

Confidential Client Information for

▶ What Concerns You Most?

There are a number of different areas to consider when preparing for your future financial security. Most financial experts recommend that clients plan first for their needs in the event of death or disability. Why do you think that financial experts make this recommendation?

When you think of the different exposures you face each day, which are the most important?

- Needs in the event of death
 Disability income protection
 Estate strategies
 Lawsuits
 College funding
 Long-term care / Medicare supplements
 Severe injury
 Major loss of your assets

What are your expectations of your agent?

What do you expect of your insurance company?

▶ Personal Information

	CLIENT A	CLIENT B
First Name		
Last Name		
D.O.B.		
Employer		
Start date		
Occupation		
Work phone		
Self-employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

When did you last update your will and beneficiary designations? _____

Do you have a medical and/or financial power of attorney in place? _____

Name of professional advisors: Attorney _____ Accountant _____

Financial _____

Are you married? Yes No

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

Best method of contacting _____

► Dependents and Parents

Child's Name

Date of Birth

____/____/____

____/____/____

____/____/____

____/____/____

Parent's Name

____/____/____

____/____/____

► Needs in the Event of Death

The death of a wage earner can have a significant impact on household income. Financial experts generally recommend 70 percent of current income be available for a family's continuing income needs while there are children at home, and 50 percent thereafter.

	NAMES	Name 1	Name 2
Debt Payoff		_____	_____
Income Replacement:			
Dependents at home (Annual Income x 70% x Years)		_____	_____
No Dependents at home (Annual Income x 50% x Years)		_____	_____
Mortgage Payoff		_____	_____
Education Expenses (See "College Funding" below)		_____	_____
	TOTALS	\$ _____	\$ _____

CURRENT LIFE INSURANCE

NAME OF INSURED	INSURANCE BENEFIT	INSURANCE COMPANY	ANNUAL PREMIUM	TYPE
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

What was the primary purpose of your existing life insurance? _____

▶ College Funding

With ever-increasing costs of college, it's important to begin saving as soon as possible.

CHILD'S NAME	SCHOOL	ANNUAL COST (IN TODAY'S DOLLARS)*	YEARS TO ATTEND	PERCENT TO PROVIDE YOU
		\$		%
		\$		%
		\$		%
		\$		%

CURRENT LIFE INSURANCE

How much have saved already for your children's college education.

Total Saved to Date \$ _____
 Monthly Savings Amount \$ _____
 Estimated Average Rate of Return _____%

2023-2024 Average Annual College Costs

Source: The College Board, Trends in College Pricing 2023

Average Annual Total (including room and board)
 Public (In-State) ... \$24,030 / Private (Nonprofit) ... \$56,190

Average Annual Increase (tuition and fees only)
 Public (In-State) ... \$2.5 / Private (Nonprofit) ... 4.0%

▶ Retirement

Many people underestimate the amount of money they will need to enjoy a comfortable retirement. Today's average retiree has a life expectancy of 20 years or more. In order to have enough money to maintain a comfortable lifestyle during retirement, you should begin preparing as soon as possible.

	CLIENT A	CLIENT B
At what age do you plan to retire?	_____	_____
What percentage of your current income should be provided during retirement?	_____ %	_____ %
Financial experts generally recommend 70 percent to 80 percent of preretirement income.		
Does your employer offer any retirement plans into which you contribute?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, why?	_____	
How did you choose the investments in your employer-sponsored plan?	_____	
Do you systematically save money in any other way?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? _____	
What is your expectation of your investment portfolio?	_____	
Are you currently meeting that expectation?	<input type="checkbox"/> Yes <input type="checkbox"/> No Why? _____	
How do you feel about the impact taxation and inflation have on your ability to build wealth?	_____	
What is the single most important thing about retirement for you?	_____	
When did you last review your Social Security benefits statement?	_____	

RETIREMENT PLANS

Enter either the totals for your retirement plans including IRAs, 401(k) plans, etc., in the shaded area, or list the details of the individual accounts below. List defined benefit pension plans in the **Other Sources of Income** section on page five.

ACCOUNT OWNER	ACCOUNT NAME	AMOUNT	MONTHLY CONTRIBUTIONS	COMPANY MATCH	RATE OF RETURN
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
TOTALS		\$	\$	\$	%

▶ Financial Information

	CLIENT A	CLIENT B
Annual employment income	\$ _____	\$ _____
Do you contribute to Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own your own business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you have a partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a buy-sell agreement in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how is it funded? _____		
Do you have a will or trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type? _____		
What type of business entity is established?	<input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Sole Proprietor	

► Assets

Enter either the totals for your assets in the shaded area, or list the details of the individual accounts below. Include CDs, money market accounts, stocks, bonds, mutual funds, real estate (other than your residence). Do not include assets earmarked for education needs or retirement plans, such as 401(k) and IRAs. Note: estimated rate of return will vary with market conditions.

ASSET OWNER	TYPE OF ACCOUNT	AMOUNT	MONTHLY CONTRIBUTIONS	ESTIMATED RATE OF RETURN
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
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		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
TOTAL		\$	\$	

▶ Liabilities

Enter your current liabilities.

LIABILITIES	AMOUNT	MONTHLY PAYMENT	FINAL PAYMENT DUE	INTEREST RATE
<input type="checkbox"/> Mortgage balance <input type="checkbox"/> Monthly rent	\$	\$		%
	\$	\$		%
	\$	\$		%
	\$	\$		%
	\$	\$		%
	\$	\$		%
	\$	\$		%
	\$	\$		%
	\$	\$		%
	\$	\$		%
	\$	\$		%
	\$	\$		%
TOTALS	\$	\$		

▶ Other Sources of Income

Enter other sources of income received today or expected in the future. Include alimony, child support, net rental income, defined benefit pension plans, fixed annuities, part-time income during retirement, etc.

TYPE	AMOUNT	MONTHLY AMOUNT	OR LUMP SUM	TODAY'S VALUE	OR FUTURE VALUE	BEGINS AT AGE	ENDS AT AGE	ANNUAL INCREASE	IS INCOME AVAILABLE TO SURVIVORS?
	\$	<input type="checkbox"/>	or <input type="checkbox"/>		or <input type="checkbox"/>			%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/>	or <input type="checkbox"/>		or <input type="checkbox"/>			%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/>	or <input type="checkbox"/>		or <input type="checkbox"/>			%	<input type="checkbox"/> Yes <input type="checkbox"/> No

▶ Disability Income

A disability can have a devastating impact on the family's financial plans.

What percentage of your current income should be provided during retirement?

Income replacement objective **CLIENT A** _____ % of monthly **CLIENT B** _____ % of monthly
 (Financial experts generally recommend 60 percent to 70 percent of your current income.)

EXISTING DISABILITY INSURANCE

Total Monthly Benefit **CLIENT A** \$ _____ **CLIENT B** \$ _____

NAME OF INSURED	INSURANCE COMPANY	MONTHLY BENEFIT	GROUP OR PERSONAL	ANNUAL PREMIUM	WAITING PERIOD	BENEFIT PERIOD
		\$		\$		%
		\$		\$		%

▶ Long-Term Care

Long-term care expenses can have a devastating impact on a financial situation. Having sufficient insurance coverage can help assure there is enough money for adequate care.

Enter your estimated monthly long-term care costs (in today's dollars) \$ _____ (U.S. average is \$3,000 to \$6,500)

EXISTING LONG-TERM CARE COVERAGE

NAME OF INSURED	COMPANY	DAILY BENEFIT	ANNUAL PREMIUM	ELIMINATION PERIOD (DAYS)	BENEFIT PERIOD (DAYS)
		\$	\$		
		\$	\$		

▶ Health Condition

Tobacco use: Yes No Rate your current overall health condition: Excellent Good Fair Poor

Are you currently taking any medications? Yes No If yes, what? _____ Frequency _____
 _____ Frequency _____
 _____ Frequency _____
 _____ Frequency _____

When was the last time you were seen by a physician of any kind? _____

Reason: _____

What was the diagnosis? _____ Treatment prescribed? _____

Any other health and medical issues? _____

► Automobile / Motorcycle / Recreational Vehicle

Current company _____
 Number of years with company _____
 Accidents _____
 Violation _____
 Claims _____
 Years licensed _____

	1ST VEHICLE	2ND VEHICLE	3RD VEHICLE
Year/Make	/	/	/
Model			
Driver/Age	/	/	/
Use/Mileage	/	/	/
VIN			

CURRENT COVERAGE

Bodily Injury _____
 Property Damage _____
 Medical _____
 Uninsured Motorist _____
 Comprehensive _____
 Deduction _____
 Collision Deduction _____
 Total Loss _____
 Premium _____

► Home/Rental Property

Home Rental

Year built _____
 Number of years owned _____
 Square feet _____
 Exterior material _____
 Wall material _____
 Ceiling material _____
 Floor type _____
 Roof material _____

Garage Yes No
 If yes, attached Yes No
 Number of cars _____
 Number of bathrooms _____
 Number of stories _____
 Fireplace Yes No
 Porch Yes No
 Burglar alarm Yes No
 Monitored? Yes No
 Central heating/air Yes No

Any special amenities? _____
 Do you have any of the following exposures? Business at home Yes No Swimming pool Yes No

CURRENT COVERAGE

Company _____ Dwelling _____
 Liability _____ Content _____
 Deductible _____ Guest Medical _____
 Premium _____

▶ Household Budget

Understanding where your money goes can help you prioritize your expenditures going forward.

Net monthly household income	\$ _____
- Mortgage/Rent	- \$ _____
- Debt repayments	- \$ _____
- Utilities	- \$ _____
- Food and household necessities	- \$ _____
- Other essentials (pets, auto and home maintenance, etc.)	- \$ _____
- Insurance	- \$ _____
- Hobbies, recreation, gifts, charitable	- \$ _____
Available surplus for achieving financial security goals	\$ _____

▶ Miscellaneous

Personal Liability (Umbrella) Amount _____ Provider _____
Medical Insurance Group _____ Individual _____

Supplemental Insurance	Type	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Insurance	Type	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

▶ Final Questions

Are there any special circumstances that should be considered when analyzing your situation?

For example, children with special needs, dependent parents, philanthropic intentions etc.

In order to do a good job for you, based on your situation I need to know how much you can set aside on a regular and consistent basis to accomplish your goals and objectives.



▶ Referrals

▶ Date of Next PIR

How often would you like to meet to review your needs and financial situation?

▶ Other Notes

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