ING Retirement Extra Using Life Insurance Factfinder - Individual

Date _____

Client A name _____ Date of birth _____ Social security no. _____

Client B name _____ Date of birth _____ Social security no. _____

Permanent Address:

Street address _____

City _____ State _____ Zip _____

Day phone _____ Evening phone _____

Secondary Address (if applicable):

Street address _____

City _____ State _____ Zip _____

Client A Information (please check one)

Are you a US citizen? ☐ Y ☐ N

Do you smoke? ☐ Y ☐ N Use tobacco in other form? _____

Do you have any health issues? ☐ Y ☐ N If yes, please specify _____

_____

Employer _____ Job title _____

Business address _____

Client B Information (please check one)

Are you a US citizen? ☐ Y ☐ N

Do you smoke? ☐ Y ☐ N Use tobacco in other form? _____

Do you have any health issues? ☐ Y ☐ N If yes, please specify _____

_____

Employer _____ Job title _____

Business address _____

Dependent Information

Name	Age	Spouse's Name	Age	Dependent of Client A Yes	Client A No	Client B Yes	Client B No
1.				☐	☐	☐	☐
2.				☐	☐	☐	☐
3.				☐	☐	☐	☐
4.				☐	☐	☐	☐

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Financial Summary

Assets	Current Value	Cost Basis	% Growth	Income Producing? (Y/N)	Liability	Ownership (Client A, B or Joint)
Home(s)						
Real estate						
Business interest						
Equities						
– Mutual funds						
– Individual securities						
– Nonqualified annuities						
Bonds						
– Taxable						
– Tax-free (i.e. municipal)						
Cash/money market account						
Bank account(s)						
Personal note(s)						
Personal property						
Misc. assets						

Total current value of assets owned by: Client A $ _____ **Client B $** _____ **Joint $** _____

Life Insurance (Type: WL = Whole life insurance; UL = Universal life insurance; VUL = Variable universal life insurance)

1. Policy # _____ Co. _____ Premium $ _____ Ownership _____

   Type (check one): ☐ WL ☐ UL ☐ VUL ☐ Term Death benefit $ _____ Cash value $ _____

2. Policy # _____ Co. _____ Premium $ _____ Ownership _____

   Type (check one): ☐ WL ☐ UL ☐ VUL ☐ Term Death benefit $ _____ Cash value $_____

Disability Income Insurance

1. Policy # _____ Co. _____ Premium $ _____ Insured _____

   Monthly benefit $ _____ Annual premium $ _____ Elimination per. _____ Benefit per. _____ COLA _____%

2. Policy # _____ Co. _____ Premium $ _____ Insured _____

   Monthly benefit $ _____ Annual premium $ _____ Elimination per. _____ Benefit per. _____ COLA _____%

Retirement Plans (enter current value)

	Client A	Client B
401(k)/403(b)/Keough/SEP		
Traditional IRA		
Roth IRA		
Pension		
Please specify current or planned distributions from qualified plans		
Totals		

Other Debt

	Client A	Client B
Short-term		
– Credit card		
– Credit line		
– Auto		
– Other		
Long-term		
– Real estate		
– Mortgage		
– Business loan		
– Other		
Totals		

Estate Planning/Wills/Trusts

Do you currently have a will?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, when was it last updated?		
Do you have a living trust?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a credit shelter trust/provision set up?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a Health Care Power of Attorney or a Living Will?	☐ Yes ☐ No	☐ Yes ☐ No
Have you resided in another state?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, what state and when?		
Are you making gifts to a charitable or non-profit foundation?	☐ Yes ☐ No	☐ Yes ☐ No
Have you been making gifts to your children?	☐ Yes ☐ No	☐ Yes ☐ No
Do you plan to make lifetime gifts to your children?	☐ Yes ☐ No	☐ Yes ☐ No
What other estate planning have you done?		

If you are working with an attorney or CPA, please list their names and phone numbers below:

	Name	Phone
Attorney		
Accountant		
Other Advisor		

Supplement A – Business Ownership

Business Ownership

Business name _____

Business address _____

_____

Type of business/industry _____

Business structure (check one): ☐ Sole proprietor ☐ 'C' Corp ☐ 'S' Corp ☐ Partnership ☐ LLC or LLP

If a 'C' corp, what is the corporate tax bracket? _____% What is your personal tax bracket? _____%

Percentage of business owned: _____% Other Owners: _____

Do you have children active in business? _____

Do you wish for children to continue business at your retirement? _____

Do have any other partners or key employees who would succeed you in the business? _____

If yes, please list their names _____

_____

Is there currently a buy-sell arrangement in place? _____

If so, how is it structured (entity/trust owned, cross purchase) _____

How is the arrangement funded? _____

Is there a "key employee" plan in place? _____

Grandchildren Information

Name	Age	Parents
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Objectives/Goals

What are your short-term financial goals (0 to five years)? Please list and prioritize (e.g., reduce debt, buy car, college funding).

_____

_____

_____

What are your long-term financial goals (five years through retirement)? Please list and prioritize (e.g., buy second home, special gifts for children/grandchildren, retire early — please note planned retirement age).

_____

_____

_____

Do you believe that you will reach financial security at retirement?_____

What monthly income do you need to meet your lifestyle expectations? Do you foresee any changes in current income?

_____

_____

To potentially increase retirement income and/or reduce taxes, how much could you invest to help meet your financial goals?

_____

Income (monthly)	**Client A**	**Client B**
Salaries, wages, bonuses (after tax)		
Investment income		
Social Security/Other		
Total Income		

Expenses (monthly)		
Mortgage payment		
Auto payment(s)		
Living expenses (food, clothing, transportation)		
Entertainment, recreation		
Other expenses		
Total Expenses		
Net Income (amount available for savings and investment)		

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12/01/2006