

Reviewing your financial strategy



Personal Snapshot

This overview is designed to help you quickly review your financial situation. Please take a few minutes to complete the following information.

Confidential information

Name Client 1 _____ Date of Birth _____

Name Client 2 _____ Date of Birth _____

Address _____

Phone (home) _____ (work) _____ (cell) _____

Employer _____

Occupation _____

Email _____

Marital status _____ Years married _____

Children's names and dates of birth _____

Panoramic Snapshot

Please assign a value for each statement: **1 = Strongly agree** **2 = Agree** **3 = Disagree** **4 = Don't know or N/A**

- | | |
|---|--|
| <input type="checkbox"/> I use my financial resources well. | <input type="checkbox"/> My life and disability insurance benefits are portable. |
| <input type="checkbox"/> I have clear goals for my financial future. | <input type="checkbox"/> My financial situation would not change if I became sick or hurt. |
| <input type="checkbox"/> Growing financially is important to me. | <input type="checkbox"/> At my death, all my debt would be eliminated. |
| <input type="checkbox"/> I make all financial decisions with my spouse/partner. | <input type="checkbox"/> I am sure that my family's way of life is fully protected. |
| <input type="checkbox"/> I have reviewed my will within the last three years. | <input type="checkbox"/> My family would be unaffected financially at my death. |
| <input type="checkbox"/> I understand and take advantage of all available tax-deferral strategies within my financial strategy. | <input type="checkbox"/> I know that should my spouse/partner die today, there would be no financial hardship. |
| <input type="checkbox"/> My spouse/partner understands our financial situation fully. | <input type="checkbox"/> I am confident in the insurance professional I work with today. |
| <input type="checkbox"/> I feel government taxes are just right. | <input type="checkbox"/> I understand the purpose of insurance within my financial strategy. |
| <input type="checkbox"/> I take a systematic approach to saving money. | <input type="checkbox"/> I need help reviewing my insurance protection. |
| <input type="checkbox"/> I have adequate funds available for emergencies. | <input type="checkbox"/> I know all I need to know in order to make good financial decisions. |
| <input type="checkbox"/> I feel I am in control of my overall financial strategy. | <input type="checkbox"/> I know exactly what retirement income I will need when I retire. |
| <input type="checkbox"/> My financial goals are in writing. | |
| <input type="checkbox"/> I need help reviewing my financial goals. | |
| <input type="checkbox"/> I am in control of my budget. | |

- I know exactly how I am funding college education for my children/grandchildren.
- I am happy with the return on my current investments.
- Having a solid investment strategy is important to me.
- My investment portfolio reflects my risk personality perfectly.
- My investment strategy aligns perfectly with my financial goals.
- I need help in reviewing my investments.
- My financial goals are very clear to me.
- My financial professional's level of service is satisfactory.

- My retirement savings strategy is right on pace.
- I work with a great financial professional.
- I review my financial goals frequently.
- My current debt is structured in a way that makes sense to me.
- I feel the level of risk I take when investing is appropriate for me and my goals.
- I participate fully in retirement programs through work.
- I feel it is important to work with a financial professional.
- I would like help reviewing my asset allocation strategy.

Action Snapshot

Life events

Check all that apply:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> New job | <input type="checkbox"/> New home | <input type="checkbox"/> Sold a business | <input type="checkbox"/> New will |
| <input type="checkbox"/> Newly married | <input type="checkbox"/> Started a business | <input type="checkbox"/> Divorce | <input type="checkbox"/> School tuition has ended |
| <input type="checkbox"/> New child/Adoption | <input type="checkbox"/> Inheritance | <input type="checkbox"/> New debt | <input type="checkbox"/> Approaching retirement |
| <input type="checkbox"/> New dependent | <input type="checkbox"/> Recently retired | <input type="checkbox"/> Paid off debt | |

Close-up Snapshot

What concerns you the most?

Which areas are important to you as you think about your financial situation? Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Clarify personal and financial strategies and goals. | <input type="checkbox"/> Education Expenses – Contemplate the cost of college expenses and strategies to fund that investment. |
| <input type="checkbox"/> Examine the financial impact of a death, including immediate cash needs and continuing income needs. | <input type="checkbox"/> Retirement Preparation – Consider how your current retirement strategies will meet your objectives. |
| <input type="checkbox"/> Consider the financial impact of a disability on your income. | <input type="checkbox"/> Investment Strategy – Examine your current asset allocation in relation to your risk personality. |
| <input type="checkbox"/> Examine the impact that long-term care costs can have on your financial situation. | <input type="checkbox"/> Tax Strategy – Contemplate your current level of taxation in relation to your financial strategies. |
| <input type="checkbox"/> Clarify protection needs. | |

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