

# HOW MONEY WORKS

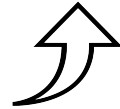
DEBT  
MANAGEMENT



EMERGENCY  
FUND



CASH  
FLOW



Stop being a  
**SUCKER**

PROPER  
PROTECTION



BUILD  
WEALTH



FINANCIAL  
EDUCATION



PROTECT  
WEALTH



Client Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Associate: \_\_\_\_\_

Date: \_\_\_\_\_

# HOUSEHOLD INFORMATION

Client Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt # \_\_\_\_\_

(Please Check Preferred)

Home Phone: \_\_\_\_\_  Personal Email: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  Business Email: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

(Please Check Preferred)

Home Phone: \_\_\_\_\_  Personal Email: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  Business Email: \_\_\_\_\_

## Dependents

Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_ Years Ed. \_\_\_\_\_  
 Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_ Years Ed. \_\_\_\_\_  
 Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_ Years Ed. \_\_\_\_\_  
 Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_ Years Ed. \_\_\_\_\_

# GOALS AND DREAMS

His	Hers	
<input type="checkbox"/>	<input type="checkbox"/>	Reduce debt/Pay off mortgage
<input type="checkbox"/>	<input type="checkbox"/>	Increase cash flow
<input type="checkbox"/>	<input type="checkbox"/>	Maximize retirement accounts
<input type="checkbox"/>	<input type="checkbox"/>	Achieve financial independence
<input type="checkbox"/>	<input type="checkbox"/>	Maximize tax advantages
<input type="checkbox"/>	<input type="checkbox"/>	Fund college
<input type="checkbox"/>	<input type="checkbox"/>	Buy new home/Major purchase
<input type="checkbox"/>	<input type="checkbox"/>	Build savings or unexpected expenses

His	Hers	
<input type="checkbox"/>	<input type="checkbox"/>	Own a business
<input type="checkbox"/>	<input type="checkbox"/>	Explore estate planning
<input type="checkbox"/>	<input type="checkbox"/>	Standard of living for death/disability
<input type="checkbox"/>	<input type="checkbox"/>	Plan retirement
<input type="checkbox"/>	<input type="checkbox"/>	Explore investment options
<input type="checkbox"/>	<input type="checkbox"/>	Sell your home
<input type="checkbox"/>	<input type="checkbox"/>	Other goals

Personal goals not mentioned above: \_\_\_\_\_

Frivolous Money Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

# EMPLOYMENT & INCOME

Client employer: \_\_\_\_\_ Yrs: \_\_\_\_\_  
 Client occupation: \_\_\_\_\_ Yrs: \_\_\_\_\_  
 Spouse employer: \_\_\_\_\_ Yrs: \_\_\_\_\_  
 Spouse occupation: \_\_\_\_\_ Yrs: \_\_\_\_\_

Do you see yourself retiring there? Y / N  
 Reviewed finances with financial professional? Y / N  
 Do you have an established budget? Y / N

Do you work with a tax professional? Y / N

<u>Current Income</u>	<u>Client</u>	<u>Spouse</u>
Annual Salary	_____	_____
Net take home	_____	_____
Bonus/Commission	_____	_____
Rental Income	_____	_____
Alimony/Child support	_____	_____
Military/Civil retirement	_____	_____
Social security/Pension	_____	_____
Last year's tax refund	_____	_____
Other income	_____	_____
<b>Future Income</b>	_____	_____

# DEBT

Description	Lender	Original Term	Year	Balance	IR	Minimum Payment	Current Payment
Mortgage	_____	_____	_____	_____	____%	_____	_____
Auto Loan	_____	_____	_____	_____	____%	_____	_____
Auto Loan	_____	_____	_____	_____	____%	_____	_____
Student Loan	_____	_____	_____	_____	____%	_____	_____
Credit Card	_____	_____	_____	_____	____%	_____	_____
Credit Card	_____	_____	_____	_____	____%	_____	_____
Credit Card	_____	_____	_____	_____	____%	_____	_____
Personal Loan	_____	_____	_____	_____	____%	_____	_____
Personal Loan	_____	_____	_____	_____	____%	_____	_____

# INSURANCE

In addition to covering your final expenses, what tasks do you want your insurance to accomplish?  
 Examples: Education savings for children, fund retirement, surviving spouse fund.

## Client:

Do you have Life Insurance?	Provider: _____ Type: _____ Premium: _____ Term: _____	Death Benefit: _____ How did you arrive at this number? Year Placed: _____ Riders: _____
Do you have Health insurance?	Provider: _____ Type: _____ Premium: _____ Term: _____	Group Individual HMO PPO Other: _____

## Spouse:

Do you have Life Insurance?	Provider: _____ Type: _____ Premium: _____ Term: _____	Death Benefit: _____ How did you arrive at this number? Year Placed: _____ Riders: _____
Do you have Health insurance?	Provider: _____ Type: _____ Premium: _____ Term: _____	Group Individual HMO PPO Other: _____

TAXABLE				TAX DEFERRED				TAX EXEMPT			
Assets are generally positioned for current or short term needs that can be best served with highly liquid investments instruments.				Assets are earmarked for long-term needs, such as college funding and retirement. Invested in less-liquid investments where any growth or interest is ultimately taxable at distribution.				Assets are positioned for future since they receive preferential tax treatment during accumulation and at distribution.			
Investment/Asst Name	Balance	Monthly Contrib.	RoR	Investment/Asst Name	Balance	Monthly Contrib.	RoR	Investment/Asst Name	Balance	Monthly Contrib.	RoR
Mutual Funds				401(K)/403(B) or other qualified plans				Roth IRA			
Stocks				IRA/SEP IRA				IUL/VUL			
Bank Savings/CDs				Annuities (Fixed/Variable)				<b>Please note the following:</b> Certain events & distributions may be subject to taxation and individuals world be responsible for the appropriate liability. This piece provides general information regarding the internal Revenue Code and does not take into consideration specific state laws. World Financial Group and Transamerica Financial Advisors, Inc., Transamerica Financial Group Division do not provide tax advice and strongly recommend that clients consult a tax advisor concerning any tax issues relating to their investment.			
Bonds/Treasuries				Savings Bonds							

## ASSET ACCUMULATION (Preserve Your Estate)

Do you have a Will? Y / N If yes, last updated? \_\_\_\_\_

Do you have a Trust? Y / N If yes, what kind? \_\_\_\_\_ Purpose of Trust? \_\_\_\_\_

Asset Description	Market Value	Cost Basis
Real Estate Owned Free & Clear	_____	_____

## ASSET ACCUMULATION (Education Goals)

Plan Name	Balance	Monthly Contrib.	RoR	Name of Dependent

How much insurance is needed?

Rank most important to least important.

<b>D</b>	ebt	_____	<b>Liquidity</b>	<input type="checkbox"/>
	eath	_____		<b>Taxation</b>
<b>I</b>	ncome	_____	<b>Safety</b>	
<b>M</b>	ortgage	_____		<b>Transferability</b>
<b>E</b>	ducation	_____	<b>Income</b>	
Total: _____				<b>Control</b>
Insurance in place: _____			<p>*The DIME Method is only one method to help determine a client's insurable need. However, an insurable need of more the 10 times the client's current income may not be accepted by TFG unless special exception apply.</p>	
<b>Short Fall:</b> _____				

## ASSET ACCUMULATION (Retirement Goals)

Desired income range: \_\_\_\_\_ What age range would you like to retire? \_\_\_\_\_

Minimum per month savings: \_\_\_\_\_ Maximum per month savings: \_\_\_\_\_

## NEXT APPOINTMENT

On what date & time would you like to schedule our follow-up appointment? \_\_\_\_\_

\*Neither WFG nor its affiliated companies provide tax advice and it is strongly recommended that clients consult a tax advisor concerning any tax issues relating to their investments.

\*\*This intake form shows expenses, saving and income, and investments based solely on the data collected from sources believed to be reliable and accurate.

\*\*\*WFG, inc is a financial service marketing company whose affiliates offer a broad array of financial products and services. Insurance products offered through WFG insurance agency, inc. (WFGIA) WFG Agency of Hawaii, Inc., WFG Agency of Massachusetts, Inc., WFG insurance Agency of Wyoming, Inc., WFG Agency, Inc. and/or WFG insurance Agency of Puerto Rico, Inc., Securities and investment Advisory Service offered through Transamerica Financial Advisors, Inc. (TFA) Transamerica Financial Group Division - Member FINRA, SIPC, and Registered investment Advisor. Non-Securities products and services and not offered through TFA.

WFG, WFGIA, and TFA are affiliated companies. WFG and WFGIA Headquarters: 11315 John Creek Parkway, John Creel, GA 30097 - 1517. Phone 770.453.9300

TFA Headquarters: 570 Carillon Parkway, St. Petersburg, FL 33716. Phone 800.322.7161