CASH NEEDS ANALYSIS

Name of Proposed Insured	Marital Status	Age	Date of Birth	Ht /	Wt		Medical ondition	Tobacco Use
								**
Employer's Name	Ann. Inc	ome	Occupation	1		Wrk	x. Tel.	Hm. Tel.
Spouse Name if applicable	Marital Status	Age	Date of Birth	Ht /	Wt		Medical condition	Tobacco Use
Employer	Ann. Income		Occupation			Wrl	x. Tel.	Hm. Tel.
What is your Monthly affordable Premium Budget? \$ No. of Children =								n =

		Name	Name (if applicable)
IN	SURANCE NEEDS		
1.	FINAL & IMMEDIATE EXPENSES	<u>Amount</u>	<u>Amount</u>
	* Funeral / Burial Expenses	\$	\$
	* Medical & Hospital Expenses	\$	\$
	* Airfare for Family Member(s)	\$	\$
	* Funeral Attire, Flowers, Food, Drinks	\$	\$
	* Debt Repayment (Auto Loan, Credit Card)	\$	\$
2.	FAMILY INCOME PROTECTION		
	* Multiply Annual Income x 5 Years	\$	\$
	* 10 Year Rental Payment (if applicable)	\$	\$
	* Emergency Fund (Auto/Home Repair, Medical)	\$	\$
3.	MORTGAGE PROTECTION		
	* Balance on 1 st Mortgage (No. of Years)	\$	\$
	* Balance on 2 nd Mortgage (No. of Years)	\$	\$
4.	CHILDREN'S EDUCATION FUND		
	* Clothing, Tuition, Books (Elem, Mid, High School)	\$	\$
	* 4-Year College Expense (No. of Children)	\$	\$
	SUB-TOTAL:	\$	\$
Cl	URRENT FINANCIAL RESOURCES		
1.	SAVINGS AND OR LIQUID ASSETS	\$	\$
2.	EXISTING LIFE INSURANCE (Permanent or Term)	\$	\$
3.	INVESTMENT, RENTAL, OTHER INCOME	\$	\$
		\$	\$
	UBTRACT:	_	
	TOTAL CURRENT FINANCIAL RESOURCES:	\$	\$
	WINUS SUB-TOTAL INSURANCE NEEDS:	\$	\$
	TOTAL INSURANCE NEEDS:	\$	\$