

Income InSight® Intake Form

CLIENT INFORMATION

Name:	Date of birth:	Life expectancy:
Spouse		
Name:	Date of birth:	Life expectancy:

ACCOUNTS

Client				
Qualified - Portfolio Type:	Conservative	Moderate	Aggressive	Custom (Obtain holdings of the account)
	Balance			
Roth - Portfolio Type:	Conservative	Moderate	Aggressive	Custom (Obtain holdings of the account)
	Balance			
Spouse				
Qualified - Portfolio Type:	Conservative	Moderate	Aggressive	Custom (Obtain holdings of the account)
	Balance			
Roth - Portfolio Type:	Conservative	Moderate	Aggressive	Custom (Obtain holdings of the account)
	Balance			
Joint Non-Qualified				
NQ - Portfolio Type:	Conservative	Moderate	Aggressive	Custom (Obtain holdings of the account)
	Balance			

INSURANCE PRODUCTS (Obtain details from the sales or inforce illustration.)

Life Insurance:	Permanent	Term	Client:	Yes	No	Spouse:	Yes	No
LTC:			Client:	Yes	No	Spouse:	Yes	No
Deferred Annuity:			Client:	Yes	No	Spouse:	Yes	No
SPIA/DIA:			Client:	Yes	No	Spouse:	Yes	No
Health Insurance:			Client:	Yes	No	Spouse:	Yes	No

INCOMES

Client			
Income type:	Earned income	Pension	Non-covered pension
Start date:			End date/age:
Monthly income amount:			COLA:
Spouse			
Income type:	Earned income	Pension	Non-covered pension
Start date:			End date/age:
Monthly income amount:			COLA:

SOCIAL SECURITY

Obtain a current Social Security Statement from your client. If your client has a non-covered pension, you will need the entire earnings record.

Client			
Statement date:			Estimated benefit at full retirement age:
Already elected:	Yes	No	Age of election:
			Current gross monthly benefit amount:
Spouse			
Statement date:			Estimated benefit at full retirement age:
Already elected:	Yes	No	Age of election:
			Current gross monthly benefit amount:

JOINT DEBTS

Balance:	Start date:
Monthly payment:	APR%:

BASIC INCOME NEEDS

Joint need:	Survivor need:
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ADDITIONAL INCOME NEEDS

Name:	Monthly need:
Start date:	End date: