



## Priority Planning Review

A Brief Overview of Your Financial Plans and Priorities

Prepared for: **Your Prospect**

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# 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

- Less than \$50,000  
 \$50,000 to \$100,000  
 \$100,000 to \$250,000  
 More than \$250,000

### Spouse's Annual Income

- 

## Assets (excluding home)

- Less than \$50,000     \$250,000-\$500,000  
 \$50,000-\$150,000     \$500,000-\$1,000,000  
 \$150,000-\$250,000     More than \$1,000,000

Value of Home: \$ \_\_\_\_\_

## Liabilities (excluding home mortgage)

- Less than \$25,000     \$150,000-\$250,000  
 \$25,000-\$75,000     \$250,000-\$500,000  
 \$75,000-\$150,000     More than \$500,000

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

- Less than \$50,000  
 \$50,000 to \$150,000  
 \$150,000 to \$500,000  
 More than \$500,000

### Spouse's Total

- 

# 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"/> Insurance on my spouse                                |
| <input type="checkbox"/> Planning for retirement  | <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"/> How to pay estate taxes  | <input type="checkbox"/> Methods of charitable giving                          |
| <input type="checkbox"/> Mortgage protection coverage                                   | <input type="checkbox"/> A systematic savings plan                             |
| <input type="checkbox"/> Insurance on myself  | <input type="checkbox"/> Existing policy review                                |
| <input type="checkbox"/> Converting temporary insurance                                 | <input type="checkbox"/> Other pertinent information:                          |
| <input type="checkbox"/> Tax-favored investments/annuities                              | _____  |
| <input type="checkbox"/> Ways to protect my income in the event of sickness or accident | _____  |

## Future Plans

*Please check all items 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      | _____                                     |

## 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"/> 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...**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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