YOUR FINANCIAL PICTURE

AGENT #	I
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YOUR NAME DOB HEIGHT WEIGHT TOBACCO ADDRESS CITY STATE ZIP EMPLOYER SINCOME TERM WHOLE IUL (CHECK ALL THAT APPLY) HEALTH INSURANCE PROVIDER	YOUR SPOUSE DOB HEIGHT WEIGHT TOBACCO
HOME OWNER? YES NO LENDER LENDER HOMEOWNER INSURANCE PROVIDER VALUE OF HOME MORTGAGE AMOUNT MORTGAGE MONTHLY PAYMENT AUTO LOAN? YES NO Other Assets that you have available to offs the mortgage if something happens to you? SAVINGS/ CDS MUTUAL FUNDS/ STOCKS NET WORTH	
Any Health Concerns? Major Operations? Hospitalization last 5 yrs? Medication What Type of Health Issue: Children: PERSONAL We will talk more about retirement in detail later. The reason I ask is I have a final calls you, please give him the same courteous attention that you gave me. Can you	Med: Reason for taking: Med: Reason for taking:
PHONE NUMBER BEST CONTACT TIME: MORNING EVENING	Client Signature Date

Email

Email form to greensheet@bacapitalmanagement.com