LIFE PLANNING GUIDE

Investment Centers of America, Inc.

Rep: Craig Prudhomme (N22) **Date:** _____

Phone # _____ Updated: _____

PART I - Personal Information & Results from Dialogue

	Client A	Client B
Name		
Date of Birth (Age)		
Occupation		
Address		

Family Members included in the Planning Process (Not necessarily dependents. Could be grown children, etc.)

Name	Age	Son/Daughter	M / S	Grand Children

Based on the DIALOGUE with the client, briefly list clients major planning objectives.
Try to prioritize and state as simply and clearly as possible.

INVESTMENT CENTERS OF AMERICA, INC.
We know the territory®

Investment Centers of America, Inc. (ICA) member FINRA, SIPC and a Registered Advisor is not affiliated with First National Bank of Moose Lake. Securities, advisory services, and insurance products offered through ICA and affiliated insurance agencies are *not insured by the FDIC or any other Federal Government agency *not a deposit or other obligation of, or guaranteed by any bank or their affiliates *subject to risks including the possible loss of principal amount invested.

April - 2014
#86884

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PART II - Cash Flow

Annual Income Sources*

Birthdate	Name	Time Segment #1	Time Segment #2	Time Segment #3	Time Segment #4
Name	**Income Source**				
	Salary (W2)				
	Salary (W2)				
	Social Security (Age)_____				
	Social Security (Age)_____				
	Pension (Defined Benefit)				
	Pension (Defined Benefit)				
	Other Income:				
	_____				
	_____				
	_____				
TOTAL Income without Investments		$ -	$ -	$ -	$ -

**Income sources other than investments*

Annual Living Expenses

	Time Segment #1	Time Segment #2	Time Segment #3	Time Segment #4
Total Household Expenses	$ -	$ -	$ -	$ -
Total Income Taxes	$ -	$ -	$ -	$ -
Total Soc/Sec-Withholding	$ -	$ -	$ -	$ -
Total Liability Payments	$ -	$ -	$ -	$ -
TOTAL Basic Needs - Level 1	$ -	$ -	$ -	$ -
TOTAL Insurance - Level 2	$ -	$ -	$ -	$ -
TOTAL Lifestyle - Level 3	$ -	$ -	$ -	$ -
TOTAL Charitable Gifts Level 4	$ -	$ -	$ -	$ -
TOTAL Expenses All 4 Levels	$ -	$ -	$ -	$ -
Net Cash Flow (Income less Expenses)	$ -	$ -	$ -	$ -

*** Attaching a tax return is a must for more accurate projections. Please Include W-2's and 1099's!**

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PART III - Net Worth

Personal Assets (Non-Investment)	Client A	Client B	Joint	*Cost Basis (if applicable)*
PERSONAL RESIDENCE				
PERSONAL PROPERTY				
BUSINESS ASSETS				
OTHER ASSETS:				
Total Non-Investment Assets	$ -	$ -	$ -	$ -
$ -				

Investment Assets CHECKING, SAVINGS, MM, & CDs (Taxed already - only interest earned taxable)	Client A	Client B	Joint
Total Bank Accounts & CDs	$ -	$ -	$ -
$ -			

NON-QUALIFIED ANNUITIES & US SAVINGS BONDS (Deferred Taxation)	Client A	Client B	Joint	*Cost Basis*
Total Non-Qualified Annuities	$ -	$ -	$ -	$ -
$ -				

NON-QUALIFIED INVESTMENTS MUTUAL FUNDS, STOCKS, BONDS (Tax Deferred Capital Gains)	Client A	Client B	Joint	*Cost Basis*
Total Non-Qualifed Investments	$ -	$ -	$ -	$ -
$ -				

RETIREMENT PLANS & IRAs (Totally Deferred)	Client A	Client B	Annual Contributions
Total Retirement Plans & IRAs	$ -	$ -	
$ -			

ROTH IRAs (Already Taxed)	Client A	Client B	Annual Contributions
Total Roth IRAs	$ -	$ -	
$ -			

Total Investment Assets (Per Client)	$ -	$ -	$ -	$ -

Total Investment Assets **$ -**

Total Non-Investment Assets **$ -**

Total Family Assets **$ -**

LIABILITES	Client A	Client B	Joint	*Annual Payments*
Total Liabilities	$ -	$ -	$ -	$ -
$ -				

Net Worth (Per Client)	$ -	$ -	$ -

Total Family Net Worth **$ -**

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PART IV - Insurance

PRESENT LIFE INSURANCE									
Company	**Type**	**Insured**	**Owner**	**Beneficiary**	**Issue Date**	**Face Amount**	**Annual Premium**	**Cash Value**	**Cost Basis**
					Totals	$ -	$ -	$ -	$ -

*** Please include your most recent annual statements**

PRESENT DISABILITY INCOME INSURANCE					
Company	**Insured**	**Owner**	**Date Issued**	**Coverage**	**Annual Premium**
			Totals	$ -	$ -

PRESENT LONG TERM CARE INSURANCE								
Company	**Insured**	**Owner**	**Date Issued**	**COLA**	**Monthly Benefit**	**Maximum Life Time Benefit**	**Annual Premium**	**# Years**
						Totals	$ -	

LIFE PLANNING GUIDE

Detailed Expense Worksheet

(Average Annual Amounts)

Level 1- Basic Needs Living Expense		
Household Expenses:		
Food	$	-
Dining Out	$	-
Clothing/Cleaners	$	-
Medical Doctors	$	-
Medical Prescription	$	-
Medical Flex Spending	$	-
Computer, Cable TV & Telephones	$	-
Fees (Bank, Credit, Invest)	$	-
Gas and Oil	$	-
Homeowners (Dues/Maint)	$	-
Insurance Automobile	$	-
Insurance Health Premiums	$	-
Insurance Homeowners	$	-
Medicare Insurance "B" plus Supps	$	-
Personal Care	$	-
Professional (CPA, Legal)	$	-
Real Estate Taxes	$	-
Utilities	$	-
Vehicle Maintenance	$	-
Veterinary/Pet Care	$	-
Rent	$	-
Credit Cards Rolling Monthly Avg Bal	$	-
Gifts to Family and Friends	$	-
Other	$	-
Other	$	-
Other	$	-
Other	$	-
Other	$	-
Miscellaneous	$	-
SubTotal Household Expenses	**$**	**-**
Taxes - Income:		
Federal Income Tax	$	-
State Income Tax	$	-
SubTotal - Income Taxes:	**$**	**-**
Social Security & Medicare w/Holding	$	-
SubTotal - Soc/Sec W/H	**$**	**-**
Liability Payments: **Years Left**		
Mortgage P & I	$	-
Home Equity	$	-
Automobile	$	-
Automobile	$	-
Personal Loans	$	-
Credit Cards Lg Avg Bal Frwd	$	-
SubTotal Liability Payments	**$**	**-**
TOTAL BASIC NEEDS - LEVEL 1	$	-

Level 2- Risk Insurance Needs		
Insurance Fixed Premium:		
Life Insurance - Client 1	$	-
Life Insurance - Client 2	$	-
Sub Total Life Insurance Premiums	**$**	**-**
Disability Insurance	$	-
Long Term Care Insurance	$	-
Sub Total- DI & LTC Premiums	**$**	**-**
TOTAL INSURANCE - LEVEL 2	$	-

Level 3- Lifestyle Expense		
Leisure/Hobbies:		
Boating/Fishing	$	-
Dues/Memberships	$	-
Golf	$	-
Tennis	$	-
Hobbies	$	-
Other	$	-
Subtotal Hobbies	**$**	**-**
Travel/Adventure:		
Second Home	$	-
Vacations	$	-
Recreational Vehicle	$	-
Other	$	-
Subtotal Travel	**$**	**-**
Personal Growth/Education:		
Education/Lessons	$	-
Health & Fitness	$	-
Develop New Skills	$	-
Business (Meetings,etc)	$	-
Other	$	-
Subtotal Personal Growth	**$**	**-**
TOTAL LIFESTYLE - LEVEL 3	$	-

Level 4 - Charitable Gifts		
Church/Non Profits/Charities	$	-
Universities/Schools	$	-
Other Deductible Donation/Gifts	$	-
Other Deductible Donation/Gifts	$	-
Other Deductible Donation/Gifts	$	-
TOTAL CHARITABLE GIFTS - LEVEL 4	$	-
TOTAL ANNUAL EXPENSES	**$**	**-**