

A photograph of architectural blueprints spread out on a light-colored wooden table. Two rolls of blueprints are visible in the upper left, partially unrolled. The blueprints show technical drawings with lines, arrows, and numerical values. One prominent value is '+12,300' with a downward arrow. Other values like '250' and '350' are also visible. The text 'CREATING A BLUEPRINT THAT'S JUST FOR YOU' is overlaid in a dark grey box on the right side of the image.

# CREATING A BLUEPRINT THAT'S JUST FOR YOU

**Planning for Your Financial Future**



---

**Client 1 (Primary client) Name**

---

**Client 2 (Spouse/Partner) Name**

---

**Date**

## Planning for Your Financial Future

---

Preparing for tomorrow begins with you identifying and prioritizing your needs and dreams, and maybe even acknowledging your fears for the future. This information combined with a review of your financial position will provide a solid base from which to explore financial strategies.

By planning for your financial future, you can spend less time worrying about uncertainty and start working toward your dreams.

### FAMILY INFORMATION

**MARITAL STATUS** ☐ Single ☐ Married ☐ Domestic Partner

**Client 1 (Primary client)**

Are you a U.S. citizen? ☐ Yes ☐ No

If no, what type of visa do you have? \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**Client 2 (Spouse/Partner)**

Are you a U.S. citizen? ☐ Yes ☐ No

If no, what type of visa do you have? \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

### EMPLOYMENT INFORMATION

Are you a business owner? ☐ Yes ☐ No

*If yes, please complete the separate Business Planning Fact Finder workbook and skip to Dependent Information section.*

**Client 1 (Primary client)**

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

**Client 2 (Spouse/Partner)**

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

#### FOR DISCUSSION

- What have you enjoyed about your line of work?
- How confident do you feel about your career outlook?
- When do you plan to retire?
- What else do you dream of achieving in life?

## DEPENDENT INFORMATION

Child's Name	Date of Birth	Child's Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### FOR DISCUSSION

- Do you plan to have or adopt any more children?
- Are there other people who depend on you financially, such as parents or grandkids?
- Do any of your dependents have special needs? If so, what kind?

## FINANCIAL INFORMATION

### EARNINGS

	Client 1 (Primary client)	Client 2 (Spouse/Partner)
Annual Employment	\$ _____	\$ _____
Other Income (alimony, child support, etc.)	\$ _____	\$ _____
Total	\$ _____	\$ _____

### PERSONAL RESIDENCE

Own - Mortgage Balance \$ \_\_\_\_\_ Rent - Monthly Rent \$ \_\_\_\_\_

### DETAILS FOR MORTGAGE

Name	Market Value	Mortgage Balance	Monthly Payment	Interest Rate	Remaining Term
_____	\$ _____	\$ _____	\$ _____	_____ %	\$ _____

### RETIREMENT FUNDS

Owner	Account Name	Type*	Current Balance	Monthly Savings	Company Match
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

\*Types of retirement plans: IRAs, Roth IRAs, SEP IRAs, SIMPLE IRAs, 410(k)s (including any employer match), 403(b)s, Profit Sharing Plans, 457 plans, variable annuities, etc.

### OTHER SAVING/INVESTMENT ACCOUNTS

Owner	Account Name	Type*	Amount	Monthly Savings
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

\*Types include: CDs, T-Bills, Bonds, Mutual Funds, etc.

### FOR DISCUSSION

- What is your current savings strategy for retirement?
- Are you comfortable with the amount of money you've set aside for retirement? If not, what is your retirement-savings goal?
- When you invest your money, which degree of risk are you most comfortable with – high, low or somewhere in between?
- What is most important to you in your life?

## CURRENT EXPENSES

Wherever possible, please refer back to the dollar amounts you noted on pages 3-4.

Expense Name	Monthly Amount	Annual Amount
Auto Expenses (Fuel, Insurance, Repairs)	\$_____	\$_____
Auto Loan	\$_____	\$_____
Cable TV, Internet, Home Phone	\$_____	\$_____
Cellphone	\$_____	\$_____
Clothing, Gifts	\$_____	\$_____
Credit Cards	\$_____	\$_____
Education	\$_____	\$_____
Estimated Taxes	\$_____	\$_____
Food and Meals	\$_____	\$_____
Insurance (Home, Life, Other)	\$_____	\$_____
Medical Out-of-Pocket	\$_____	\$_____
Mortgage/Rent	\$_____	\$_____
Utilities (Electric, Gas, Water)	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
Estimated Total Expenses	\$_____	\$_____

### FOR DISCUSSION

- What is your current strategy for handling expenses?
- When did you last review your expenses and look for ways to reduce or cut costs?
- Are there any changes you could make to your current budget?
- Do you have an emergency fund that could cover at least 3 to 6 months of expenses?

## SURVIVOR NEEDS

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of a death.

### SURVIVOR INCOME NEEDS

#### With Children at Home

#### Without Children at Home

In the event of death, what income (% or dollar/mo. in today's dollars) should be provided for your family's continuing needs?

\_\_\_\_\_ % or \$ \_\_\_\_\_

\_\_\_\_\_ % or \$ \_\_\_\_\_

What age should survivor's Social Security retirement benefits begin?

\_\_\_\_\_

Provide income for how long?

\_\_\_\_\_ years or ☐ lifetime

In the event of your death, should your children's education be funded?

☐ Yes ☐ No

(If yes, also complete College Funding Needs)

### CURRENT LIFE INSURANCE

Name of Insured	Insurance Benefits	Insurance Company	Annual Premium	Type*
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

\*Insurance types include: Group, Term, Whole Life, Universal Life and Other

#### FOR DISCUSSION

- What kinds of insurance coverage do you have?
- How confident are you that your current life insurance strategy will meet your family's needs?
- Do you currently use tobacco?
- Do you or other family members have any health conditions or special interests that could impact your insurance planning?

# \$284,570

## COST TO RAISE A CHILD FROM BIRTH TO 18

**SOURCE:** Tim Parker. Investopedia. June 17, 2021. "The Cost of Raising a Child in the United States."

<https://www.investopedia.com/articles/personal-finance/090415/cost-raising-child-america.asp>. Accessed Aug. 24, 2021.



## COLLEGE FUNDING NEEDS

Many people want to help fund education costs for their children. The sooner you begin to develop a strategy for education savings, the more time your money will have to accumulate.

Child's Name	Schools	College Cost*	OR	Amount Needed per Year	Years to Attend	Percent to Provide
_____	_____	<input type="checkbox"/> Yes		\$ _____	_____ yrs.	_____ %
_____	_____	<input type="checkbox"/> Yes		\$ _____	_____ yrs.	_____ %
_____	_____	<input type="checkbox"/> Yes		\$ _____	_____ yrs.	_____ %
_____	_____	<input type="checkbox"/> Yes		\$ _____	_____ yrs.	_____ %

\*College cost includes: ☐ Tuition (in-state) ☐ Tuition (out of state) ☐ Room Only ☐ Room and Board ☐ Books and Supplies

## CURRENT SAVINGS

Enter any savings already accumulated for your children's education.

**Total Saved to Date**

**Account Type\***

\$ \_\_\_\_\_

\* Account types include: Savings, 529 Plan, Coverdell Educational Savings Account (ESA), Cash Value Universal Life Insurance, and Other

### FOR DISCUSSION

- What kind of educational opportunities have you had in life?
- What is the status of your current college-savings plan?
- Would you like to contribute to the educational needs of your children or grandchildren?

## AVERAGE ANNUAL COLLEGE COSTS

**PUBLIC \$26,820**

**PRIVATE \$54,880**

Includes: Tuition and fees, room and board, and allowances for books, supplies and transportation. **SOURCE:** CollegeData.com. 2020. "How Much Does College Cost?" <https://www.collegedata.com/resources/pay-your-way/whats-the-price-tag-for-a-college-education>. Accessed Aug. 24, 2021.

## RETIREMENT NEEDS

Most people have an idea of how they would like to spend their retirement years, yet not everyone takes the time to properly prepare an estimate of the amount of money they need. Begin saving for your retirement income as soon as possible.

**Client 1** (Primary client)

**Client 2** (Spouse/Partner)

At what age do you plan to retire?

\_\_\_\_\_

At what age will you begin to collect Social Security?

\_\_\_\_\_

What is your estimated monthly Social Security benefit at full retirement age? \*

\_\_\_\_\_

Estimated percentage of current income needed during retirement years (e.g., 80%)

\_\_\_\_\_

\*Full retirement age is the age a person may first become entitled to full or unreduced retirement benefits. To view your estimated monthly benefit, visit [www.ssa.gov](http://www.ssa.gov). No matter what your full retirement age (also called "normal retirement age") is, you may start receiving benefits as early as age 62 or as late as age 70. <https://www.ssa.gov/benefits/retirement/planner/agereduction.html>







### FOR DISCUSSION

- What does your current retirement strategy include?
- Are you contributing the maximum to your employer's retirement plan?
- Would you like to retire earlier or later than originally planned?
- What would your ideal retirement look like?
- How are you making sure you won't run out of money in retirement?







## HEALTH RISK FACTORS AND COST OF CARE

While LIVING, permanent life insurance products that provide access to cash, policy loans and withdrawals\* – if the policy has sufficient value – put policy holders in control of how and when to access funds for some unexpected expenses.

### MEDICAL REALITIES TODAY

 <p><b>Approx. every 40 seconds,</b> an American will have a heart attack</p> <p><small>"Heart Disease Facts," Centers for Disease Control and Prevention, September 2020</small></p>	 <p><b>Every 40 seconds</b> someone in the United States has a stroke</p> <p><small>"Stroke Facts," Centers for Disease Control and Prevention, May 2021</small></p>	 <p><b>Every 65 seconds</b> someone develops Alzheimer's Disease</p> <p><small>"Alzheimer's Disease Facts and Statistics," Fisher Center for Alzheimer's Research Foundation, 2021</small></p>
 <p>Every year, about <b>805,000</b> Americans have a heart attack</p> <p><small>"Heart Disease Facts," Centers for Disease Control and Prevention, September 2020</small></p>	 <p><b>About 795,000</b> people suffer a stroke in the United States each year</p> <p><small>"Stroke Facts," Centers for Disease Control and Prevention, May 2021</small></p>	 <p><b>An estimated 6.2 million</b> Americans age 65 and older are living with Alzheimer's dementia in 2021</p> <p><small>"Facts and Figures," Alzheimer's Association, 2021</small></p>

### COST OF CARE TODAY

 <p><b>BEYOND 100 DAYS</b> Medicare pays \$0 for long-term care services</p> <p><small>Centers for Medicare and Medicaid Services, August 2021</small></p>	<p><b>\$105,850</b> Per Year</p>  <p>Nursing Home Private Room</p> <p><small>Genworth 2020 Cost of Care Survey, conducted by CareScout®, February 2021</small></p>	<p><b>\$93,075</b> Per Year</p>  <p>Nursing Home Semi-Private Room</p> <p><small>Genworth 2020 Cost of Care Survey, conducted by CareScout®, February 2021</small></p>
<p><b>\$51,600</b> Per Year</p>  <p>Assisted Living Facility</p> <p><small>Genworth 2020 Cost of Care Survey, conducted by CareScout®, February 2021</small></p>	<p><b>\$53,768</b> Per Year</p>  <p>Homemaker Services</p> <p><small>Genworth 2020 Cost of Care Survey, conducted by CareScout®, February 2021</small></p>	<p><b>\$19,240</b> Per Year</p>  <p>Adult Day Health Care</p> <p><small>Genworth 2020 Cost of Care Survey, conducted by CareScout®, February 2021</small></p>

\*Policy loans and withdrawals will reduce available cash values and death benefits and may cause the policy to lapse or affect any guarantees against lapse. Additional premium payments may be required to keep the policy in force. In the event of a lapse, outstanding policy loans in excess of unrecovered cost basis will be subject to ordinary income tax.



## EXISTING INSURANCE: ACCIDENTAL, LONG-TERM DISABILITY AND LONG-TERM CARE

### CURRENT ACCIDENTAL & DEATH INSURANCE AND/OR ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Name of Insured	Insurance Benefit	Insurance Co	Annual premium	Type
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

\* These riders are typically attached to a health insurance or life insurance policy. Type options: Health, Life Insurance, Other.

### CURRENT LONG-TERM DISABILITY INCOME INSURANCE

	Client 1 (Primary client)	Client 2 (Spouse/Partner)
Monthly Benefit	\$ _____	\$ _____ totals or enter details below

Name of Insured	Insurance Company	Monthly Benefit	Group or Personal	Annual Premium	Waiting Period <sup>1</sup>	Benefit Period <sup>2</sup>
_____	_____	\$ _____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	\$ _____	_____	_____

<sup>1</sup> The time between when you become disabled and when benefit payments begin. Waiting Period options: 1 month, 2 months, 3 months, 6 months or 12 months.

<sup>2</sup> The length of time during which a benefit is paid. Benefit Period options: 3 months, 6 months, 1 year, 2 years, 3 years, 4 years, 5 years, to age 65, or lifetime.

#### FOR DISCUSSION

- If you have disability income insurance, what does it cover?
- How satisfied are you with your current coverage?
- If you got hurt or sick, what would happen to your health insurance and retirement plan?

### CURRENT LONG-TERM CARE INSURANCE

Name of Insured	Company	Benefit	Premium	Waiting Period <sup>1</sup>	Benefit Period <sup>2</sup>
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

<sup>1</sup> The time between when you become disabled and when benefit payments begin. Waiting Period options: 1 month, 2 months, 3 months, 6 months or 12 months.

<sup>2</sup> The length of time during which a benefit is paid. Benefit Period options: 3 months, 6 months, 1 year, 2 years, 3 years, 4 years, 5 years, to age 65, or lifetime.

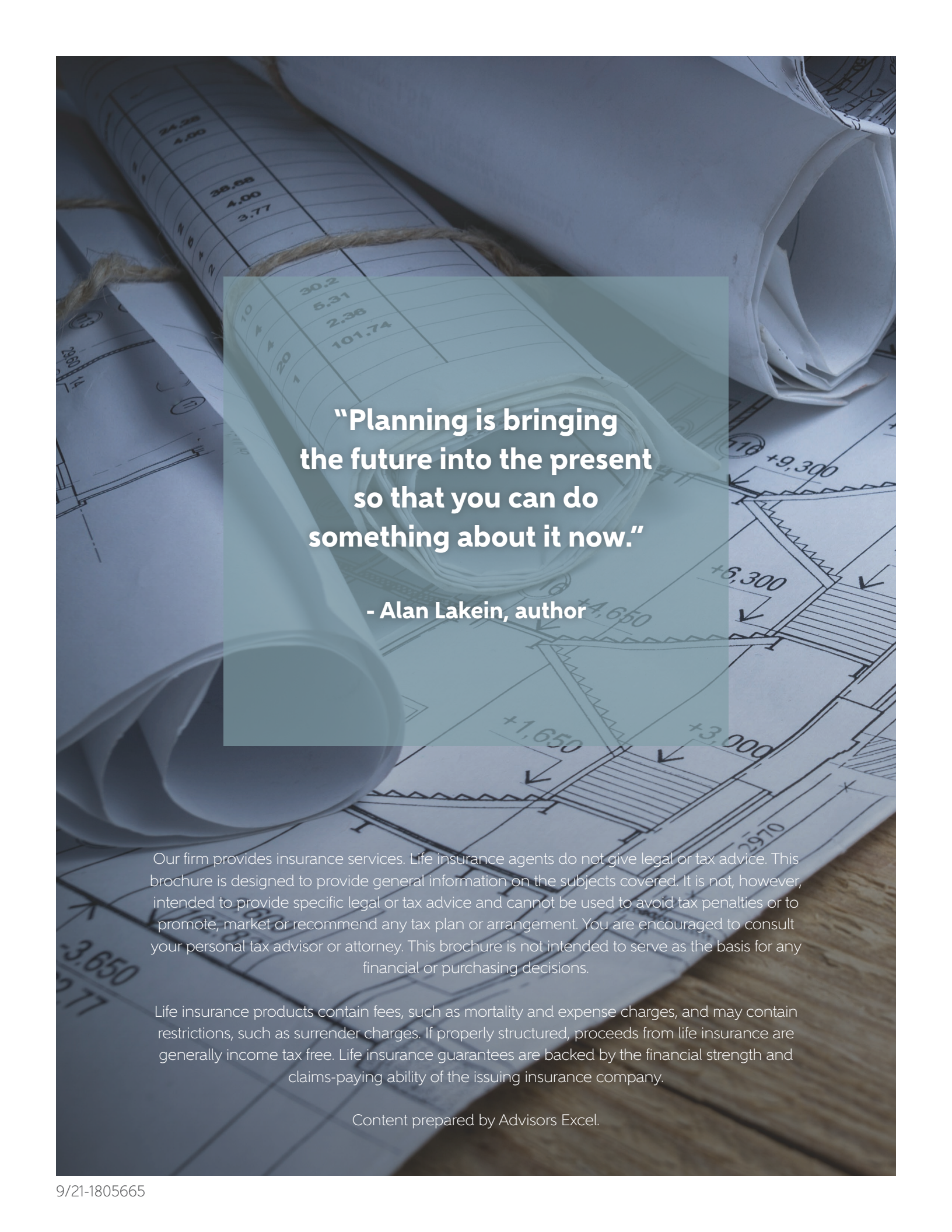
#### FOR DISCUSSION

- Have you or anyone in your family experienced the need for long-term care?
- Do you know what long-term care covers and how much it costs?
- How do you plan to pay for any long-term care needs?
- Do you plan to be a caregiver for your parents as they age?

## CASH AND INCOME NEEDS ANALYSIS

	Client 1 (Primary client)	Client 2 (Spouse/Partner)
 <b>Final Expenses Fund</b> A plan to help your survivors pay your funeral costs, medical bills or legal expenses.	\$ _____	\$ _____
 <b>Debt Fund</b> A plan to pay off any outstanding bills, credit cards or loans.	\$ _____	\$ _____
 <b>Emergency Fund</b> A fund with money to pay at least 3 to 6 months of expenses during a crisis	\$ _____	\$ _____
 <b>Mortgage/Rent Fund</b> Mortgage balance \$ _____ or Monthly rent of \$ _____ for _____ years	\$ _____	\$ _____
 <b>Education Fund</b> A plan to pay the educational costs of children or grandchildren	\$ _____	\$ _____
 <b>Income Replacement</b> A plan to provide income for your survivors Monthly income of \$ _____ for _____ years	\$ _____	\$ _____
 <b>Legacy</b> A plan to leave something of value to your heirs or contribute to a favorite charitable organization or school	\$ _____	\$ _____
	Subtotal \$ _____	\$ _____
	Subtract Savings, Investments, Nonqualified \$ _____	\$ _____
	Annuities and Existing Life Insurance	
	Total Dollars Required \$ _____	\$ _____

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**"Planning is bringing  
the future into the present  
so that you can do  
something about it now."**

**- Alan Lakein, author**

Our firm provides insurance services. Life insurance agents do not give legal or tax advice. This brochure is designed to provide general information on the subjects covered. It is not, however, intended to provide specific legal or tax advice and cannot be used to avoid tax penalties or to promote, market or recommend any tax plan or arrangement. You are encouraged to consult your personal tax advisor or attorney. This brochure is not intended to serve as the basis for any financial or purchasing decisions.

Life insurance products contain fees, such as mortality and expense charges, and may contain restrictions, such as surrender charges. If properly structured, proceeds from life insurance are generally income tax free. Life insurance guarantees are backed by the financial strength and claims-paying ability of the issuing insurance company.

Content prepared by Advisors Excel.