

# Cash Flow Concept Data Worksheet



Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: M  F  \_\_\_\_\_

Desired Retirement Age: \_\_\_\_\_

Second Name: M  F  \_\_\_\_\_

Desired Retirement Age: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

State of Issue: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_

## Financial Goals

Controlling Spending

Creating your own Family Bank

Eliminating Debt

Wills/Trust

Reducing Taxes

Asset Protection

Providing for children's or grandchildren's education

Estate Planning

Maximizing Savings

Future Expenditures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Real Estate

### Personal Residence Information:

Mortgage Payment (P&I only) \$ \_\_\_\_\_ Actual Monthly Payment \$ \_\_\_\_\_

Outstanding Mortgage \$ \_\_\_\_\_ Term Remaining \_\_\_\_\_ years Interest Rate: \_\_\_\_\_%

Type of Mortgage (check one & circle applicable term)

Fixed Term (30 year, 15 year, etc.)  ARM (5 yr, 7 yr, 10 yr, etc.)  Interest Only

### Other Property Owned:

Mortgage Payment (P&I only) \$ \_\_\_\_\_ Actual Monthly Payment \$ \_\_\_\_\_

Outstanding Mortgage \$ \_\_\_\_\_ Term Remaining \_\_\_\_\_ years Interest Rate: \_\_\_\_\_%

Type of Mortgage (check one & circle applicable term)

Fixed Term (30 year, 15 year, etc.)  ARM (5 yr, 7 yr, 10 yr, etc.)  Interest Only

## Debt Related

Please list any outstanding debts other than mortgages

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

## Insurance

### Life Insurance (Primary)

Medications: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Other Health Concerns: \_\_\_\_\_

Preferred  Standard Non-tobacco:  Tobacco:

Whole Life Universal Life: \_\_\_\_\_ Term: \_\_\_\_\_ Living Benefits: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Yearly Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Whole Life Universal Life: \_\_\_\_\_ Term: \_\_\_\_\_ Living Benefits: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

### Life Insurance (Partner)

Medications: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Other Health Concerns: \_\_\_\_\_

Preferred  Standard Non-tobacco:  Tobacco:

Whole Life Universal Life: \_\_\_\_\_ Term: \_\_\_\_\_ Living Benefits: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Whole Life Universal Life: \_\_\_\_\_ Term: \_\_\_\_\_ Living Benefits: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Premium: \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

## Income & Expenses

**MONTHLY Gross Income**    Primary

Partner

Wages/Salary	\$ _____		\$ _____
Social Security	\$ _____		\$ _____
Pension	\$ _____		\$ _____
Investment Income	\$ _____		\$ _____
Rental Income	\$ _____		\$ _____
Other Income	\$ _____		\$ _____
Total Income	\$ _____		\$ _____

Desired Retirement Income \$ \_\_\_\_\_ \$ \_\_\_\_\_

Do you expect a significant change in cash flow in the near future?    Yes    No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Investment Accounts: Non-Qualified Accounts, Qualified Accounts, Savings Accounts

**List account type IRA, Roth, 401K, 403b, 457, Savings, etc.  
 Check the box if the account value, contributions, or both are available**

Financial Institution	Account Type	Account Value	Available?	Monthly Contribution	Available?
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>

Any Asset not listed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Redirected Money

Monthly Over-Payments from Debts \_\_\_\_\_

Monthly Contribution to Investments \_\_\_\_\_

Spending Planner (Found discretionary money) \_\_\_\_\_

Amount to Pull from Qualified Accounts  
(5% to 10% a year or 72T) \_\_\_\_\_

Amount to Pull from non-Qualified Accounts \_\_\_\_\_

1035 Exchange \_\_\_\_\_

Life Ins. Premium Being Replaced Monthly \_\_\_\_\_

Other Available Money (Future) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total**

\_\_\_\_\_

**Producer's thoughts on case:**