NAME: ______________________

DATE: ______________________

CHURCH NAME: ______________________

LIFE INSTITUTE

STEWARDSHIP REVIEW FORM

HELPING CHRISTIANS BECOME EVEN BETTER STEWARDS

OUR COMMITMENT TO PRIVACY

Life Institute and The Life Financial Group, Inc. is committed to maintaining the confidentiality, integrity, and security of personal information for current and prospective clients. All information listed herein is kept in strict confidence and not shared with anyone outside our firm unless required by law. We greatly value our clients' trust and carefully safeguard all financial and legal documents.

LIFE INSTITUTE &
LIFE FINANCIAL GROUP
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MEETING INFORMATION

Date: ________________ *Location:* ____ *Advisor:* ____________________

Goals For This Meeting: ____

FOR MORE ACCURATE FINANCIAL AND INVESTMENT COUNSEL, PLEASE INCLUDE THE FOLLOWING INFORMATION

- ☐ *A copy of your will and related estate planning documents*
- ☐ *The last two years of federal tax returns (first 4 pages, 1040, Sch. A, B, C)*
- ☐ *A copy of your budget or a detailed breakdown of your monthly/annual income and expenses*
- ☐ *A copy of all investment/brokerage accounts, IRAs and employer retirements statements (401K, etc.)*
- ☐ *Bank/credit union account information*
- ☐ *All life insurance annual statements*
- ☐ *A detailed listing of outstanding debts with payments and interest rates*

FAMILY DATA

Marital Status: ☐ *Single* ☐ *Married* ☐ *Divorced* ☐ *Widower/Widow* *Wedding Anniversary:* ____________________

CLIENT INFORMATION

Name (First, Middle Initial, Last)		*Citizenship*	
Street Address	*City*	*State*	*Zip*
Home Phone #	*Cell Phone #*	*Sex*	*Date of Birth*
Email Address		*Age*	*Parents Ages*
Occupation		*Years of Employment*	
Employer			

SPOUSE INFORMATION

Name (First, Middle Initial, Last)		*Citizenship*	
Home Phone #	*Cell Phone #*	*Sex*	*Date of Birth*
Email Address		*Age*	*Parents Ages*
Occupation		*Years of Employment*	
Employer			

CHILDREN INFORMATION

First Name	*Last Name*	*Sex*	*Date of Birth*	*Age*	*Marital Status*	*From Prev. Marriage?*
1.						
2.						
3.						
4.						
5.						

CONCERNS & OBJECTIVES

GENERAL

- *Do you anticipate any major lifestyle changes in the near future?* ☐ *Yes* ☐ *No* ☐ *Uncertain*

  If yes, please explain: ____
- *Do you anticipate any future significant changes to your cash flow?* ☐ *Yes* ☐ *No* ☐ *Uncertain*
- *Do you anticipate any major purchases in the near future?* ☐ *Yes* ☐ *No* ☐ *Uncertain*

  If yes, please explain: ____

RETIREMENT PLANNING

- *At what age do you plan on retiring?* __________________ *Already Retired* ☐
- *What annual income do you expect to need (in today's dollars) during retirement?* $ ______________________
- *Do you plan on working during retirement?* ☐ *Yes* ☐ *No* ☐ *Uncertain*
- *What is your estimated Social Security income at full retirement age? (SSA.gov)* $ ___________ *Spouse:* $ ______________

PROTECTION

- *Do you (and your spouse) have long-term nursing care insurance?* ☐ *Yes* ☐ *No*
- *Do you have enough life insurance?* ☐ *Yes* ☐ *No* ☐ *Uncertain*
- *Do you have an emergency cash fund?* ☐ *Yes* ☐ *No*
- *Do you have umbrella liability coverage?* ☐ *Yes* ☐ *No* ☐ *Uncertain*

ESTATE PLANNING

- *Do you expect or hope to receive an inheritance?* ☐ *Yes* ☐ *No* ☐ *Uncertain*
- *Have you adequately considered estate taxes?* ☐ *Yes* ☐ *No* ☐ *Uncertain*
- *Have you provided adequate estate liquidity for your heirs?* ☐ *Yes* ☐ *No* ☐ *Uncertain*
- *Have you done any planning to avoid probate?* ☐ *Yes* ☐ *No* ☐ *Uncertain*
- *Do you intend to give to a church or charity at your death?* ☐ *Yes* ☐ *No* ☐ *Uncertain*
- *Is Christian schooling a desire for your children or grandchildren?* ☐ *Yes* ☐ *No* ☐ *Uncertain*

QUESTIONS & CONCERNS

Please list any concerns, problems, or family needs you have.

____
____
____
____
____
____
____
____

LEGAL DOCUMENTS

NONE ☐

Date of Last Will: ______________________ *Was it notarized?* _____________ *Add'l Info:* __________________________________

Date of Power of Attorney Document: ___________________________ *Date of Medical Power of Attorney:* _____________________

Do you have any of the following? Check all that apply. ☐ *Living Trust* ☐ *Marital Bypass Trust* ☐ *Other Trust Document*

What is the purpose of your Trust Document? ____

Do you have a pre-nuptial or other marital agreement to protect children from a previous marriage? ☐ *Yes* ☐ *No* ☐ *N/A*

FAMILY MEDICAL CONCERNS

NONE ☐

List all current medications and/or surgeries during the past 5 years.

Client: ____

Spouse: ____

CHURCH AFFILIATIONS & PASTOR'S NAME

NONE ☐

Church: ____ *Pastor's Name:* ____

EDUCATION & MISC. INFORMATION

Client Education (check all that apply): ☐ *High School* ☐ *College Degree* ☐ *Graduate Degree*

Spouse Education (check all that apply): ☐ *High School* ☐ *College Degree* ☐ *Graduate Degree*

Are you affiliated or employed by a FINRA member brokerage firm? ☐ *Yes* ☐ *No*

LAST TWO YEARS, FEDERAL INCOME TAX INFORMATION

DO NOT FILE ☐

Year	*Adjusted Gross Income*	*Soc. Security Income*	*Dividends & Interest*	*IRA Contrib. or <Distrib.>*	*Total Taxes Paid*	*Tax Refund or <Owed>*	*Charitable Deductions*
	$	$	$	$	$	$	
	$	$	$	$	$	$	

If You Are A Pastor:

Are you receiving a W-2 or a 1099 tax form from your church? ☐ *W-2* ☐ *1099*

Have you opted out of Social Security? ☐ *Yes* ☐ *No* *How many quarters did you pay into Social Security?* _______________

REAL ESTATE DETAILS

NONE ☐

	Fair Market Value	***Purchase Price***	***Mortgage Balance***	***Monthly Payment***
Primary Residence	$	$	$	$
Second Home	$	$	$	$
Investment Property	$	$	$	$
Undeveloped Land	$	$	$	$
Other Assets	$	$	$	$

U.S. GOV. SAVINGS BONDS – E / EE / H

NONE ☐

Total Face Value? $ _____________ *How many bonds do you hold?* ____________ *What is the oldest one?* __________

**U.S. Gov. Savings Bonds only earn interest for 30 years.*

MONTHLY INCOME

	Client	Spouse
Salary / Bonus, Etc. (after taxes)	$	$
Interest & Dividends	$	$
Social Security Income	$	$
*Retirement Income / Pension**	$	$
Other Income (List Source ______________)	$	$
Combined (average) Monthly Income =	**$**	**$**
**Is there a survivor benefit for your spouse?*	☐ Yes ☐ No ☐ N/A	*If so, how much? ________%*

BANKING & CREDIT UNION INFORMATION

	Institution Name	Approximate Balance	How is it Titled?
Checking Account #1		$	
Checking Account #2		$	
Savings Account(s)		$	
Money Market		$	
CD(s)		$	

INVESTMENT DETAIL NONE ☐

***Titled** = Joint, Husband, Wife, UTMA (child's account), Trust Fund, Other*

	Details	Current Value	How is it Titled?
Individual Stocks		$	
Brokerage Acct. #1		$	
Brokerage Acct. #2		$	
Mutual Funds		$	
Roth IRA #1		$	
Roth IRA #2		$	
Regular IRA #1		$	
Regular IRA #2		$	
Annuity		$	
401(k) #1		$	
401(k) #2 / Pension		$	

LIFE & LONG TERM INSURANCE DETAILS NONE ☐

Name of Insured	*Type**	*Company*	*Insurance Amount*	*Annual Cost*	*Issue Date*	*Cash Value*
1.						
2.						
3.						
4.						

**Type = (Cash Value) Whole Life, Universal Life, Variable Life, (No Cash Value) Term, Long Term Nursing Care*

DEBTS

NONE ☐

Current Debts	*Balance*	*Monthly Payment*	*Interest Rate*	*Purpose of Loan*
Mortgage	$	$	%	
Home Equity Loan	$	$	%	
1st Auto	$	$	%	
2nd Auto	$	$	%	
Credit Card #1	$	$	%	
Credit Card #2	$	$	%	
Bank Loan	$	$	%	
Student Loan	$	$	%	
IRS – Unpaid Taxes	$	$	%	
Medical Bills	$	$	%	
Other	$	$	%	
Total	$	$		

UNDERSTANDING INVESTING AND YOUR GOALS

Please check the response that best describes you.

1. *How much investing experience do you have with stocks, bonds, or mutual funds?*

   ☐ *None* ☐ *A Little* ☐ *Some* ☐ *A Fair Amount* ☐ *A Great Deal*

2. *To what extent do you actively follow the markets?*

   ☐ *None* ☐ *A Little* ☐ *Some* ☐ *A Fair Amount* ☐ *A Great Deal*

3. *What are your major objectives for your investments?*

   ☐ *Keep ahead of Inflation* ☐ *Current/Future Income* ☐ *Preserve Capital* ☐ *Build Wealth for Future*

4. *What percent do you expect your portfolio to grow annually over the long term, 10+ years?*

   ☐ *2-4%* ☐ *5-7%* ☐ *8-10%* ☐ *11-13%* ☐ *14% +*

WHAT YOU CAN EXPECT AT YOUR PERSONAL STEWARDSHIP REVIEW

Thank you for your interest in a Personal Stewardship Review. The information you provide in this form will allow Life Institute's qualified and experienced Christian Financial Professional to guide you toward achieving your financial and stewardship goals. We will help you understand and review your legal documents, taxes, investments, insurance, debt, and retirement income needs for you and your spouse (if applicable), and will provide a detailed list of recommendations.

We look forward to helping you become an even better steward of all that God has entrusted to you.

PERSONAL STEWARDSHIP REVIEW NOTES