FTG FINANCIAL
& INSURANCE SERVICES, LLC

Client Name:

Appointment Date:

FTG FOUNDATIONAL PLANNING GUIDE

☐ **RETIREMENT PLANNING**

☐ **FAMILY PROTECTION**

☐ **TAX ADVANTAGE STRATEGIES**

☐ **WEALTH BUILDING**

FINANCIAL NEEDS ANALYSIS

PERSONAL DATA

Client Name:_____ DOB:_____ Male ☐ Female ☐

Cell Number:_____ Email:_____

Spouse Name:_____ DOB:_____ Male ☐ Female ☐

Cell Number:_____ Email:_____

Resident Address:_____ City:_____ State:_____ Zip:_____

DEPENDANTS

Name:_____ M ☐ F ☐ Relationship:_____ DOB:_____

Name:_____ M ☐ F ☐ Relationship:_____ DOB:_____

INCOME

Employed ☐ Self-Employed ☐ Retired ☐

Company Name:_____ Occupation:_____ Gross:_____ Net: _____

Spouse Company Name:_____ Occupation:_____ Gross:_____ Net: _____

Other Income Sources:_____ Passive Income:_____

BUDGET

Monthly Expenses

Rent:_____

Homeowner/Renter's Insurance: _____

Utilities: _____

Cell Phone/Subscriptions: _____

Car Payments: _____

Car Insurance/Gas/Maintenance:_____

Health Insurance: _____

Groceries/Household Supplies: _____

Eating Out/Entertainment: _____

Personal Care/Shopping:_____

Credit Card Payments:_____

Tithe/Pets/Misc: _____

Other Loans/Bills:_____

Total Expenses:_____

Discretionary Income:_____

(Net Income - Total Expenses)

Assets

Market Value of Home:_____

Investments:_____

Cash Value Life Insurance: _____

Bank:_____ Checking:_____ APR: _____%

Bank:_____ Savings: _____ APR: _____%

Retirement Plans (401K/403B/IRA):_____

Monthly Contribution Percentage:_____

Employer Match: _____ What Percentage?: _____%

Previous Year Tax Return:_____

Liabilities

Mortgage: _____ 2nd Mortgage:_____

Car Loan Amount:_____ APR%:_____ Term:_____

Credit Cards:_____

Personal Loans:_____ Student Loan:_____

Debt Roll Up Needed: Yes ☐ No ☐

GOALS & DREAMS

Short Term Goals (1-5 Years):

Purchase a New Vehicle ☐ Buy a House ☐ Pay Off Debt ☐ Travel ☐ Other:_____

Long Term Goals (10-20 Years):

Retirement ☐ Buy/Pay Off House ☐ College Savings ☐ Other:_____

FIN (Financial Independency Number)

Retirement Age:_____ Monthly Income:_____ Age of Life Expectancy:_____ Amount Needed:_____

HOW ARE YOU PLANNING TO ACHIEVE THESE?

ACTION PLAN

PROPER BUDGET	☐	**LIFE INSURANCE ASSESSMENT**	☐	**TAX REDUCTION**	☐		
DEBT REDUCTION	☐	**RETIREMENT GOALS**	☐	**BUILD EMERGENCY FUND**	☐		
SHORT TERM GOALS	☐	**LONG TERM GOALS**	☐	**1ST TIME HOME BUYER**	☐		

MONTHLY AMOUNT TOWARDS GOALS:_____ **UP TO:**_____

NOTES:

DEBT CALCULATOR

CREDIT CARDS

Name:_____ Credit Limit:_____ APR%:_____ Balance:_____ Minimum Payment:_____
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LOANS (Personal/Student/Car/HELOC/Purchases)

Type:_____ Amount Borrowed:_____ APR%_____ Payment:_____ Due Date:_____
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CURRENT LIFE INSURANCE COVERAGE

Insured:_____ Company:_____ Type:_____ Issue Date:_____
Coverage Amount:_____ Policy Number:_____ Living Benefits Y ☐ N ☐ Monthly Payment:_____
Insured:_____ Company:_____ Type:_____ Issue Date:_____
Coverage Amount:_____ Policy Number:_____ Living Benefits Y ☐ N ☐ Monthly Payment:_____

DIME METHOD

	Client	Spouse
Debt	_____	_____
Income x 15	_____	_____
Mortgage	_____	_____
Education (Kids) or Final **E**xpense	_____	_____
Total Amount Needed	_____	_____