleaning, gardening, pool service, etc.	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Security Systems, etc.	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Leisure & Entertainment	
Association Dues	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Monthly vacations & accommodations	<input type="checkbox"/> C/D <input type="checkbox"/> CC
	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Hobbies	<input type="checkbox"/> C/D <input type="checkbox"/> CC
	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Club memberships	<input type="checkbox"/> C/D <input type="checkbox"/> CC
Family		Restaurants, take-out, lunch	<input type="checkbox"/> C/D <input type="checkbox"/> CC
Food & Groceries	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Movies (rentals), Theater, Sporting Events	<input type="checkbox"/> C/D <input type="checkbox"/> CC
Clothing	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Books & Magazines	<input type="checkbox"/> C/D <input type="checkbox"/> CC
Medical expenses not covered by insurance; i.e., insurance co pay, prescriptions	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Laundry & Dry Cleaning	<input type="checkbox"/> C/D <input type="checkbox"/> CC	Other Monthly Expenses	
Child care / Baby Sitter	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Educational Expenses; Private schools, Continuing Ed.	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Alimony, child support	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Personal Grooming	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Pet care	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Professional Consulting; Legal, CPA's	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Giving			<input type="checkbox"/> C/D <input type="checkbox"/> CC
Charitable	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Non-charitable; i.e.: Alimony, Parental support, etc.	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
Gifts (Birthday, wedding, holiday, etc.)	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC
	<input type="checkbox"/> C/D <input type="checkbox"/> CC		<input type="checkbox"/> C/D <input type="checkbox"/> CC

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N These questions help us determine your comfort level NOW with long term investments...

E Our goal is to EDUCATE/TEACH/COACH you with developing a solid investment plan so you achieve your goals?

A Whether you ACT on our finding is totally your decision – we are hopeful we can provide you value.

D Once you feel comfortable and understand what your options are – you can DECIDE what to do

S Share a little, you sharing of your dreams invites them to share their dreams

if you do not have your securities license yet, you can ask these questions. Stay with the information in the HOW MONEY WORKS and/or THE BASICS TO INVESTING booklets. Do not recommend ANY specific securities requiring a series 6 & 63 license. Review the completed questionnaire with a securities licensed representative – BRING the SECURITIES REP with you on the FNA delivery

I can email you a great brochure, the BASIC OF INVESTING, it's great. The pamphlet will show you the basics...is that something you would welcome?

Do you any questions regarding the things we discussed? What recommendations do you want to see most?

(mentally compare their answer to the first question asked)

Flip back to the front page...

Financial Needs Analysis Questionnaire
(the involvement of ALL decision makers are required for an accurate assessment)

21. INVESTMENT PROFILE: To reach your financial goals, it is important that your investments reflect your timeline to achieve your goals and your emotional tolerances, the following questions will assist us in developing a sensible program that makes sense for you and your tolerances.

Time Horizon
Your current situation and future income needs

1. **What is your current age?**
POINTS
5 Less than 45
4 45 to 55
3 55 to 65
2 65 to 75
1 Older than 75

2. **When do you expect to start drawing income?**
POINTS
5 Not for at least 20 years
4 In 11 to 19 years
3 In 6 to 10 years
2 In 1 to 5 years
1 Within 1 year

Long-Term Goals and Expectations
Your views of how an investment should perform over the long term

3. **For this investment, I intend to take:**
POINTS
5 Higher risk in return for potentially superior returns
4 Moderate to higher risk in return for potentially greater returns
3 Moderate risk in return for some growth opportunity
2 Low risk in return for a little growth opportunity
1 Slight to no risk in return for general stability of principal

4. **Assuming normal market conditions, what would you expect from this investment over time?**
POINTS
5 To generally keep pace with the stock market
4 To slightly trail the stock market, but make a good profit
3 To trail the stock market, but make a moderate profit
2 To have some stability, but make a modest profit
1 To have a high degree of stability, but make small profits.

5. **Suppose the stock market performs unusually poorly over the next decade. What would you expect from this investment?**
POINTS
5 To also perform poorly
4 To make very little or nothing
3 To make a little gain
2 To make a modest gain
1 To make gains, regardless of the stock market's performance

SHORT-Term Risk Attitudes
Your attitude toward short-time volatility

6. **Which of these statements would best describe your attitudes about the next three years' performance of this investment?**
POINTS
5 I understand a loss of principal is a realistic possibility
4 I can tolerate a loss
3 I can tolerate a small loss
2 I'd have a hard time tolerating any loss
1 I need to see some return

7. **Which of these statements would best describe your attitudes about the next three month's performance of this investment?**
POINTS
5 I wouldn't worry about the market fluctuations in that time frame
4 If my investment declined greater than 20% I'd be concerned
3 If my investment declined greater than 10% I'd be concerned
2 I can only tolerate small short-term fluctuations in my investments
1 I'd have a hard time accepting any investment declines

Please total your points here

TOTAL POINTS _____

7-10
INCOME

11-17
CONSERVATIVE

18-24
MODERATE

25-31
GROWTH

32-36
AGGRESSIVE GROWTH

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Flip back to the front page:

When can we get back together? WFA

REFERRAL QUESTIONS:

By the way, as we were going through this, is there anyone that came to mind who may benefit with a report like this - maybe someone at work or a family you enjoy time with?

Once we go through your report – assuming you find it of value – would you share what you learn?

Use S.T.E.A.M. script

S People you know that’s SUCCESS minded, from SCHOOL, SCOUTS

T People you know that’s a TEACHER, or is very helpful, good at explaining things

E People you know that’s ENTHUSIASITIC, ENTEPENUERIAL,

A People you know that has a “A-TYPE” personality?,

M Who is the MOTHER of your kids play friend, parents – MOTIVATED people

***** Structure several questions that would cause your hosts to mention a name & you write it on the FNA INPUT page as you go through the INPUT discussion; i.e.

- Do your kids have play-friends or cousins nearby?
- Is there another couple looking to buy a house – or you’ve talked with about buying a house?
- Has the topic of money ever come up with friends or family?

Financial Needs Analysis Questionnaire
(the involvement of ALL decision makers are required for an accurate assessment)

Primary: <input type="text"/> DOB: <input type="text"/>		Spouse / Partner: <input type="text"/> DOB: <input type="text"/>	
Address: <input type="text"/>			
Primary's Cell phone: <input type="text"/>		Spouse / Partner Cell phone: <input type="text"/>	
Primary's e-mail: <input type="text"/>		Spouse / Partner's e-mail: <input type="text"/>	
Height: <input type="text"/> weight: <input type="text"/>	Any form of tobacco use? <input type="checkbox"/>	Height: <input type="text"/> weight: <input type="text"/>	Any form of tobacco use? <input type="checkbox"/>
Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>	Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>
Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>	Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>
Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>	Child's Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>
Anyone now under any medical treatment or admission? If yes please explain: <input type="text"/>		Anyone now under any medical treatment or admission? If yes please explain: <input type="text"/>	

1. WHAT CONCERNS YOU MOST REGARDING YOUR FINANCES? Check all that apply
 Debt Budget Saving for Retirement Saving for college Protection Other, explain:

1a. IF WE IDENTIFY A SHORTFALL between your current monthly income and your family's future goals, which would you rather...
 REDUCE YOUR GOALS - or GENERATE MORE INCOME?

2. GO-BACK APPOINTMENT: what is a good time and day to meet and review the reports findings?
 1st choice date: Date:
 Alternate date: Time:

3. REFERRALS

Name	Contact number	Referrals:				
		M	A	C	H	O
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Tools to have with you or on your i-Pad or Tablet or phone:

- Sample FNA
- Brochures, either HOW MONEY WORKS or BASICS TO INVESTING, DECEPTION OF THE CORPORATE DREAM (posted on Kan website for downloadable PDFs)
- Notepad