

Priority Planning Review

A Brief Overview of Your Financial Plans and Priorities

Provided to: _____

Provided by: _____

Date: _____

Contents	Page
Personal Information	2
Personal Planning Profile	2
Financial Statement	3
Financial Planning Priorities	3
Current Priorities	4
Future Plans	4
For Business Owners Only	4
Introductions	5

Personal Information

Name: _____ Date: ____/____/____
 Age: ____ Birthdate: ____/____/____ Home Phone: _____ Cell Phone: _____
 Personal E-Mail: _____
 Home Address: _____
 Own Rent _____
 (City, State and Zip)
 Employer: _____
 Position: _____
 Business Address: _____
 Business Phone: _____ Business E-Mail: _____
 If Married: Spouse's Name: _____ Age: ____ Birthdate: ____/____/____
 Employer: _____
 Position: _____
 Business Address: _____
 Business Phone: _____ Business E-Mail: _____
 Children:

	Name	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Planning Profile

Please check the boxes that reflect your current planning.

	Yes	No	?
I know the income my family will receive from my estate assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a current will consistent with my estate distribution wishes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My executor is familiar with my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A guardian has been appointed for my minor children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have reviewed my life insurance program in the last two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in a tax-favored retirement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the impact of inflation on my retirement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I maximize my annual tax-favored plan contributions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current investment returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I save on a weekly or monthly basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My income is protected in the event I am sick or hurt and cannot work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am fully covered for health care costs, including the costs of long-term care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fully understand and have checked my Social Security benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Statement

Please check the boxes that best reflect your current situation.

INCOME

Your Annual Income	Spouse's Annual Income
<input type="checkbox"/> Less than \$50,000	<input type="checkbox"/> Less than \$50,000
<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$50,000 to \$100,000
<input type="checkbox"/> \$100,000 to \$250,000	<input type="checkbox"/> \$100,000 to \$250,000
<input type="checkbox"/> More than \$250,000	<input type="checkbox"/> More than \$250,000

ASSETS (excluding home)	LIABILITIES (excluding home mortgage)
<input type="checkbox"/> Less than \$50,000	<input type="checkbox"/> Less than \$25,000
<input type="checkbox"/> \$50,000-\$150,000	<input type="checkbox"/> \$25,000-\$75,000
<input type="checkbox"/> \$150,000-\$250,000	<input type="checkbox"/> \$75,000-\$150,000
<input type="checkbox"/> \$250,000-\$500,000	<input type="checkbox"/> \$150,000-\$250,000
<input type="checkbox"/> \$500,000-\$1,000,000	<input type="checkbox"/> \$250,000-\$500,000
<input type="checkbox"/> More than \$1,000,000	<input type="checkbox"/> More than \$500,000
Value of Home: \$ _____	Home Mortgage: \$ _____

CURRENT SAVINGS AND INVESTMENTS

<input type="checkbox"/> Savings and CDs	<input type="checkbox"/> Bonds	<input type="checkbox"/> 401(k) Salary Deferral
<input type="checkbox"/> Money Market Fund	<input type="checkbox"/> Life Insurance Cash Value	<input type="checkbox"/> Pension/Profit Sharing Plan
<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Tax-Deferred Annuity	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Stocks	<input type="checkbox"/> IRA or SEPP	<input type="checkbox"/> Other: _____

CURRENT LIFE INSURANCE

Your Total	Spouse's Total
<input type="checkbox"/> Less than \$50,000	<input type="checkbox"/> Less than \$50,000
<input type="checkbox"/> \$50,000 to \$150,000	<input type="checkbox"/> \$50,000 to \$150,000
<input type="checkbox"/> \$150,000 to \$500,000	<input type="checkbox"/> \$150,000 to \$500,000
<input type="checkbox"/> More than \$500,000	<input type="checkbox"/> More than \$500,000

Financial Planning Priorities

Please check the boxes that most closely reflect your financial priorities.

H = High Priority M = Medium Priority L = Low Priority N/A = Not Applicable

	H	M	L	N/A
Planning for my retirement is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting my family's lifestyle in the event of my death is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving and investing on a regular basis are a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing educational funds for my children is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting my income in the event of sickness or accident is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing funds to pay my mortgage and debts in the event of my death is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting against the costs of long-term health care is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing money in tax-favored plans is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low risk investments are a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments that offer high growth potential are a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An overall financial plan is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement of my spouse in our financial planning is a...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Priorities

Please check all items you are interested in discussing.

- | | |
|---|--|
| <input type="checkbox"/> A financial analysis | <input type="checkbox"/> Tax-favored investments/annuities |
| <input type="checkbox"/> Planning for retirement | <input type="checkbox"/> Insurance on my spouse |
| <input type="checkbox"/> How to pay estate taxes | <input type="checkbox"/> Insurance on my children/grandchildren |
| <input type="checkbox"/> Ways to protect my family's lifestyle | <input type="checkbox"/> Protecting against the costs of long-term health care |
| <input type="checkbox"/> Mortgage protection coverage | <input type="checkbox"/> Methods of charitable giving |
| <input type="checkbox"/> Insurance on myself | <input type="checkbox"/> A systematic savings plan |
| <input type="checkbox"/> Converting temporary insurance | <input type="checkbox"/> Existing policy review |
| <input type="checkbox"/> Ways to protect my income in the event of sickness or accident | <input type="checkbox"/> Other pertinent information: _____ |

Future Plans

Please check all that may apply within the next two years.

- | | | |
|---|--|---|
| <input type="checkbox"/> New home | <input type="checkbox"/> Bonus | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Change job | <input type="checkbox"/> Salary increase | <input type="checkbox"/> Charitable gifts |
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Marriage | <input type="checkbox"/> Sell business |
| <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Children | <input type="checkbox"/> Sell property |
| <input type="checkbox"/> Pay off loans | <input type="checkbox"/> Save more | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Start business | <input type="checkbox"/> Retirement | _____ |

For Business Owners Only

Please check any items of interest or concern.

- | | |
|---|---|
| <input type="checkbox"/> Business Continuation Planning | <input type="checkbox"/> Executive Bonus Plans |
| <input type="checkbox"/> Buy/Sell Plans | <input type="checkbox"/> Group Insurance |
| <input type="checkbox"/> Key Employee Insurance | <input type="checkbox"/> Business Overhead Expense Protection |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Business Loan Insurance |
| <input type="checkbox"/> Long-Term Care Insurance | <input type="checkbox"/> Payroll Savings Plans |
| <input type="checkbox"/> Qualified Pension Plans (IRS approved, 401(k), SEPP, etc.) | <input type="checkbox"/> Nonqualified Retirement Plans (No IRS approval required) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Introductions

**Others you feel might benefit by completing a Priority Planning Review,
such as neighbors, co-workers, small business owners, family members...**

Name	Telephone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Thank you for completing the Priority Planning Review!

NOTES...

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, neither VSA, L.P. nor The National Underwriter Company is engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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