PHP AGENCY

Client: _____ Date: _____

Spouse: _____ PHP Associate: _____

FINANCIAL LIFESTYLE STRATEGY

THE SIX STEPS TOWARD REACHING YOUR FINANCIAL GOALS

STEP 1
INCREASE CASH FLOW
- Earn additional income
- Manage expenses

STEP 2
MANAGE DEBT
- Strive to eliminate credit card debt
- Consolidate debt

STEP 3
LONG-TERM PLANNING
- Focus on long-term planning not short-term results
- Outpace inflation and reduce taxation

STEP 4
PROPER PROTECTION
- Protect against loss of income
- Protect family assets

STEP 5
EMERGENGY FUND
- Save at least 3-6 months of income
- Prepare for emergency expenses

STEP 6
ADDITIONAL SERVICES
- Long-Term Care & Disability

Client Name:	Spouse Name:	
DOB:	DOB:	
Home Address:	Dependent Children:	Anniversary:
	Name:	DOB:
Home / Cell Phone:	Name:	DOB:
Email:	Name:	DOB:

FEDERAL TAX REFUND LAST YEAR: STATE TAX REFUND: NUMBER OF EXEMPTIONS:

If I could help you reach your top financial goals, what would they be? Rate on scale 1 (lease) - 10 (most)

☐ 10	Build retirement wealth	☐ ___	Pay off credit cards	☐ ___	Help support aging parents
☐ ___	Buy a new home	☐ ___	Alternate income in case of death or disability	☐ ___	Build savings for unexpected expenses
☐ ___	Finance college for children	☐ ___	Make a major purchase (car, boat, vacation)	☐ ___	Other _____

Min. per Month: Max per Month:

401K / 403B / IRA / TSP/ 457 / Mutual Funds / Cryptocurrency /Annuity / Options

OWNER	EMPLR MATCH	INV. NAME / TYPE	ROR	BALANCE	MON. CONT
	401				
SS:			PENSION:		

EDUCATION FUND

OWNER	INV.NAME / TYPE	ROR	BALANCE	# SHARES	MON. CONT

MANAGE DEBT				
	LENDER	BALANCE	INTEREST RATE	MONTHLY PAYMENT
Mortgage / Rent				
Auto Loan				
Auto Loan				
Student Loan				
Credit Card				
Credit Card				
Credit Card				
Credit Card				
Personal / Other				

EMERGENCY FUND		
TYPE OF SAVINGS	BALANCE	MONTHLY CONTRIBUTION
Savings Account		
Checking Account		
Bank CD		
Money Market		

INCOME	CLIENT	SPOUSE
CURRENT ANNUAL INCOME	$ 0	$ 0
Monthly Income		
Bonus Commission		
Rental Income		
Other Income		
	$ 0.00	$ 0.00

EXPENSES (MONTHLY BREAKDOWN)	
Mortgage / Rent	$ 0
Food	$
Property Insurance / Taxes	$
Auto Insurance	$
Auto Gas & Maintenance	$
Utilities (Gas, Electric, Water)	$
Cable / Internet	$
Phone / Cell Phone	$
Entertainment	$
Monthly Memberships/ Subscriptions	$
Gifts / Holidays	$
Tithe / Charity	$
Other	$
Total	$ 0
Discretionary Income	$ 0

Out of the goals we discussed earlier, which 3 are most important to you?

_____

Do you feel your saving enough for retirement? _____

What age do you want to retire? _____

In today dollars, how much would you want per month? _____

What amount do you feel comfortable saving towards your financial future?

Min. per month: $ 0 Max per month: $ 0

ANNUITIES			
What type?	FIXED	VARIABLE	INDEX
Year Purchased:			
Surrender Schedule:			
Fees:			
Interest:	VARIABLE	CAP	PARTICIPATION

PROTECTION PLANNING			
	LIFE INSURANCE	CLIENT	SPOUSE
Insured			
Premium			
Death Benefit			
Policy Year			
Type			
Cash Value			
Carrier			

Riders: ☐ Child Rider ☐ Disability Income

☐ Chronic Illness ☐ Terminal Illness ☐ Critical Illness

SCHEDULE NEXT APPOINTMENT	
Date:	Time:

CLEAR