

Financial eValuator

1) Life Insurance In Force

Type (Term or Perm)	Insurance Carrier	Face Amount	Premium (Monthly or Annual)
		\$	
		\$	
		\$	
		\$	

2) Qualified Assets (the 4's - not taxed yet)

Type	Current Value	Description	Monthly Contribution	Currently Contributing
401K	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
403B	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
457	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

3) Non-Qualified Assets (already taxed)

Type	Current Value	Description	Monthly Contribution	Currently Contributing
Annuity	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
CD	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proposed Insured 1 _____
Name/Info

Age/Birth Date

Proposed Insured 2 _____
Name/Info

Age/Birth Date

Notes: