

**Please complete the following information**

Full Name:

Date of Birth:

Birth City/State/Country: Social Security #:

Home Address:

Home Phone #:

Cell Phone #:

Email Address:

Business Address:

Business Phone #:

Occupation/Duties:

Annual Income:

Net Worth:

Driver’s License # and Exp. Date: Company TIN (If needed):

**Please list ALL Beneficiary Information**

Name(s) & Relationship: Social Security #(s): Date of Birth:

Address: Phone #:

**Please answer the following questions if applying for life insurance**

Have you flown as a pilot, traveled outside the country or plan to within the next year? Y / N

Have you been convicted of two or more moving violations or motor vehicle related report? Y / N

Have you declared bankruptcy? Y / N If so when?

Are you an active member of the military? Y / N

Do you use alcohol? Y / N If yes, amount and frequency:

Do you use tobacco? Y / N If yes, amount and frequency:

**Please list all Physicians seen within the LAST FIVE YEARS. Include the following**

Dr Name Address Phone Last Visit Date Results

-

-

-

Your Height: Your Weight:

Health Issues: (include Surgeries and/or Conditions treated by a physician)

List all current medications:

Family History: (Current age and health /OR Age at death and cause) Father:

Mother:

All Sibling(s):

**Please list all in-force insurance (personal and business):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Carrier/Company | Amount | Policy Number | Issue Date | Type |
| Ex: Lincoln Financial Group | $250,000 | T123456789 | 03/01/2016 | Term |
| -  -  - |  |  |  |  |

Face Amount Requested (And length of term, if applies)

**Please answer the following questions in regards to your Retirement account(s):**

Company/Custodian Tax Status (IRA, SEP, Non-qualified, etc.) Type of Account (Annuity, Brokerage, etc.) Estimated Value

1)

2)

3)

\*Please include all current statements\*

**After completion, please email to** [**Support@fcoaonline.com.**](mailto:info@fcoaonline.com)

**For any additional questions, feel free to contact us at (407) 679-1599.**

**Financial Centers of America**

**166 Lookout Place Suite 100**

**Maitland, FL 32751**

**P: (407) 679-1599**

**F: (407) 679-3417**

[**www.fcoaonline.com**](http://www.fcoaonline.com/)

**Investment and Financial Planning**

1. Do you currently work with a financial advisor/planner? Y / N If so, how long and how happy are you with the relationship?
2. Years of investment experience (401k, IRAs, stocks, mutual funds, etc.?)
3. How would you characterize your risk tolerance (Conservative, Moderate, Aggressive)?
4. What, if any, short term financial goals do you have (within the next 5 years)?
5. What, if any, intermediate term financial goals do you have (5 – 10 years)?
6. How much monthly income (in today’s dollars) are you targeting for retirement?

At what age(s)

1. Have you checked the government website ([www.socialsecurity.gov](http://www.socialsecurity.gov/)) to see what

.

Your estimated social security benefits are projected to be? Y / N

If so, what are those numbers at full retirement age?

1. We are currently using an inflation rate of 3-4% to project future expense needs.

Are you comfortable with these numbers? Y / N If not, what is your preference?

1. Besides social security, what other retirement income sources do you expect to

Have? This includes pensions, rental income, inheritance, etc.

1. How do you see us helping you?

Thank you for your time and considering us for your financial planning needs!