

NAME: _____

DATE: _____



LIFE FINANCIAL
GROUP
Wealth Management from a Biblical Worldview

STEWARDSHIP REVIEW FORM

HELPING CHRISTIANS BECOME EVEN BETTER STEWARDS

OUR COMMITMENT TO PRIVACY

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.

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SECURITIES & ADVISORY SERVICES OFFERED THROUGH
GENEOS WEALTH MANAGEMENT, INC. MEMBER FINRA & SIPC

MEETING INFORMATION

Date: _____ Location: _____ Advisor: _____

Goals For This Meeting: _____ Fee Charged: _____

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

- | | |
|---|--|
| <input type="checkbox"/> A copy of your will and related estate planning documents
<input type="checkbox"/> The last two years of federal tax returns (first 4 pages, 1040, Sch. A, B, C)
<input type="checkbox"/> A copy of all investment statements and brokerage accounts | <input type="checkbox"/> A copy of all IRAs and employer retirements statements (401K, etc.)
<input type="checkbox"/> Bank/credit union account information
<input type="checkbox"/> All life insurance annual statements
<input type="checkbox"/> A detailed listing of outstanding debts with payments and interest rates |
|---|--|

FAMILY DATA

Marital Status: Single Married Divorced Widower/Widow Date of Wedding: _____

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

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

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? _____ Notes: _____

Date of Power of Attorney Document: _____ 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 first 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

DEBTSNONE

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

UNDERSTANDING INVESTING AND YOUR GOALS

Please check the response that best describes you.

- How much investing experience do you have with stocks, bonds, or mutual funds?
 None A Little Some A Fair Amount A Great Deal
- To what extent do you actively follow the markets?
 None A Little Some A Fair Amount A Great Deal
- What are your major objectives for your investments?
 Keep ahead of Inflation Current/Future Income Preserve Capital Build Wealth for Future
- 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 contained within this form will allow a qualified and experienced Financial Advisor to assist you with your financial goals. **The advisor will 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 being your trusted family advisor.**

ADVISOR NOTES
