

Agent Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Your Family Bank®

Please submit completed form to:

Casedesign-proposal@yourfamilybank.org  
 Phone (904)-264-3095 Fax (904)-264-5290

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_  
 Desired Retirement Age: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_  
 Desired Retirement Age: \_\_\_\_\_  
 Number of Children: \_\_\_\_\_ Ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### Income & Expenses

| MONTHLY 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.

| Financial Institution | Account Type | Account Value | Monthly Contribution | Int. % | Available YFB |
|-----------------------|--------------|---------------|----------------------|--------|---------------|
| _____                 | _____        | \$ _____      | \$ _____             | ____%  | Y N           |
| _____                 | _____        | \$ _____      | \$ _____             | ____%  | Y N           |
| _____                 | _____        | \$ _____      | \$ _____             | ____%  | Y N           |
| _____                 | _____        | \$ _____      | \$ _____             | ____%  | Y N           |
| _____                 | _____        | \$ _____      | \$ _____             | ____%  | Y N           |
| _____                 | _____        | \$ _____      | \$ _____             | ____%  | Y N           |
| _____                 | _____        | \$ _____      | \$ _____             | ____%  | Y N           |
| _____                 | _____        | \$ _____      | \$ _____             | ____%  | Y N           |

## 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:

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

## Insurance

### Husband Life Insurance

General Health: \_\_\_\_\_  
Smoker: \_\_\_\_\_

Permanent or Term  
Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Permanent or Term  
Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

### Spouse Life Insurance

General Health: \_\_\_\_\_  
Smoker: \_\_\_\_\_

Permanent or Term  
Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Permanent or Term  
Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Any Asset not listed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Debt Related

Please list any outstanding debts other than mortgages

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

## Current Concerns

- |  |   |
|--|---|
| <input type="checkbox"/> Estate Planning                                       | <input type="checkbox"/> Controlling Spending |
| <input type="checkbox"/> Wills/Trust   | <input type="checkbox"/> Eliminating Debt     |
| <input type="checkbox"/> Asset Protection                                      | <input type="checkbox"/> Reducing Taxes       |
| <input type="checkbox"/> Providing for children's or grandchildren's education | <input type="checkbox"/> Maximizing Savings   |
| <input type="checkbox"/> Creating your own Family Bank                         |   |

Future Expenditures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Agent Use Only

## Finding Premium

Monthly Over Payments from Debts \_\_\_\_\_

Monthly Contribution to Investments \_\_\_\_\_

Spending Planner/Monthly \_\_\_\_\_

Amount to Pull from Accounts  
(5% to 10% a year or 72T) \_\_\_\_\_

Lump Sum to Spread  
(3 or more Years) \_\_\_\_\_

1035 Exchange \_\_\_\_\_

Life Ins. Premium Being Replaced Monthly \_\_\_\_\_

Other Available Money (Future) \_\_\_\_\_

Total \_\_\_\_\_

1<sup>st</sup> Year Illustration  $CV \times 92\% / 12 \times 80\%$   
(Example:  $10,000 = 9200.00 / 12 = 766.67 \times 80\% = 613.33$ )  
Accelerator payment to be entered on 'Get out of Debt' Report

**Notes:**