

FINANCIAL NEEDS ANALYSIS WORKSHEET

PREPARED FOR:

Name _____

Address _____

Phone # _____

Email _____



TRANSAMERICA®
AGENCY NETWORK

PERSONAL INFORMATION

Client 1

First Name _____ Last Name _____ DOB _____

Mobile Phone _____ Home Phone _____ Work Phone _____

Address _____ City _____ State/ZIP _____

Email 1 _____ Email 2 _____

Employer _____ Title _____ Years _____

Annual Gross Income \$ _____ Other Income Sources _____

Marital Status _____ Highest Education Level _____

Client 2

First Name _____ Last Name _____ DOB _____

Mobile Phone _____ Home Phone _____ Work Phone _____

Address _____ City _____ State/ZIP _____

Email 1 _____ Email 2 _____

Employer _____ Title _____ Years _____

Annual Gross Income \$ _____ Other Income Sources _____

Highest Education Level _____

Dependent Children

1. Name _____ Age _____ DOB _____

2. Name _____ Age _____ DOB _____

3. Name _____ Age _____ DOB _____

4. Name _____ Age _____ DOB _____

At what age do you plan to retire? _____

In today's dollars, how much income on a monthly basis would you like during retirement? \$ _____

For how many years? _____

ASSET ACCUMULATION

Y N

Do you have a will? Last updated? _____

Do you have a trust? If yes what kind? _____

Purpose of trust? _____

Have you reviewed your finances with a financial professional?

Do you have an established budget?

CHECK ALL THAT ARE IMPORTANT TO YOU

Liquidity

Safety

Taxation

Transferability

GOALS

	Short-Term (1-3 yrs)	Mid-Term (3-7 yrs)	Long-Term (7+ yrs)
Reduce Debt/Pay Off Mortgage	_____	_____	_____
Maximize Retirement Accounts	_____	_____	_____
Achieve Financial Independence	_____	_____	_____
Maximize Tax Advantage	_____	_____	_____
Fund College	_____	_____	_____
Buy New Home/Mortgage Purchase	_____	_____	_____
Own a Business	_____	_____	_____
Explore Investment Options	_____	_____	_____
Sell Your Home	_____	_____	_____
Other Goals _____	_____	_____	_____
Other Goals _____	_____	_____	_____
Other Goals _____	_____	_____	_____

EMERGENCY FUND

Number of months to provide for Emergency Fund _____

How much do you need monthly in case of an emergency? _____

How much do you currently have dedicated to your Emergency Fund? _____

DEBT

	Total
Student Loans	\$ _____
Car Loans	\$ _____
Credit Cards	\$ _____
Personal Loans	\$ _____
Total Debt	\$ _____

INCOME

Amount needed to replace your income \$ _____/month # _____ years

Total Income Replacement Need \$ _____

MORTGAGE

What is your current balance on your home mortgage? 1. \$ _____ 2. \$ _____

Total Mortgage Balance Needed \$ _____

EDUCATION

Would you like to provide for your children's education? ALL _____ or PART _____

Approximate Cost for Education \$ _____

Amount Saved \$ _____

Total Education Fund Needed \$ _____

SUBTOTAL OF DIME NEED \$ _____
(Debt, Income, Mortgage, Education)

CURRENT INSURANCE

Type _____ Death Benefit _____ Premium _____ Carrier _____

Type _____ Death Benefit _____ Premium _____ Carrier _____

Current Death Benefit to Apply to Need \$ _____

ASSETS

	Total		Total
Savings	\$ _____	IRAs	\$ _____
Money Market	\$ _____	Roth IRAs	\$ _____
CDs	\$ _____	401(k), 403(b) Pension Plan	\$ _____
Mutual Funds	\$ _____	529 Plan	\$ _____
Stocks	\$ _____	Life Insurance with Cash Value	\$ _____
Bonds	\$ _____	Other	\$ _____
Tax Deferred Annuities	\$ _____	Total	\$ _____
Total	\$ _____		

Assets to Apply to Need \$ _____



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FINANCIAL NEEDS ANALYSIS SUMMARY

SUBTOTAL DIME NEED \$ _____

- CURRENT INSURANCE \$ _____

- APPLIED ASSETS \$ _____

CURRENT TOTAL NEED \$ _____

NOTES

ACTION ITEMS

REFERRALS



This worksheet is a tool to assist you in estimating your basic life insurance needs. It is not intended to provide a thorough and comprehensive analysis of your life insurance needs or to recommend a specific amount of type of coverage. The actual amount of life insurance you need will depend on several factors that you need to consider carefully. Your insurance professional can assist you with analysis of your personal circumstances.

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